

Chad

Consolidated Emergency Report 2016



A mother and her daughter leave the health centre in the Daressalam refugee camp in Bagasola, in the Lake region of Chad after a consultation @UNICEF Chad/2016/Bahaji

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C. Abbreviations and Acronyms

ANT	Armée Nationale Tchadienne
ART	Antiretroviral Therapy
ARV	Antiretroviral
CAFAAG	Children Associated with Armed Forces or Armed Groups
C4D	Communication for Development
CAR	Central African Republic
CBOs	Community-Based Organisations
CCCs	Core Commitments for Children (in Humanitarian Action)
CFS	Child-Friendly School
CFS	Child-Friendly Space
CLTS	Community-led Total Sanitation
CNNTA	Centre National de Nutrition et de Technologie Alimentaire
CPAP	Country Programme Action Plan
CPiE	Child Protection in Emergencies
CSF	Community Systems Foundation
CSJEFOD	Centre de Solidarité des Jeunes pour la Formation et le Développement
DRR	Disaster Risk Reduction
ECD	Early Childhood Development
EMIS	Education Management Information System
E-MTCT	Elimination of Mother-to-Child Transmission of HIV
EPI	Expanded Programme on Immunization
FGM	Female Genital Mutilation
GAM	Global Acute Malnutrition
GIS	Geographical Information System
GPE	Global Partnership for Education
HNO	Humanitarian Needs Overview
HPM	Humanitarian Performance Monitoring
HRP	Humanitarian Response Plan
IDP	Internally Displaced Person
IHDL	Initiative Humanitaire pour le Développement Local
INSEED	Institut National de la Statistique, des Etudes Economiques et Démographiques
IPC	Integrated Food Security Phase Classification
KAP	Knowledge, Attitudes and Practice (study)
MICS-EDS	(Combined) Multiple Indicator Cluster & Demographic and Health Survey
MSCP	Minimum Standards for Child Protection in Humanitarian Action
MTS	Mother Teacher Association
MRM	Monitoring and Reporting Mechanism on grave violations against children
NFI	Non-Food Items
PMTCT	Prevention of Mother to Child Transmission (of HIV/AIDS)
PNC	Prenatal Care
SAM	Severe Acute Malnutrition
TLS	Temporary Learning Spaces
TOC	Transit and Orientation Centre
UMSC	Unaccompanied Minors and Separated Children

I. MAIN REPORT

D. Executive Summary

In 2016, Chad continued to be affected by instability in neighbouring countries, notably Nigeria, Sudan and Central African Republic which had a negative impact on the country's development efforts. The emergency level L2 was maintained throughout the year, as violence in the Lake Chad basin continued.

In response to emergency situations throughout 2016, UNICEF contributed to the treatment of more than 180,520 children suffering from severe acute malnutrition (SAM) and provided vitamin A supplementation to 165,298 children aged 6 months to 5 years. UNICEF provided 104,329 displaced people with a full package of water and sanitation interventions. More than 60,744 displaced and host community children received quality education. Nearly 23,317 children benefited from psychosocial support and more than 831 unaccompanied and separated children received reunification services. More than 788,820 children aged 6 months to 5 years were vaccinated in response to a measles outbreak; 46,850 women in displacement areas benefited from voluntary HIV testing; and 3,104 pregnant women were seen in pre-natal consultation, advised and screened, 199 (6%) of whom were found to be HIV positive and immediately received antiretroviral therapy. Some 34,320 people affected by displacement and flooding received emergency non-food items (NFIs) and shelter materials. In the Lake region and the south, UNICEF supported six mobile clinics to provide services to internally displaced persons in hard-to-reach areas and provided health centres with personnel, training and medicine.

Despite funding constraints, with 45% of the Humanitarian Action for Children funding target funded, UNICEF and partners focused on delivering programme interventions while building capacity at the local level to reach the most vulnerable population. The year saw an increase in donor attention to the Lake basin crisis and a large number of humanitarian actors arriving in the region allowing increased presence of the United Nations agencies and international and national NGOs on the ground.

The flexible funding mechanism for humanitarian interventions ensured the continuity of response, proving particularly important for securing goods and services in a timely manner. The gaps in the implementation of a programme could be quickly filled by another, while allowing the allocation of the resources to where it was most needed.

E. Humanitarian Context

For several years, Chad has been burdened by overlapping humanitarian crises, the main ones being: the nutritional crisis in the Sahel belt, population displacement resulting from the Darfur conflict, CAR and Nigeria crises, and epidemic outbreaks. Women and children are the most vulnerable and affected by this situation.

2016 continued to be marked by violence in the Lake Chad basin. The emergency level L2 declared by UNICEF in March 2015 remained active throughout 2016, and was extended until the end of February 2017 to continue consolidating the response. In addition, the state of emergency declared by Chad's government in the lake region in October 2015 remained in place throughout 2016, also forbidding activity on the Lake (fishing, commerce). Access to certain border areas was therefore difficult due to military operations and frequent attacks notably along the water borders with Nigeria and Niger. The displacement situation gradually stabilized during the year. As of 31 December 2016, 600,000 people are displaced in Chad¹, 393,161 are refugees (58.54% are minors; 56% are women) among whom 312,484 are from Sudan. This represents a yearly increase of 20,723 individuals². In addition to the IDPs in the Lake Region, there are 101,724 Chadian returnees from CAR who live in five (5) sites and villages in southern Chad³. This demographic inflow puts strong pressure on the already overburdened and structurally weak basic services and vulnerable host populations.

¹ UNOCHA Bulletin Humanitaire (Janvier 2017)

² UNHCR Factsheet (25 January 2017)

³ UNHCR Factsheet (25 January 2017)

The perceived improvement of the security on the north-western axes of the Lake region led to the discovery of 22 new IDP sites in January 2016. Additional sites would continue to be discovered as access became available and with the continuation of military activity around the insular parts of the Lake region. The humanitarian response in 2016 therefore focuses on two distinct needs: consolidating the response in the Bol-Bagasola axis, and bringing first-time emergency aid to the Liwa-Daboua-Kaiga Kindjiria axis where humanitarian needs were dire from every perspective. In the second half of the year, some 1,198 people affected by the conflict to varying degrees, of which 453 children, surrendered from Boko Haram and arrived in different waves in Bagasola. This brought a new dimension and new challenges related to child protection in emergency situations.

An important change in the humanitarian context in 2016 was the massive arrival of humanitarian actors to the Lake region. Unlike 2015 where funding was very limited, in 2016 the Lake crisis in Chad received more donor attention, which allowed international and national NGOs and other United Nations agencies to be present on the ground. The need for coordination became more acute, and more programming flexibility was required to accommodate all actors and thus make the best use of resources to the benefit of the population.

In 2016, a measles outbreak was declared in 7 health districts, affecting 4 regions. 792 cases of measles were recorded between January and October. A rapid response made it possible to circumscribe the epidemic in the 7 affected and at-risk health districts.

Other humanitarian response include the vaccination of 414,757 children aged 9 months to 14 years (99.3% of children targeted). Of those vaccinated, 156,067 were aged 9 to 59 months and 258,690 children were 5 to 14 years old. 104,135 (64%) children aged 9-59 months were also provided vitamin A supplementation, and 85,698 (60%) children aged 12-59 months were dewormed with mebendazole. In addition, an outbreak of hepatitis E has affected the Salamat region and is still ongoing. 892 cases of hepatitis E were recorded in the health districts of Amtiman, Haraze-Mangueigne and Aboudéïa, with 15 deaths reported. The outbreak was not yet controlled at the time of reporting and will require additional action in 2017.

According to the 2016 SMART survey, the average prevalence of severe acute malnutrition (SAM) in Chad decreased from 2.8 per cent in 2015 to 2.6 per cent in 2016, yet it still remains above the emergency threshold of 2 per cent. Despite a positive trend in successful increase of coverage of acute malnutrition treatment needs with 493 health facilities to 607 providing SAM services, the nutritional crisis persists in the regions of the Sahel belt with 193,943 cases of SAM expected in 2016, including among the country's refugee, returnee and IDP population. According to the Integrated Food Security Phase Classification updated in November 2016, 4.3 million people, mostly women and children, are food insecure. Approximately 456,000 people are estimated to be in phase 3 (crisis phase).

Low investment in development programmes and durable solutions maintain or exacerbate vulnerabilities. The limited basic social services is apparent in most regions, including those affected by displacement. For example, while in the Sila region the percentage of non-functional health centres is 27%, in Logone Occidental, one of the most affected regions, 88% of health centres are non-functional. In the Education sector, the pupil-teacher ratio is 242 at the Logone Oriental, 159 in Moyen Chari and Ouaddai, 151 in the Lake and 176 in Sila. The rate of access to drinking water varies from 34.9% (Sila) to 68% (Logone Oriental) in these regions.

Chad is faced with an economic and fiscal crisis following a radical drop in the price of oil, the main source of revenue for the government. From September 2016 to January 2017, the country underwent a general strike of civil servants due to several months of unpaid salaries. In addition to a climate of civil unrest, the strike significantly disrupted basic social services, including education and health, with virtually all schools in the country on strike and health facilities covering minimum services only for many months. The academic year scheduled to begin in September 2016 only began in January 2017.

F. Humanitarian Results

The L2 emergency declared in March 2015 remained active throughout 2016 with efforts to consolidate the response in covered areas and to scale up to areas where access had not been possible previously.

Despite funding constraints, UNICEF and partners continued to strengthen government and community response capacity by fostering community resilience to cyclical and predictable shocks. Overall, it should be highlighted that the flexible funding mechanism for emergencies has played a critical role in ensuring the continuity of different education activities by complementing one another. Thanks to this flexibility, potential gaps in the implementation of one programme could be quickly filled by another programme. In the same manner, lessons learned from one programme could be quickly applied to another programme to produce a greater impact.

UNICEF coordinated the nutrition, education and WASH clusters, as well as the child protection sub-cluster. UNICEF enhanced its readiness to provide adequate life-saving interventions by building strong partnership and coordination mechanisms through cluster leadership roles, and was successful in achieving the following results:

- More than 180,520 children received SAM treatment and 165,298 children aged 6 months to 5 years received vitamin A supplementation
- 104,329 displaced people received a full package of water and sanitation interventions
- More than 60,744 displaced and host community children received quality education
- 23,317 children benefitted from psychosocial support
- More than 831 unaccompanied and separated children received reunification services
- In the Lake region and in CAR returnee sites in the southern Chad, UNICEF supported six mobile clinics to provide services to internally displaced persons in hard-to-reach areas and provided health centres with personnel, training and medicine
- More than 788,820 children aged 6 months to 5 years were vaccinated in response to the measles outbreak
- 46,850 women in displacement areas benefitted from voluntary HIV testing
- Some 34,320 people affected by displacement received emergency non-food items (NFIs) and shelter materials

More details of the interventions are provided below by sector:

Education

Due to the ongoing nature of conflicts, the emergency Education programme in 2016 focused primarily on increasing access to education for both displaced and host community children affected by the Central African Republic crisis in the south and the Nigeria+ crisis in the Lake region in the west. In parallel with access to education, the interventions were gradually expanded with a view to reinforcing resilience through improvement of quality of teaching in emergencies, capacity building for education personnel and increase in community involvement.

In line with the priorities defined by the Education Cluster, UNICEF supported the construction of 84 temporary learning spaces (TLS) and 116 classrooms in the Lake region. Despite challenges, 52,292 primary school aged children including 22,053 girls could attend formal or non-formal education activities thanks to UNICEF intervention. The figure also includes 8,452 out-of-school children who began attending school. The results achieved in 2016 in terms of access are somewhat low compared to the target, due to the nationwide teacher strike which led to the schools which were set to open for the new school year in September 2016 remaining closed until January 2017. Although the strike shut down the majority of schools, UNICEF continued to support the few schools that remained open in refugee camps and IDP sites by providing learning materials. In total, 78,613 children in emergency areas received learning materials from UNICEF.

Flexible emergency funding proved especially important for securing goods and services in a timely manner. The mechanism helped the Education programme meet the urgent needs from the field through

prompt purchase and prepositioning of education materials. With these funds, sports and recreational materials were ordered and delivered by UNICEF Supply Division and learning and teaching materials were purchased locally to support at least 102,000 children. In addition, given the limited sanitation facilities in school that discourages girls from attending school, the Education programme purchased reusable menstrual kits and underpants to encourage them to attend classes without disruption. The distribution will take place in 2017 and will be accompanied by training of members of the Mother/Teacher Associations (MTA) on the use of the kits.

To mitigate the devastating long-term impact of conflicts and violence on children and raise awareness about protective learning environment, UNICEF began to implement teacher training on psychosocial support as an integral part of its interventions in the Lake region. With the support from the Regional Office, 30 trainers including 18 local education authorities were trained, who then trained 200 teachers in the Lake region in providing psychosocial support for children affected by conflict. Moreover, a study was conducted in the Lake region by a team of UNICEF and the Ministry of Education to assess the level of security in school as perceived by the local population including students, parents and teachers. The study will be used to further evaluate and improve the learning environment in the future.

In an effort to address the root causes of the crises linked to poverty and lack of access to basic social services, UNICEF introduced activities that could strengthen the role of the communities in ensuring continuous access to education in protracted crises. The flexible funding allowed UNICEF to implement income generating activities with returnee communities from CAR and the host communities in the Lake region. A portion of the income generated by the communities will be used to facilitate the overall operations of the schools including the payment of community teacher salaries. Furthermore, community participation was highly encouraged for the construction of classrooms in the Lake region. Using locally available materials, the affected communities engaged in the production of bricks and contributed to the construction of 34 classrooms. The community-based approach is expected to help address chronic issues faced by the education sector, such as the payment of community teachers and the lack of infrastructure while empowering the communities. It is also considered an important initial step towards bridging the gap between humanitarian assistance and development programmes.

Innovation in emergencies was also encouraged throughout the year. Near the schools built by UNICEF in the Lake region, for example, UNICEF also constructed 6 multi-purpose playgrounds using solar panels so the playgrounds remain lit in the evening. Not only the students, but the communities as a whole benefitted from this approach as a lack of electricity and lighting had been a major problem in the region. Additionally, an agreement was signed with a telecom company to enable the cash-transfer of teachers' salaries in the Lake region via telephone, reducing the risks associated with direct payment.

Most of these results were achieved through a close collaboration with the Ministry of Education from planning to monitoring and evaluation. Within the Education Cluster for which UNICEF is the lead agency and the Ministry of Education is the co-lead, the Ministry of Education has markedly improved its technical competencies in education in emergencies and strengthened its role in the coordination of Cluster activities and information management.

Many challenges still remain however. Limited access to the islands in the Lake region due to insecurity and/or lack of infrastructure call for logistical difficulties and high interventions costs. There was only limited funding available for early childhood development or secondary education in emergencies, as was the case for capacity building of teachers and the Ministry of Education as well as scaling-up of non-formal or alternative education programmes for out-of-school children in emergencies.

	Overall needs	Cluster Response			UNICEF and IPs		
		2016 Target	Total Results	% Achieved	2016 Target	Total Results	% Achieved
Number of primary school-age children in humanitarian situations having access to education	406,000	237,800	130,218	55%	109,000	52,292	48%

Number of boys and girls (3-17 years) previously deprived of education due to crisis newly enrolled in school	406,000	137,000	8,652	6%	107,800	8,452	8%
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Health

During 2016, UNICEF supported 19 health districts in two crisis-affected regions to expand the provision of health care to crisis affected and vulnerable people. As a result, seven mobile clinics were set up in 3 districts (4 in Liwa, 2 in Bagasola and 1 in Bol health districts) to improve access to primary health care for the displaced in hard-to-reach and remote areas that are far from existing care facilities in the Lake region, and provide immunization, antenatal care, nutritional screening. In addition, three health facilities were also reopened in Kaiga (Liwa), Blarigui and Tetewa (Bagasola). Essential medicines, vaccines and medical equipment were provided to 19 health facilities in Bagasola and Liwa health districts.

To reduce the critical shortage of skilled health care providers, UNICEF supported the deployment of 18 skilled health workers to 8 health centres in the Lake region. UNICEF also provided essential medicine and medical equipment to health facilities including the CAR returnee sites to meet the needs of 44,000 crisis-affected people to ensure the continuity of care.

An outbreak of hepatitis E was reported in July 2016 in the health district of Amtiman in the Salamat region and was not contained as of the end of the year. In response to the 892 cases recorded in the health districts of Amtiman, Haraze-Mangueigne and Aboudéia, with 15 deaths, UNICEF provided the districts with WASH disinfection items, investigation of cases, and social mobilization activities in support of MSF's emergency response.

Vaccines and technical support was provided to vaccinate 530,130 children age 9 months to 14 years against measles in 7 health districts (Bedjondo, Mongo, Haraze, Bol, Bagassola, Liwa and Kouloudia). UNICEF also provided vitamin A and mebendazole for deworming to 104,135 children aged 6 months to 59 months and 85,698 children aged 12 to 59 months.

In response to the polio outbreak in the State of Borno in Nigeria, UNICEF organised 5 of the 7 planned polio vaccination campaigns. Chad has not had any polio cases registered since June 2012 and was subsequently declared polio free, the porous borders between the two countries and the poor performance of routine vaccination coverage and the disease surveillance system called for preventive measures when 2 cases were declared in north-eastern Nigeria. 4,119,436 children aged 0-59 months including 510,851 in the Lake region were vaccinated.

		Cluster Response			UNICEF and IPs		
	Overall needs	2016 Target	Total Results	% Achieved	2016 Target	Total Results	% Achieved
Number of children in humanitarian situations aged 6 to 59 months vaccinated against measles	2,640,000	446,343	530,130	118%	246,000	530,130	215%

Water, Sanitation and Hygiene (WASH)

In 2016, UNICEF provided a package of WASH interventions to 109,565 people (including 26,583 women, 30,391 girls, 24,538 men and 28,052 boys). With emergency funds provided by partners, 277 water points including mini water distribution networks were rehabilitated or built in the Lake region and the south, and water management committees were set up for each of them. Local artisans were trained in order to build capacity of the communities and strengthen the sustainability of the water chain.

104,329 people were provided access to information on water treatment and good hygiene practices through sensitization activities with focus group discussions or door-to-door discussions with

community agents. The most vulnerable families affected by the crisis have been supported with family latrines. 3,000 women benefited from WASH hygiene kits in the Lake region. A KAP (Knowledge, Attitudes, and Practices) survey carried out in 2016 demonstrated significant evidences on the improved hygiene and health conditions, and increased number of the population using latrines and not practising open defecation and knowing the 2 most critical times for hand washing (before eating and after going to the latrine). The results will serve to quantify the impact of the intervention on the reduction of the diarrhoea morbidity rate, access to water and sanitation and hygiene practices.

More than 900 emergency latrines were constructed in the IDP sites in the Lake and the south regions. CLTS (Community Led total Sanitation) approach was adopted to promote the end of open air defecation in host communities and in displacement sites. The CLTS approach integrated with emergency responses in host communities are seen as a good opportunity to strengthen community-based approach in crisis contexts.

The WASH in nutrition component, which aims to address one of the biggest causes of malnutrition, could not be implemented as planned due to limited funding. A challenge in 2016 was the low level of funding allocation to improving access to safe drinking water and hygiene, which has a direct link with some of the top illnesses and acute malnutrition. Much of emergency funding continues to focus on treatment rather than prevention, but thanks to the flexible humanitarian thematic funding, UNICEF was able to provide WASH assistance (sensitization, distribution of hygiene kits and water purification) to 5,236 mothers of children affected by severe acute malnutrition.

Limited funding (45 per cent funded) also meant that the WASH sector could not reach the targets as set out in the HAC, but it must be noted that UNICEF was one of the first actors present and implementing WASH activities in the Lake region in early 2016 before the arrival of other agencies and organisations in the area.

In response to epidemics and natural disasters, UNICEF pre-positioned WASH kits in 10 health districts at risk of cholera and flooding, mainly in N'Djamena, Mongo, Mao and Moundou areas. WASH in Nut kits were also pre-positioned in the Sahel belt, and Mongo and Abeche regions. WASH programme supported the training of 337 community health workers and health centre managers on the use of local chlorine production units and water treatment at household level. UNICEF also supported the sub-regional study on Cholera hot-spots in the Lake Chad basin and updated the Cholera strategy and action plan for the period 2016/2017. Chad participated in the trans-border workshop on cholera in October 2016 with the WASH cluster, Ministry of Water and Sanitation and the Ministry of Health.

UNICEF strengthened the Cluster coordination mechanism and operational capacity at the national and regional levels. As the WASH cluster Lead, UNICEF regularly held monthly cluster meetings with all humanitarian WASH actors and its 37 members.

	Overall needs	Cluster Response			UNICEF and IPs		
		2016 Target	Total Results	% Achieved	2016 Target	Total Results	% Achieved
Number of children and families affected by malnutrition that received a lifesaving package of WASH and nutrition supplies	320,000	122,159	58,401	48%	49,000	5,236	11%
Number of conflict-affected people that have access to potable water and basic sanitation facilities and reached with messages about appropriate hygiene practices	1,000,000	812,509	509,928	63%	265,000	104,329	39%

HIV/AIDS

In 2016, the HIV/AIDS interventions focused on strengthening the capacity of health professionals in the treatment of women and children. 80 health centre personnel were trained on the prevention of mother-to-child transmission (PMTCT) of HIV and 12 were trained on providing improved HIV and paediatric care, which contributed to improving the quality of health services offered in the health districts of Goree and Mbitoye in the Logone oriental, Maingaman in the Moyen Chari, Adre and Abeché in the Ouadai, and Moissala in the Mandoul regions.

In the Lake region, particularly in Bagasola, Liwa, Bol and Nguri, UNICEF supported the training on the HIV/AIDS prevention and care to 84 health care providers, 155 community workers and 82 peer educators. ARVs, laboratory materials and equipment were provided to the health centres. 46,850 pregnant women were provided access to PMTCT services and benefitted from counselling and testing of HIV.

UNICEF provided 118 HIV BiSpot testing kits and contributed to the testing of 11,800 IDPs and people in the host communities for HIV in the Bagasola and Bol district hospitals. Test kits were also provided to the Lake health delegation and Gore for 12,700 people in IDP sites and host communities. Confirmation of 216 HIV positives cases was also made possible thanks to the provision of 6 ImmunoComb II kits.

In the south, a total of 1,990 adult patients and 170 children are on ARVs, with the needs of those in the returnee sites fully covered. In the Lake region, 3,104 pregnant women were seen in pre-natal consultation, were advised and screened, and it was found that 199 (6.41%) were HIV positive. UNICEF provided prophylactic ARVs to all these women.

		Cluster Response			UNICEF and IPs		
	Overall needs	2016 Target	Total Results	% Achieved	2016 Target	Total Results	% Achieved
Number of pregnant women that have access to HIV and AIDS screening services and prevention of mother-to-child transmission services	550,000				40,000	46,850	117%

Nutrition

In 2016, UNICEF and the Ministry of Health have continued to scale up the coverage of malnutrition treatment services, increasing the number of health centres from 493 in 2015 to 607 health centres by the end of 2016. The number of in-patient treatment facilities available was also increased, from 31 in 2015 to 40 in 2016. 575 health facilities out of 626 (92%) in the 11 regions of the Sahel belt have been equipped to provide improved treatment services for acute malnutrition. In total, Chad now has 1,588 health centres of which 1,266 are functional.

UNICEF procured 164,356 cartons (2,235 metric tons) of ready-to-use therapeutic food and provided treatment to 180,647 under-five children suffering from severe acute malnutrition. The cure rate was 88 per cent. Most of the children (180,176) were in the Sahel belt area, which has been experiencing severe, chronic food insecurity and high malnutrition.

UNICEF and local NGO partners supported the screening of 32,800 children for their nutritional status in 20 IDP sites in the Lake region, and over 43,000 children in the Sahel belt. These screening activities were conducted for early detection of children with acute malnutrition and referral to the health facilities for timely treatment of SAM. Awareness raising sessions organised in partnership with NGOs reached more than 50,000 mothers and caregivers, equipping them with improved knowledge on good child feeding practices including exclusive breastfeeding and the importance of food diversification. 5 mobile clinics were set up in the Lake and in Guera regions to provide improved access to quality nutrition

services to the hard-to-reach population. 156 health professionals were newly trained and appointed to the supported health facilities in 15 districts to contribute to improving the services provided.

With regard to the capacity building of Ministry of Health staff, a cascade training was introduced in partnership with NGOs to train 527 health professionals on integrated management of acute malnutrition. Further to the revision of the supply management system, information sessions were held in the regions of Abeche, Mao, Mongo and Moundou and covered 93 regional and district health authorities, nutrition focal points and partners.

Recognising the importance of prevention, UNICEF will advocate for increased funding in integrated approach to addressing the issue, while continuing to ensuring sufficient treatment of children with severe acute malnutrition.

		Cluster Response			UNICEF and IPs		
	Overall needs	2016 Target	Total Results	% Achieved	2016 Target	Total Results	% Achieved
Number and % of children 6-59 months with Severe Acute Malnutrition (SAM) admitted for therapeutic care and benefiting from promotion of nutrition practices	320,000	193,943	166,830	86%	193,943	180,647	93%
Number of Health Centres with an integrated nutrition programme	592	559	607	109%	543	607	112%

NFI and shelter

In 2016, the funds provided for emergency non-food items (NFIs) and emergency shelter mainly addressed the needs in the Lake region with 21 IDP sites in the region covered by UNICEF NFI distributions. 36,155 internally displaced people benefited from essential household items kit and emergency shelter, while those affected by the flooding in Oum Hadjer were provided shelter.

Communication for development (C4D) activities took place during the distributions at the sites. Households visited during post-distribution missions are able to demonstrate their skills and knowledge of good family practices (notably handwashing at key moments, and how to treat water for drinking). These activities made it possible to sensitise 8,175 households (35,952 people including 10,864 men, 14,615, women and 10,413 children) in the Lake region.

Thanks to flexible humanitarian thematic funding, UNICEF was able to regularly purchase and preposition NFIs. This allowed for rapid response once agreements were signed, and also for rapid response when urgent needs could not be covered by other actors. Considering that Chad is landlocked and off-shore purchases lead times exceed three months, and how certain emergency items must be procured through the Supply Division as some in-country supplies such as tarpaulin are not of adequate quality, the ability to purchase ahead is essential to meet emergency needs in a timely manner. A contingency project supported in 2016 allowed to create a contingency stock in N'Djamena in support of the interagency contingency plan with a capacity to, among others, support 6,000 households affected by new displacement due to flooding or conflict with NFI and emergency shelter kits.

		Cluster Response			UNICEF and IPs		
	Overall needs	2016 Target	Total Results	% Achieved	2016 Target	Total Results	% Achieved
Number of internally displaced persons received non-food items and shelter kits	650,000	111,693	62,617	56%	100,000	36,155	36%

Child Protection

In 2016, UNICEF supported 23,317 children affected by the Central African Republic and Nigerian crises through psychosocial activities, awareness campaigns on child protection rights violations, and mine risk education. 4 new child friendly spaces (CFS) were opened, bringing the total number of CFS to 12 as of 2016. UNICEF assisted 831 unaccompanied and separate children identified in the Lake region and the south through 66 community-based child protection mechanisms and alternative care.

Further to the surrender of some population in the Lake region, 453 children have been reintegrated in their villages by traditional authorities. With a view to ensuring adequate care and support, transit and orientation centre was set in Bol to accommodate children affected by conflict, with particular focus on children affected by armed forces or armed groups. With a capacity to accommodate 100 children, the centre provided a safe environment to 82 unaccompanied children before they were reunited with their families, and allowed 14 successful reunification tracing in 2016.

UNICEF in collaboration with a partners implemented a mine risk education programme for around 9,254 children and their families in Bagasola and Liwa in the Lake region, through which 20 community focal points were identified and provided sensitisation sessions on mine risk and minefield marking.

Regarding gender sensitive planning and programming in emergency, a safe space for girls set up in 2016 was evaluated by the section. Girls supported through the programme expressed their satisfaction and expanding the scope and coverage of the programme is currently under discussion. The programme provided the opportunity for the girls to discuss sensitive issues such as harmful traditional practices and prevention of child marriage. UNICEF also provided women in the Lake region with dignity/female hygiene kits and organised a consultation to discuss the expectations and to further improve the response.

UNICEF, the Department for Child Affairs (Direction de l'Enfance) and IHDL are jointly leading the coordination of humanitarian child protection interventions. The cluster strategy has been developed for 2016-2018 which includes 8 strategic priorities identified in line with the minimum standards for child protection in humanitarian action (MSCP). Furthermore, UNICEF reinforced the capacity of organisations in child protection in emergencies in the humanitarian planning process, with different interventions developed for child protection in emergencies. UNICEF also provided support in the coordination of the mine action portfolio and the development of projects in mine risk education, clearance and victim assistance.

Given protracted, several on-going emergencies in Chad, UNICEF sees reinforcing the child protection system as a priority. UNICEF will continue to support the government to strengthen the national coordination mechanism and build on the successful experience of community involvement as part of the child protection community-based mechanisms. UNICEF will see the importance of empowering families and communities within the framework of transition to development.

	Overall needs	Cluster Response			UNICEF and IPs		
		2016 Target	Total Results	% Achieved	2016 Target	Total Results	% Achieved
Unaccompanied and separated children who accessed family tracing and reunification services	3,000	3,000	831	12%	2,360	831	35%
Displaced children who accessed psychosocial support in child-friendly places	N/A	25,000	23,317	93%	22,000	23,317	100%
School-aged children in conflict areas who accessed mine risk education	406,000	100,000	9,254	9%	19,250	9,254	48%

Communication for Development (C4D)

UNICEF carried out Communication for Development activities in support of programmes priorities. In Mandoul and Moyen Chari, where routine immunisation rates are particularly low at less than 50% and 30.4% respectively, and diseases associated with poor sanitation and hygiene practices at household and community levels are recurrent, UNICEF and partners promoted key family practices with emphasis on participation. UNICEF strengthened the capacity of community health workers/mobilisers on interpersonal communication to improve their knowledge on the importance of routine immunization and HIV prevention on treatment through educational talks and home visits. These social mobilisers were also trained to closely monitor the immunization status of children, follow up on those who are not immunized, and promote behaviour change at household and community level, especially in hard-to-reach areas. 70% of parents who were approached by health workers were able to correctly describe the immunization schedule. Pentavalent dropout rate decreased from 15% to 10% from before the project and after; the coverage of 3rd dose of pentavalent increased from 58% to 75%. Additionally, UNICEF promoted exclusive breastfeeding and other key family practices in the districts of Bol and Bagasola in the Lake region. Women were trained on exclusive breastfeeding practices and preparation of enriched food. Through educational talks and multiple visits to households at the different sites, 7,000 mothers were sensitized on exclusive breastfeeding and other infant feeding practices.

Furthermore, UNICEF and partners carried out capacity building activities targeting young people and women in Amtiman to raise awareness about the importance of girls' education and birth registration, and the need to put an end to harmful practices such as child marriage and female genital mutilation.

i. Cluster Approach

The Cluster system has remained active in Chad throughout 2016. UNICEF continued to lead the Nutrition, WASH and Education clusters as well as the Child Protection and the Mine Action areas of responsibility, at both national and sub-national level. However, some challenges in the area of cluster coordination were noted which were due to limited funding available for coordination and information management positions. This led to the responsible programme staff to be tasked with multiple responsibilities, in turn resulting in the need to prioritise some elements of the cluster. The limited information management capacity meant infrequent sectoral coverage and gap analysis updates. Further, support to sub-clusters for coordination and information management capacity was also constrained.

Despite the challenges, a joint mission by the WASH, Education and Child Protection national coordinators to Sarh was conducted with OCHA to raise the level of coordination and understanding of humanitarian programming for these three sectors. Individual support missions to the Lake region cluster also took place by all UNICEF clusters.

In response, the Chad country office aims to further improve the independence of cluster coordinators and has made some changes to minimise the need to take on different responsibilities by separating coordination functions from programme sections. Ensuring adequate funding for sectoral coordination and for the emergency section responsible for the cluster function will be important.

ii. Monitoring and Evaluation

The overall performance of UNICEF's emergency programme is regularly monitored through a Humanitarian Performance Monitoring (HPM) system in place since 2012. High frequency data collection on key results indicators per sector, allows to quickly identify performance issues and provide corrective action. Indicators are defined in line with UNICEF's Core Commitments for Children (CCCs) in humanitarian action as well as Chad's Humanitarian Response Plan.

Field monitoring missions were used to improve and triangulate information, but also to check the quality of UNICEF response and to obtain feedback from the population benefiting from assistance. Situation Reports were published monthly to share findings and results with all actors. In addition,

UNICEF's quality assurance exercises, which include programmatic visits and spot checks of partners, allow to ensure that partners accurately report on results.

An external assessment of the L2 emergency response in the Lake region was conducted, covering the period of March 2015-July 2016.

G. Financial Analysis

While in 2015 UNICEF mobilized 20 per cent of its requirements for Humanitarian Action for Children (HAC), in 2016 \$29.9 million of the \$64.6 million needed was mobilized (45 per cent of the HAC).

In total, US\$ 32 million was available for humanitarian intervention for UNICEF Chad, as there was also almost US\$ 2.88 million which had been carried forward from 2015 for utilisation in 2016. Of the funds received in 2016, 44 per cent was for the Lake crisis, 41 per cent for the Sahel nutritional crisis, and 10 per cent for the Central African crisis. Health and Child Protection were the least funded sectors with a gap of 85 per cent and 79 per cent respectively. This was particularly problematic for the Lake response where few actors work on child protection and where the protection needs are substantial.

Chad's 2016 Humanitarian Response Plan of \$541.3 million was 52.5 per cent funded.

Table 2. Funding status against the HAC appeal by sector (in US\$)

Appeal Sector	2016 HAC Requirements	Funds received against appeal	Funding gap	
			USD	%
Nutrition	24,875,000	14,512,115	10,120,274	41%
Health and HIV	16,433,000	2,525,619	13,967,381	85%
WASH	10,230,000	3,321,715	6,908,285	68%
Child Protection	5,150,000	1,066,299	4,083,701	79%
Education	5,838,000	4,319,888	1,518,112	26%
Non-food items and shelter	2,086,500	1,136,762	949,738	46%
Cross Sector	0	1,693,503	-1,693,503	
Emergency (Other)	0	1,936,114	-1,139,500	
Total received in 2016	64,612,500	30,512,015	34,714,488	55%

Table 3. Funding Received and Available in 2016 by Donor and Funding type (in US\$)

Donor Name/Type of funding	Programme Budget Allotment reference	Programmable Amount*
I. Humanitarian funds received in 2016		
a) Thematic Humanitarian Funds		
Thematic Humanitarian Funds	SM149910	800,000
b) Non-Thematic Humanitarian Funds		
Japan - Lifesaving assistance to population affected by Boko Haram conflict	SM160077	2,777,778
SIDA - Humanitarian Appeal 2016 WASH	SM160105	542,874
ECHO - Emergency Measles Response in Seven Health Districts in Chad	SM160248	365,123
ECHO - Chad Nutrition Health WASH - Emergency preparedness and support, RUTF, Nutrition	SM160310	6,421,704
USAID - Nutrition	SM160368	654,930

ECHO - Emergency Preparedness and Support to the management of RUTF within the Integrated Facility-Based Management of Acute Malnutrition in Chad	SM160403	4,116,138
ECHO - Children of Peace (led by RO)	SM160421	439,952
ECHO - Emergency Water and Sanitation Service Provision in the Lake region of Chad	SM150585	994,000
OFDA - Reinforcing Rapid Response Capacity for West Africa	SM150481	220,173
GPE - Accelerated Support in Emergency and Early Recovery Situations	SC160057	2,770,000
SIDA - Humanitarian Appeal	SM160560	603,799
Total Non-Thematic Humanitarian Funds (b)		19,906,471
c) Pooled Funding		
(i) CERF Grants		
Access to an equitable and inclusive education	SM150607	652,664
Emergency protection of Boys and Girls affected by Boko Haram	SM150610	699,353
Emergency Health and Nutrition Care to Refugees IDPs	SM150614	737,225
Réponse nutritionnelle a la crise humanitaire	SM160277	700,940
Enregistrement profilage et fourniture d'articles ménagers	SM160285	560,787
Soins de santé d'urgence aux personnes déplacées	SM160286	420,561
Approvisionnement en eau potable, assainissement et hygiène	SM160287	934,579
Appui au développement des mécanismes d'autoprotection	SM160288	280,299
Accès à une éducation équitable et inclusive pour les enfants réfugiés, retournés et des communautés hôtes affectés par la crise RCA au sud du Tchad	SM160424	186,936
Amélioration des conditions d'accès à l'eau potable, aux services d'hygiène et assainissement de base ainsi que l'autonomisation des retournés et réfugiés (Moissala) de la Centrafrique et population hôte en matière d'accès et de gestion des ouvrages WASH	SM160440	560,748
Soins de santé d'urgence aux personnes retournées, réfugiés et aux populations d'accueil touchées par la crise centrafricaine dans le Sud du Tchad	SM160450	700,935
Renforcer le traitement et la prévention de la malnutrition aigüe dans les zones d'installations des réfugiés et retournés de la Centrafrique des régions Sud du Tchad	SM160451	451,055
Total		6,886,082
(ii) Other Pooled funds		
Humanitarian Response Fund		0
Total (c)		0
d) Other types of humanitarian funds		
USAID/FFP: Logistics	KM160029	489,888
USAID/FFP: Goods in Kind (IKA)	KM160031	1,632,960
UNICEF Swiss Committee	KM160068	242,611
Total (d)		2,365,459
Total humanitarian funds received in 2016 (a+b+c+d)		29,958,012
II. Carry-over of humanitarian funds available in 2016		
e) Carry over Thematic Humanitarian Funds		
Carry-over of Thematic Humanitarian Funds		423,401
f) Carry-over of non-thematic humanitarian funds		

Carry-over of non-thematic humanitarian funds		2,885,250
Total carry-over non-thematic humanitarian funds		2,885,250
Total carry-over humanitarian funds (e+f)		3,308,651
III. Other resources		
		0
Total other resources		0

The table below demonstrates country-specific thematic humanitarian funds that UNICEF Chad country office received, as well as an allocation from global thematic humanitarian funds in 2016.

Table 4. Thematic Humanitarian Contributions Received in 2016 (in US\$)*:

Donor	Programmable Amount	Total Contribution Amount
SM149910	800,000	4,505,449
Total	800,000	4,505,449

* Global thematic humanitarian funds are allocated at the programmable level.

H. Future Work Plan

In 2017, it is expected that 4.7 million Chadians will be in need of humanitarian assistance in response to the multiple and overlapping crises affecting the country. Food insecurity will continue to affect 4.3 million people, with 11.9 per cent of children under 5 suffering from global acute malnutrition (an estimated 558,450 in 2017) and 2.6 per cent of children suffering from severe acute malnutrition (SAM) (an estimated 228,240 children). Conflicts are uprooting many, with 579,000 people expected to be displaced by the conflicts in the Central African Republic, the Lake Chad basin and the Sudan in 2017, including 389,000 refugees, 105,000 internally displaced persons and 87,000 Chadian returnees. Both the displaced and their host communities require humanitarian assistance, including health, nutrition, education, water, sanitation and protection services. Epidemics, particularly measles and cholera, remain a concern for 2017 given the fragility and limited coverage of the health system. While a growing number of humanitarian actors are present in insecure areas, Chad's emergency needs remain underfunded, with the Humanitarian Response Plan (HRP) funded at only 52.5 per cent in 2016. In addition, the country's difficult financial situation has impaired the Government's capacity to provide basic services and participate in early recovery.

In line with Chad's 2017-2019 HRP strategic objectives, UNICEF will continue to provide life-saving assistance to children and their families. Nutrition interventions will be expanded to treat 200,000 children under 5 with SAM. Community-based infant and young child feeding will be implemented in the Lake region, while populations affected by emergencies will gain improved access to water, sanitation and emergency health services. The scale up of the emergency response in the Lake region will reinforce a multi-sectoral package for children, including through the promotion of early recovery, as well as the strengthening of government and civil society for community-based support for children's rights. UNICEF will also provide learning materials and access to education; psychosocial support for refugees, internally displaced persons and returnee children; identification and care for unaccompanied and separated children; family reunification services; and mine-risk education. UNICEF will continue to lead the nutrition, education and water, sanitation and hygiene clusters, as well as the child protection sub-cluster, at national and sub-national levels. UNICEF's efforts to bridge humanitarian and development programming will remain paramount while supporting the government's emergency preparedness capacity and building community and institutional resilience through innovative approaches.

Some of the main targets for 2017 include the following:

- Nutrition: 200,294 children aged 6 to 59 months affected by SAM admitted for treatment; 98,698 children aged 6 to 59 months receiving vitamin A supplementation

- Health; 377,324 children aged 6 months to 14 years vaccinated against measles
- WASH: 268,000 people have access to potable water and basic sanitation; 33,000 children and their families affected by SAM receiving a life-saving package of WASH services
- Child protection: 13,166 girls and boys reached with psychosocial support through child-friendly/safe spaces; 1,313 unaccompanied/separated children have access to alternative care
- Education: 43,560 school-aged children have new access to education; 140,560 children aged 3 to 17 years received school supplies; 77,580 children aged 6 to 16 years affected by the crises benefiting from a teacher trained in psychosocial support
- HIV and AIDS: 55,000 pregnant women have access to HIV and AIDS screening services and prevention of mother-to-child transmission services; 2,000 adolescents tested for HIV

I. Expression of Thanks

UNICEF Chad offers its sincere thanks to all donors for the support provided to respond to humanitarian crises in Chad in 2016. These funds were crucial in enabling UNICEF and its partners to support preparedness and response efforts for the vulnerable population in need of immediate assistance.

UNICEF is particularly thankful for flexible support provided through the thematic funds against the SM149910 from Finland, the United Kingdom Committee for UNICEF and the French Committee for UNICEF, as well as the support from Japan, Sweden, ECHO, USAID, Global Partnership for Education, and CERF which allowed the office to allocate the funds in the sectors where the humanitarian support was the most needed to contribute to the results against the programme area targets.

II. GRANT “TWO- PAGER” NARRATIVE AND GRANT FINANCIAL AND UTILISATION REPORTS

Annex A: Financial Analysis

By Programme, the humanitarian funding amounts that were available in 2016 for the Chad office were as follows. The table includes carry over.

Programme	Allocation
0810/A0/04/881 Health and Nutrition	17,899,571
0810/A0/04/882 HIV/AIDS	160,000
0810/A0/04/883 WASH	4,654,436
0810/A0/04/884 Basic Education and Gender Parity	4,589,209
0810/A0/04/885 Child Protection	1,084,381
0810/A0/04/886 Social Inclusion (Emergency Coordination, Social Policy, Communication, C4D)	2,673,262
0810/A0/04/887 Cross-Sectoral	2,203,403
Total	33,264,262

In terms of the funds received against the HAC, the breakdown is as follows.

Donor Name	Grant Reference	Grant Start Date	Grant Expiry Date	2016 Appeal Amount
SIDA	SM160105	01/01/2016	31/12/2017	542,874
	SM160560	22/11/2016	31/12/2017	603,799
USAID/Food for Peace	KM160029	29/06/2016	30/06/2018	489,888
	KM160031	29/06/2016	30/06/2018	1,632,960
	SM160368	29/06/2016	30/06/2018	654,930
Swiss Committee for UNICEF	KM160068	08/12/2016	31/01/2017	242,611
ECHO	SM150585	01/12/2015	29/02/2016	994,000
	SM160248	01/04/2016	30/09/2016	365,123
	SM160310	01/04/2016	31/08/2017	6,421,704
	SM160403	01/06/2016	31/05/2017	4,116,138
	SM160421	01/07/2016	31/12/2017	439,952
OFDA	SM150481	27/09/2015	30/09/2016	220,173
GPE	SC160057	05/02/2016	30/06/2017	2,770,000
Japan	SM160077	26/02/2016	28/02/2017	2,777,778
Thematic Humanitarian Funds	SM149910	01/10/2013	31/12/2017	800,000
UNOCHA/CERF	SM150607	01/12/2015	31/05/2016	652,664
	SM150610	24/12/2015	24/06/2016	699,353
	SM150614	24/12/2015	24/06/2016	737,225
	SM160277	20/05/2016	19/11/2016	700,940
	SM160285	06/05/2016	05/11/2016	560,787
	SM160286	09/06/2016	08/12/2016	420,561
	SM160287	09/06/2016	08/12/2016	934,579
	SM160288	09/06/2016	08/12/2016	280,299
	SM160424	16/09/2016	30/06/2017	186,936
	SM160440	21/09/2016	30/06/2017	560,748
	SM160450	21/09/2016	30/06/2017	700,935
	SM160451	21/09/2016	30/06/2017	451,055
Total				29,958,012

Annex B: Two-Pagers

See attached

Annex C: Human Interest Story

Link: <http://bit.ly/2IGwSzM>

Lake Chad's children dreams

They all have one thing in common: their stories bound by violence, and freed by dreams.

N'Djamena, February 27, 2017. Conflict in the Lake Chad region has led to widespread displacement, violations of human rights, protection risks and a severe humanitarian crisis. Across the Lake region in Chad over 120,000 people – mostly women and children – have fled violence. Over 5,000 found refuge in Daresalam refugee camp.

Building better futures for children through education



Education is a child's fundamental right and it is critical during emergencies and times of conflict. Teachers in the refugee camp like Musa Mohammed Tukur, 33, who is a refugee himself, play a crucial role to ensure there is still hope for children's future in the midst of violence. "I am now a teacher. It is hard at times but I am very happy. Conditions are not easy but the bright side is that our children can prosper and have a goal in life. I encourage every one of them because all children have their own talents. I see they are learning many things. They have great aspirations. I believe there is hope despite the war."

Dispelling myths about nutrition practices



A crucial priority for child survival in humanitarian emergencies is breastfeeding. Despite myths that mothers under stress or suffering from malnutrition are unable to breastfeed, mothers like Magret Ali, 25, know how beneficiary it is for the baby's health. "I suffered a lot, but my baby was born healthy. When I gave birth in the health centre (at the camp), nurses told me how to breastfeed and I do it since," she admits proudly.

Ensuring access to water and sanitation



In Daresalam, Lanzi lives with her parents and siblings in the camp since February 2015, after her village was attacked. Part of her daily routine before and after going to school is to ensure there is always water at home. “I always help my mother in the house and I go to fetch water. With water we can drink, bath the kids and themselves, cook and wash clothes. This water is good and since we have arrived in the camps we rarely have stomach problems.”

Offering safe spaces for children to play and socialize



“I want to be an Information Technology (IT) specialist [...] My father repaired computers and cellphones and I used to help him after school,” he says.

Every child’s future starts with a dream. Nazirou Ousman, 16, is talented and tech-savvy. Back in North-East Nigeria, his father’s had a computer business. Every afternoon, he comes to the UNICEF-supported Child friendly space of the refugee camp where children can play and socialize.

In 2016, thanks to the generous contributions of its donors, UNICEF contributed to more than 153,000 children received SAM treatment and 125,000 children aged 6 months to 5 years received vitamin A supplementation. UNICEF provided 75,329 displaced people with a full package of water and sanitation interventions.

More than 61,000 displaced and host community children received quality education, including 18,000 children who received education in 255 permanent classrooms and temporary learning spaces and 97,000 children who received school supplies. Nearly 19,000 children benefited from psychosocial support and more than 650 unaccompanied and separated children received reunification services.

Annex D: Results-based reporting and partner feedback

Name of Report: 2016 Consolidated Emergency Report

Please return to UNICEF (email): pbarragnebigot@unicef.org with copy to asidibe@unicef.org

SCORING:

5 indicates “highest level of satisfaction” while
0 indicates “complete dissatisfaction”

To what extent did the narrative content of the report conform to your reporting expectations?

5	4	3	2	1	0

To what extent did the funds utilization part of the report conform to your reporting expectations?

5	4	3	2	1	0

To what extent does the report meet your expectations with regards to the analysis provided, including identification of difficulties and shortcomings and remedies to these?

5	4	3	2	1	0

To what extent does the report meet your expectations with regards to reporting on results?

5	4	3	2	1	0

Please provide us with your suggestions on how this report could be improved to meet your expectations.