

UNICEF Humanitarian Action 2010

CHAD

SITUATION UPDATE

The first half of 2010 has witnessed a significant change in the humanitarian context related to malnutrition and food insecurity in the Sahel belt, including eastern Chad (Ouaddai and Dar Sila regions). UNICEF estimates that some 80,000 children suffer from severe acute malnutrition (SAM) in the Sahel belt of Chad alone. This requires a major shift in the humanitarian response strategy, since the SAM trend is significantly expanding geographically.

Altogether, the affected populations requiring assistance amounts to more than 2.5 million people, including 1.6 million suffering from food insecurity and malnutrition, 170,000 IDPs, 35,000 returnees, 314,000 refugees in the east and the south of Chad, as well as the host population affected by recurrent meningitis and measles outbreaks.

KEY RESULTS FOR CHILDREN

Health: UNICEF has responded to the immediate need for preventive and curative care of children, reaching 70,550 (59 per cent) of children under the age of five living in refugee camps, displaced and host communities. Children were screened for malnutrition and referred for treatment in nutritional centres if necessary. In addition, UNICEF has supported the Chadian Health authorities to conduct measles and meningitis vaccination campaigns. The coverage rate for the measles campaign was above 90 per cent in the Kanem, Bar el Gazel and Wadi Fira regions (out of a target population of 502,641), and for the meningitis campaign was 94 per cent in the Logon Oriental region (out of a target population of 165,936), exceeding HAR targets.

Nutrition: UNICEF has scaled up the process of mass screening of malnourished children at community level, working towards ensuring that severely malnourished children are actively screened, detected and timely referred to the treatment centres. UNICEF is currently supporting 126 therapeutic feeding centres in Chad (106 outpatient therapeutic feeding centres and 20 inpatient therapeutic feeding centres). The majority of these centres are located in the Sahel belt of Chad. From January to June 2010, these centres treated up to 15,000 children for severe acute malnutrition with performance outcomes well within SPHERE standards.

Water, Sanitation and Hygiene: In eastern Chad, over 60 per cent of the targeted population of 290,000 refugees, Internally Displaced Population (IDP), returnees and host communities, were provided with access to safe water and adequate sanitation according to Sphere standards. In Western Chad (Kanem and Bahr El Gazal), 50% of the planned 50 schools have been provided with adequate sanitation and safe water benefiting 4,000 pupils, and 80 per cent of the planned 50 health centres received adequate sanitary blocks, providing support to 20,000 care seekers.

Education: Over 123,645 school-age children in Sudanese and Central African refugee camps, 28,405 internally displaced children, and 50,000 children in surrounding host communities (a total of 202,050 children, or 118 per cent of HAR target), including 49 per cent of girls, benefited from improved education services, including classroom infrastructure maintenance for a more secure environment, and distribution of sufficient teaching and learning materials. An additional 1,118 community teachers (75 per cent of target) and 229 Parent-Teacher Association members (90 per cent of target) in host and IDP communities received training to ensure quality teaching and learning.

Child Protection: UNICEF has been supporting 51 child friendly spaces set up in refugee camps and IDP sites in eastern Chad for the benefit of 9,165 children (or 92 per cent of HAR target). Thanks to the monitoring and reporting mechanisms put in place, UNICEF and partners identified 41 children associated with armed groups, and secured the release of 11 of them. In partnership with the Government of Chad, UNICEF organised a regional conference which resulted in a declaration on ending the recruitment and use of children by Forces and Armed Groups in Sudan, Chad, CAR, Cameroun, Niger and Nigeria.

HIV/AIDS: 28,463 young people have been well informed on HIV/AIDS by 95 peer educators through 10 school clubs and 10 youth canters (20 per cent of initial target). In addition, PMTCT and paediatric care services are available in 23 PMTCT sites with 26 pregnant women under ARV in Abéché, Goz Beida, and Guéréda in eastern Chad

KEY CHALLENGES

The United Nations Mission in Chad and the Central African Republic (MINURCAT) will complete its mission in Chad on 31 October for the military component and on 31 December 2010 for the civilian and police components. MINURCAT's

departure and the prevailing insecurity and banditry may have an impact on humanitarian operations, the freedom of movement of humanitarian organisations, and may contribute to limited humanitarian space and access to beneficiaries in eastern Chad. In the Sahel belt, in addition to limited funding, the limited capacity and number of actors, particularly NGOs on the ground may slow down the response to the 1.6 million people affected by food insecurity and malnutrition.

INTER-AGENCY COLLABORATION

Partnerships are an important element of synergy and effective delivery. UNICEF works in close collaboration with UN sister agencies, notably UNHCR, UNFPA, WFP, and WHO to provide timely and quality humanitarian assistance to the refugee, IDPs and host community populations in eastern Chad. In the Sahel belt, UNICEF works with WFP, FAO and WHO as well as international NGOs including ACF, the Red Cross, Médecins Sans Frontières (MSF), to ensure an adequate response to the nutritional crisis prevailing there. The response is coordinated through several mechanisms including the UN system under the leadership of the Resident Coordinator and OCHA through Food Security and Nutrition Clusters. Under the Prime Minister's leadership, Government of Chad has an existing mechanism to coordinate the prevention and management of food crisis, which includes the UN system, a number of bilateral and governmental representatives.

FUNDING REQUIREMENTS

Funding requirements for HAR 2010 was US\$50,395,600. As of mid-year, US\$9,830,209 has been received. An additional US\$4,134,296 has been re-directed in order to respond to humanitarian needs. The revised funding requirements as of mid-year amount to US\$51,237,840.

Funds received against the HAR 2010 (US\$)						
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap	Additional funds utilized in 2010	Final funding gap
Health	5,005,000	5,005,000	2,839,576	2,165,424	900,761	1,286,649
Nutrition	12,500,000	13,342,240	2,569,944	10,772,296	638,482	10,133,814
Water, Sanitation and Hygiene	11,557,500	11,557,500	1,826,260	9,731,240	1,931,838	7,799,402
Education	10,500,000	10,500,000	840,972	9,659,028	245,814	9,413,214
Child Protection	9,133,100	9,133,100	1,753,457	7,379,643	360,232	7,019,411
HIV/AIDs	1,700,000	1,700,000	0	1,700,000	57,169	1,642,831
Total*	50,395,600	51,237,840¹	9,830,209	41,407,631	4,134,296	37,295,321

*The total includes a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

Health: Basic health care services including vaccination will be provided for all eligible children and women, including 170,000 IDPs, more than 100,000 host community members and 21,000 returnees in Goz Beida (Koukou, Adé, Daguessa, Goz Beida) and Assoungha (Adré, Arkoum, Hadjer Hadid, Borota).

Nutrition: Nutrition interventions, including distribution of Plumpy'doz to at least 20,000 children aged 6 to 23 months, will be expanded to cover all the regions of the Sahel belt: Lac, Hadjar Lamis, Batha, Guera, Ouaddai, Wadi Fira and Dar Sila. Access for children suffering from SAM will be increased by opening 34 new out-patient feeding centres.

Water, Sanitation and Hygiene: Low-cost preventative and curative WASH packages will be implemented in 40 schools and 34 feeding centres. An additional 116,000 IDPs, refugees and people in host communities will have improved access to water, adequate sanitation, and improved hygiene education according to Sphere standards, contributing to a 15 per cent increase in water coverage in the eastern and Southern Chad. For flood prone regions of south Chad, contingency stock will be prepared.

¹ These requirements are in line with UNICEF requirements in the Chad consolidated appeal (mid-year review, 14 July).

Education: 500 community teachers and other educators will benefit from training and refresher courses, including on education in emergency tools and strategies to enhance emergency preparedness and response. 250,000 children of preschool and primary school age in Eastern and Southern Chad will be provided with pre- and primary school educational materials (playing material, School in a Box and ECD kits) needed for quality education and enhanced learning.

Child Protection: With partners, UNICEF will work to secure the release of children associated with armed groups and subsequently provide reintegration, family tracing and reunification services. As part of this effort, 200 children will be demobilised and withdrawn from armed groups and forces. In addition, Chad is selected for the ECHO-funded interagency GBV project (UNICEF, UNFPA, UNHCR) aiming at capacity building of UN, governments and other agencies at country level to strengthen coordination skills to respond more effectively to GBV issues.

HIV/AIDS: UNICEF will improve HIV prevention services in southern Chad using a mobile strategy (vehicle with audio visual equipment, HIV/AIDS supplies and well-trained staff) for over 80,000 young people. The HIV/AIDS mobile strategy will be an entry point of an integrated Accelerated Child Survival and Development (ASCD) approach in the south. In addition Paediatric care and Preventing Mother-to-Child Transmission services will be improved in four hospitals (Goz beida, Abéché, Gore, Danamadji) and introduced in the hospital of Biltine in eastern Chad.