

# BRIEFING BOOK UNICEF EASTERN CHAD

September 2008



Refugee camp Touloum July 2008

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## CONTEXT

Chad is ranked 170 out of 177 countries according to the Human Development Index 2008<sup>1</sup>, while the Human Poverty Index placed Chad on position 108 among 108 developing countries [UNDP Human Development Report 2007/2008<sup>2</sup>].

The annual growth rate of Chad's population is 2.4 percent with an estimated life expectancy at birth of 47 years. Under 5 mortality (200 per 1,000 live births) and maternal mortality rates (1,100 per 100,000 live births) are among the highest in the world.

Over 80 percent of a total population of over nine million relies on subsistence farming and livestock raising, living on less than US\$ 1 a day. Conversely the national GDP per capita is US\$ 1,700<sup>3</sup>. Cotton, cattle, and Arabic gum provide most of Chad's non-oil export earnings.

In 2000, when oil was still sold for around US \$20 a barrel, the World Bank and Chad signed an agreement. The strategy was to use the World Bank's money and credibility to persuade Chad to dedicate its earnings from oil to combating its poverty by building schools, roads and hospitals. An independent oversight board was set-up to approve or deny spending projects based on their prospects for reducing poverty. The experiment ended in mid September 2008 when the World Bank pulled out of the agreement. Chad repaid the US \$65.7 million it owed to the institution – yet it had never allocated adequate funds for poverty reduction. Today Chad produces 170,000 barrels a day and is expected to earn US \$1.4 billion in oil revenues this year.

In 2008 Transparency International ranked Chad 173 out of 181 countries for the level of corruption, with a Corruption Perception Index score of 1.6/10.

Eastern Chad includes from North to South the regions of BET [Borkou, Ennedi, Tibesti], Dar Tama, Ouaddai and Dar Sila. These regions are characterised by chronic insecurity and a level of development that is even under the national average.

### Political environment

Since 1990 Chad is ruled by President Idriss Deby Itno. In 1998 unrest started in Northern Chad, promoted by members of the president's ethnic group, the Zaghawa. In spite of several peace agreements signed between the Government and the rebels, tensions continued to flare up sporadically throughout the following years.



<sup>1</sup> The HDI provides a composite measure of three dimensions of human development: living a long and healthy life (measured by life expectancy), being educated (measured by adult literacy and enrolment at the primary, secondary and tertiary level) and having a decent standard of living (measured by purchasing power parity, PPP, income).

<sup>2</sup> [Human Development Report 2007/2008 - Country Fact Sheets - Chad](#)

The HDI measures the average progress of a country in human development. The Human Poverty Index for developing countries (HPI-1), focuses on the proportion of people below a threshold level - living a long and healthy life, having access to education, and a decent standard of living. By looking beyond income deprivation, the HPI-1 represents a multi-dimensional alternative to the \$1 a day (PPP US\$) poverty measure.

<sup>3</sup> <https://www.cia.gov/library/publications/the-world-factbook/print/cd.html>

Since 2005 and as a consequence of the referendum that removed constitutional term limits for President Deby, several new rebel groups were born, composed of former partisans of Deby. From rear bases in Western Sudan these groups started to attack villages in Eastern Chad launching a wave of internal displacement that has not stopped to date. In spite of dwindling support within the Chadian population and his own tribe the president won another controversial election in March 2006.

In December 2006 and October 2007 peace agreements were signed between the Government and some of its opponents but the spiral of violence continued as power remained in the hands of the President and members of his clan.

In November 2007 government troops stopped the rebels from advancing towards Abeche in Eastern Chad after several days of violent combat that resulted in numerous casualties on both sides. In February 2008 the capital N'Djamena was attacked and for two days by the rebels. The opposing troops were eventually driven out of the city but street fighting left many dead and wounded. Most expatriates were evacuated to Gabon, Cameroon and the Central African Republic which hampered the implementation of humanitarian programmes.

Since the outbreak of war in Darfur in 2003, relations have been tense between Chad and Sudan. In April 2006 the two countries broke off relations for four months after President Deby accused Sudan of arming rebels who launched an attack on N'Djamena.

On 11 May 2008 and in response to an attack of the Darfur anti-government group Justice and Equality Movement [JEM] on Khartoum, Sudan severed diplomatic ties with Chad, accusing N'Djamena of backing the assault. Chad denied the charge and closed its border with Sudan. All commercial and financial transactions between the two countries are banned.

On 14 July the International Criminal Court prosecutor laid charges against President Omar Al-Bashir for genocide, crimes against humanity and war crimes in Darfur. In spite of apprehension from the UN side and NGOs about the potential impact the issuance might have in the region the situation remained calm in Darfur as well as in the 12 refugee camps along the shared border.

On 15 August Chad's former president Hissene Habre who is in exile in Senegal, was sentenced by the Chadian Court to death in absentia along with 11 leaders of the rebel groups. He was convicted for his support to the rebels for crimes against humanity allegedly committed between June 1982 and December 1990.

### **Security context in Eastern Chad**

Three sometimes overlapping patterns of violence characterize the crisis in Eastern Chad, leaving civilians at risk and without protection: (a) **internal armed conflict** between the Chadian government and Chadian armed opposition groups; (b) **cross-border attacks by Darfur-based militia** against civilians in the shared border area and (c) **interethnic violence**. These circumstances create a general state of lawlessness and impunity which in turn results in recurrent cases of increasingly violent banditry and car hijacking, with the consequence of reduced access to many areas where assistance would be urgently needed. Nowadays humanitarian movements by road need to be carried out with armed escorts.

At the onset of the crisis in 2004, attacks against humanitarians were inexistent. Today the contrary can be said. Amongst the reasons for this animosity is the deployment of large numbers of expatriate staff, and the feeling that humanitarian interventions are benefiting mainly the refugee and IDP population, while local communities feel left out. Humanitarian workers are not respected anymore as neutral entities by the local population.

At the community level, conflicts over land and natural resources between nomads and farmers have been going on for centuries. They are enhanced by multiple inter-ethnic tensions opposing mainly Arab and non-Arab groups, but also Arab groups or non-Arab groups amongst each other. They used to be locally mediated and managed by traditional leaders, but the prevailing political environment and the increasing interference of formal political authorities in the appointment of these traditional leaders have substantially reduced the latter's' credibility and effectiveness.

In addition to the mentioned factors, proliferation of handguns, power abuse by security forces and the presence of unexploded ordnances [UXO] contribute to the development of an ever more complex and dangerous environment. Rape of girls and women who collect firewood outside IDP-sites or refugee camps, and forced recruitment of minors into armed forces or groups are increasingly recurrent patterns of aggressions against civilians.

The local civilian population is caught in the middle of this frightening setting. Being usually self-reliant they face today difficulties in coping with daily activities and are progressively forced to rely on external assistance for their survival.

### **UN Resolution SC 1778: Deployment of MINURCAT and EUFOR**

In September 2007 the UN Security Council voted Resolution 1778 approving a multidimensional EU-UN presence in Chad and the North-Eastern part of the Central African Republic comprised of EUFOR (European Forces) and MINURCAT (United Nations Mission in the Central African Republic and Chad)

**EUFOR** is mandated to provide protection for the Sudanese refugees, internally displaced persons and other vulnerable population in Eastern Chad. It is the first European Security and Defence Policy [ESDP] mission under a UN mandate. In addition to its civilian protection role, EUFOR has been mandated by the UN Security Council to facilitate the delivery of humanitarian aid which is being severely compromised by growing insecurity.

As of August 2008, about 3.700 EUFOR-soldiers were deployed in Abeche, Goz Beida, Iriba and Farchana.

**MINURCAT** [United Nations Mission in the Central African Republic and Chad] will be comprised of approximately 1,400 UN civilian staff, 300 United Nations Police [UNPOL] and 50 UN military liaison officers. Its main mandate is the formation of the **DIS** [Détachement intégré de sécurité], a 820-member Chadian police force. Initially called PTPH [Police tchadienne pour la protection humanitaire] in SCR 1778, the DIS is being trained by UNPOL to become the main law enforcement body in Eastern Chad.

Neither MINURCAT nor EUFOR are mandated to implement any kind of humanitarian intervention or to intervene in the camps themselves. The demobilisation and disarmament of former combatants is not part of UNSCR 1778.

### **Humanitarian Situation Summary**

Since 2004 over 250,000 Sudanese refugees from Darfur crossed into Eastern Chad. They live in 12 camps. Over 85 percent of them are children and women. The latest influx of refugees arrived after an attack on three villages in Western Sudan in February 2008.

Today these refugees are receiving humanitarian assistance that meets international standards in terms of access to safe drinking water and sanitation, daily food rations, access to health care and nutrition, as well as primary education for school-aged children.

Nevertheless, their foremost wish is for peace and to return to their homes. With regards to the unchanged security situation in Western Darfur their return is not foreseeable immediately.

Since April 2004 regular rebel attacks on Chadian villages in the border area of Darfur, led to a spiral of escalating violence throughout Eastern Chad. About 180,000 Chadians have been forced over the past three years to abandon to their villages, often leaving all their belongings behind. The majority of these Internally Displaced Persons [IDP] are from Dadjo and Massalite ethnics. This situation is

leading to disputes over limited resources amongst newcomers and host communities and amplifies the risk of disease outbreaks through overcrowding.

Since July 2008 sporadic and not definitive returns have been observed in some parts of Eastern Chad. Yet, these movements were limited and temporary, mainly related to the IDPs wish of pursuing agricultural activities in their home villages before settling down again in the IDP-sites.

In May 2008 humanitarian actors and the Chadian Government adopted a global framework, aiming to create conditions for a sustainable voluntary return of the displaced. In August the collection of quantitative and qualitative data started and will, once finished, allow the planning of an appropriate response.

The presence of EUFOR and MINURCAT is expected to provide an enabling environment for the return of IDPs to their villages of origin. But a sustainable return may not happen without the re-establishment of traditional mediation mechanisms, an effective and persistent control of armed banditry in the region and a resolution to the Darfur conflict.

While the Chadian host communities demonstrated their willingness to accept the new arrivals, their scarce resources and thus their capacity to grant refuge are today stretched to the ultimate limit. In this context the overarching humanitarian strategy is to support willing communities in relatively safe locations to assist those who have been forced to relocate, by providing infrastructure and basic services.

### **Humanitarian Aid in Eastern Chad**

In 2008, humanitarian interventions in Eastern Chad continued to focus on emergency needs. While assistance for refugees coordinated by UNHCR has been carried on as in the previous years, more attention was given to IDP and host communities. Whenever possible a transition towards self-reliance and return has been promoted.

To encourage autonomy and decent living conditions through local capacity building the main priorities are:

- ⇒ Provision of coordinated life-saving assistance to internally displaced Chadians and Sudanese refugees.
- ⇒ Increased access to basic social services for displaced and host populations – safe drinking water, sanitation, nutrition, health and education.
- ⇒ Transformation of humanitarian interventions into longer-term development assistance to promote self-reliance and integration of the displaced into host communities.

### **Major challenges for humanitarian actors in Eastern Chad since January 2008:**

- A falling of the value of US dollar combined with further increasing oil prices limiting the capacity to procure essential commodities.
- The difficulty to get experienced expatriate staff due to the insecure environment that makes Chad unattractive as a duty station.
- The limited logistical capacities which are overwhelmed by the deployment of MINURCAT and EUFOR, resulting in increased transportation costs; overuse of overland corridors inside and outside Chad; and insufficient number of available road transporters.
- A significant deterioration of the security situation which results in reduction of access and the limitation of mobility.

# UNICEF HUMANITARIAN ASSISTANCE IN EASTERN CHAD



Refugee camp Touloum July 2008

## UNICEF Humanitarian Assistance : Overview

Since 2004 UNICEF has been responding to the needs of an ever rising number of Sudanese refugees, internally displaced population and local communities in Eastern Chad.

Between January and December 2007 the number of displaced Chadians increased from 100,000 to 180,000. About 700,000 people are directly affected by the impact of the new arrivals in their villages— which is illustrated by a depletion of resources, agricultural land and space for habitation.

As the living standards of internally displaced and host communities continue to be significantly lower than those of the 250,000 Sudanese refugees they represented UNICEF's priority in 2008, followed immediately by continued support to refugees. The variety of interventions covers five sectors:

### **Education**

The objectives of UNICEF's activities in the education sector are to support the upgrading of capacities for teachers and Parent-Teacher Associations, as well as the improvement of classroom infrastructures and the availability of school materials and textbooks. As lead agency in the education sector, UNICEF works to ensure that technical standards are respected in these regards. All activities are implemented under the umbrella of the Chadian Ministry of Education.

- In 2008, for the first time since the beginning of the current humanitarian crisis in 2004, IDP children in three departments have completed a full school year programme, thanks to the joint effort of UNICEFs implementing partners.

### **Health**

UNICEF is working to ensure access to quality health care for mothers and children, through health centers which are managed by its non-governmental [NGO]-partners. Supported activities include the vaccination of children aged less than one year against all common childhood diseases, the supplementation of children under five years of age with Vitamin A and deworming drugs, pre-natal and post-natal care for pregnant and postpartum women, distribution of impregnated mosquito nets, medication, blankets and the training of local health staff. Throughout Eastern Chad, UNICEF is promoting the Accelerated Strategy for Child Survival and Development (ASCS).

### **Nutrition**

UNICEF is providing therapeutic food, anthropometric equipment, drugs and micronutrients to therapeutic feeding centers in refugee camps and IDP sites. In addition, technical support and training of health agents and NGO staff are ensured. As leader of the nutrition sector's cluster, UNICEF has been spearheading efforts to strengthen the capacities of cluster members and to promote the harmonization of data collection

### **Child protection**

UNICEF is working towards the widespread availability of protection services that prevent and respond to violence, exploitation and abuse of children and women. Activities comprise the consolidation of child-friendly spaces, the building of capacities within grassroots-level organizations or NGOs and the training of community-based child-friendly space animators, traditional leaders, and military on child right issues. Awareness campaigns on the dangers posed by unexploded ordnance (UXO) are being conducted throughout the year. As leader of the sub-cluster for child protection, UNICEF is promoting the harmonization of data collection and programme design.

- Since the signature of an agreement between the Government of Chad and UNICEF in May 2007, and the visit of the Special Representative of the Secretary General of the United Nations for Children Associated in Armed Conflict (SRSG-CAAC) in May 2008, 534 children formerly associated with armed forces or groups have been demobilized. Approximately 60% of them have already been reintegrated into their communities of origin.

### **Water, Sanitation, and Hygiene**

UNICEF and the Ministry of Hydraulics are working through NGO-partners and private enterprises in order to provide continued access to safe water and hygienic conditions in IDP-sites and the surrounding host communities. UNICEF continues to ensure the water and sanitation needs of 30,000 refugees in the camp of Oure Cassoni, located in north-eastern Chad.

## Overview per Sector



Refugee camp Irdimi July 2008

## Health

### 1. Situation analysis

With 200 deaths per 1,000 live births Chad is amongst the ten countries in the world with the highest infant mortality rate.

The main causes for morbidity and mortality of children under five years old are malaria, respiratory infections and diarrhoea. In combination with acute malnutrition, lack of safe water access and overpopulation in IDP-sites or refugee camps these are deadly conditions for children in their most vulnerable stage of life.

The lack of qualified health staff at all levels and the limited access to health facilities due to insufficient geographical coverage are serious obstacles for a sustainable improvement of the health situation in Eastern Chad. The massive influx of Sudanese refugees since 2004 and the continued internal displacement of the Chadian population since 2006 have worsened an already preoccupying state of affairs.

From June until September the yearly rainy season exposes the already vulnerable population to an increased risk of waterborne diseases, like diarrhoea, Hepatitis E and Cholera.

In 2007 vaccination coverage amongst refugees was close to optimal, with 100 percent against tuberculosis [BCG], 84 percent for Polio, 75 percent for Diphtheria/Tetanus/Whooping-Cough [DPT3] and 92 percent for measles. 100 percent of all children at primary school age in refugee camps and IDP-sites and surrounding host communities, over 40,000 pupils, received Vitamin A and deworming medication.

At the end of the first semester 2008 monitoring carried out by UNICEF showed the following coverage rates:

➤ <b><u>Refugees camps :</u></b>	
▪ BCG (Vaccine tuberculosis) :	54%
▪ DTC3 (Vaccine against Diphtheria/Tetanus/Whooping Cough)	46%
▪ VPO3 (Vaccine against poliomyelitis) :	45%
▪ VAT2+ (Vaccine against targeting pregnant women)	47%
➤ <b><u>IDP Sites :</u></b>	
▪ BCG (Vaccine tuberculosis) :	42%
▪ DTC3 (Vaccine against Diphtheria/Tetanus/Whooping Cough)	54%
▪ VPO3 (Vaccine against poliomyelitis) :	103%
▪ VAT2+ (Vaccine against targeting pregnant women):	42%

### 2. Expected results in 2008

- All pregnant women who have been examined in health centres in refugee camps or IDP sites are vaccinated against neo natal tetanus [TNN].
- All refugee and IDP children under the age of one are fully immunized and receive an adequate dose of vitamin A (6-59 months), Mebendazole (9-59 months) and MII (0-11 months).
- All health facilities in camps and IDP sites perform properly the activities related to pre- and post natal care [PNC].
- All pregnant women come at least once to the PNC Plus and at least 70 percent of them are covered by PNC 3 and tetanus toxic [TT2] or more.
- At least 80 percent of pregnant women who have been tested HIV-positive benefit of complete Prevention of mother to child transmission-[PMTCT] services.

- All cases of malaria diagnosed in health facilities are cared for according to the national treatment protocol [ACT];
- The main methods of malaria prevention - preventive treatment in pregnant women and MII - are applied in the 12 refugee camps and all IDP-sites.

UNICEF is promoting the implementation of the Accelerated Strategy for Child Survival and Development [ASCSD] throughout Eastern Chad. This includes the Expanded Programme for Immunisation (EPI), Malaria Prevention, Prevention of Maternal Mortality, and the Integrated Management of Childhood Illnesses [IMCI].

Humanitarian Action in the East completes UNICEF’s intervention in the rest of the country and has been designed according to the overall principle of non discriminatory care for the most vulnerable, thus covering refugees, internally displaced and local communities. The delivery of vaccines, medication and related equipment through international NGO partners is combined with the training of national health staff and technical support to governmental initiatives such as the national vaccination campaigns against poliomyelitis. All activities are implemented under the umbrella of the Chadian Ministry of Health [MoH].

### 3. Activities and their progress as of September 2008 :

Main activities	Progress as of September 2008 :
Micro-planning of PEV-activities	UNICEF supported three national poliomyelitis campaigns (January, July, August) in the Ouaddaï and Wadi Fira regions, covering all IDP-sites and the 12 camps Coverage rates were close to 100 percent
Procurement of vaccine, cold chains and consumables to NGO-partners and local health centres for the implementation of PEV in refugee camps and IDP-sites	Delivery of vaccine: <ul style="list-style-type: none"> <li>○ BCG vaccine : 21,180 doses</li> <li>○ Polio vaccine : 41,200 doses</li> <li>○ DTC vaccine : 41,240 doses</li> <li>○ Anti Amarile Vaccine : 16,440 doses</li> <li>○ Measles vaccines : 37,270 doses</li> </ul> + 15 refrigerators
Support to PEV-related social mobilization in camps, IDP-sites and local villages	Training on community sensitization techniques for 215 community health agents in Dar Sila and 60 in refugees camps around Iriba district (Iridimi, Touloum, Am Naback) Multiplication of image-boxes
Monitoring and supervision of PEV-activities  Establishment of a permanent data base on PEV-results	Monitoring is organized by UNICEF on a trimester-basis; the last one took place in July. Data is available for refugee camps and IDP-sites concerning all health/nutrition activities carried out by UNICEF.

## Nutrition

### 1. Situation analysis

Acute malnutrition is the cause for 50 percent of deaths of children under five years in Chad.<sup>4</sup>

The situation of acute malnutrition in IDP-sites had deteriorated from below 10 percent in early 2007 to 21 percent in December 2007. Based on the current number of about 185,000 IDPs this represents over 7,000 malnourished children - about 1,000 of them being affected by severe acute malnutrition. In response, UNICEF has since 2007 further strengthened its support to partners involved in nutrition programmes. In July 2008 nutrition monitoring showed that the supported therapeutic/supplementary feeding programs were fully operational, which is illustrated by a continued decrease of new cases of malnutrition and recovery rates that are close to 100 percent.

Amongst the local population in Eastern Chad, about 20 percent of children under five years old are affected by global acute malnutrition<sup>5</sup>. In 2004, before the influx of the refugees from Sudan and the start of internal displacement - global acute malnutrition rates were situated around 13 percent in Eastern Chad [DHS-2].

Both, IDP and host community malnutrition figures are far above the international emergency threshold of 15 percent defined by WHO. Most affected by malnutrition are children aged between 12 and 36 months.

The high levels of child malnutrition in Eastern Chad are partly due to food insecurity, but also the lack of nutritional knowledge amongst mothers, leading to non-optimal feeding practices.

In September 2008 UNICEF and NGO-partner Action Contre la Faim (ACF) started a nutrition survey that will cover all IDP sites and provide representative information on the current nutrition situation.

At the end of the first semester 2008, over 3,500 moderately malnourished and 260 severely malnourished children had been taken care of in Supplementary and Therapeutic feeding centres [SFC/TFC] in the refugee camps. Recovery rates were 86 percent, with less than one percent of death or drop out.

During the same period 1,600 moderately malnourished and 1,400 severely malnourished children were treated in Supplementary and Therapeutic feeding centres in IDP sites. While recovery rates were 95 percent in SFC, with less than one percent of death rates; 78 percent of the children that were treated in TFC recovered and 3, 5 percent died.

In 2007 therapeutic food and medication provided by UNICEF through TFC and SFC in refugee camps and IDP sites allowed the treatment of over 10,000 malnourished children. Technical support and training of health agents and NGO staff have been ensured throughout the year. Under the overall umbrella of the Chadian Ministry of Health, formal partnerships have been established with numerous NGO partners to ensure the adequate treatment of malnutrition in targeted areas throughout Eastern Chad.

High energy biscuits were provided to all newly arrived displaced persons, providing 1,000 calories per day for the first 72 hours.

### 2. Expected results in 2008

In 2008 UNICEF, together with its NGO partners and the Chadian Ministry of Health aims to maintain and improve the nutritional status of refugee, internally displaced and host community children through preventive and curative interventions.

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<sup>4</sup> UNICEF, 2006 Analysis of the nutrition situation of children and women in Chad

<sup>5</sup> UNICEF, WFP, WHO and MoH joint nutrition and food security survey, May-June 2007

UNICEF is supporting treatment programs with therapeutic food, anthropometric material, micronutrient and drugs for the systematic treatment of malnourished children. Through its partners UNICEF promotes optimal infant and young child feeding practices and the widespread availability of child survival packages that includes Vitamin A supplementation and deworming.

- At least 90 percent of all children (refugee, IDP, host community) enrolled in TFC, SFC or paediatric services are managed according to the Integrated Management of Childhood Illnesses [IMCI]-approach.
- 100 percent of all cases of acute malnutrition diagnosed in health facilities covering refugee camps and IDP-sites, are managed in an appropriate manner,
- 100 percent of all children aged 6 to 59 months in refugee camps and IDP-sites are supplemented with Vitamin A and 100 percent of children aged 9 to 59 months in the targeted areas are dewormed.

### 3. Planned activities and progress as of September 2008:

Main activities	Progress as of September 2008
Procurement of medication, nutritional products (Milk F75, F 100, Nutritional paste) for the treatment of acute malnutrition amongst children under five living in refugee camps IDP-sites and surrounding host communities	The following quantities of therapeutic food were delivered: <ul style="list-style-type: none"> <li>○ Nutritional paste : 2,509 boxes</li> <li>○ Milk F 100 : 275 boxes</li> <li>○ Milk F 75 : 107 boxes</li> </ul> In addition medication (Amoxicilline, Folic Acid, Mebendazole, and Vitamin A) was provided for use in nutritional centres.
Strengthening of social mobilization and active screening of acute malnutrition cases in refugee camps and IDP-sites	Training sessions targeted health agents in IDP-sites of the Dar Sila (Gouroukoun, Koloma, Koubigou, Habile, Aradib).
Monitoring and supervision of nutrition activities in refugee camps and IDP-sites	Monitoring missions were accomplished in April and July 2008 covering 11 out of 12 refugee camps and the surrounding IDP-sites.
Set-up of a emergency stock for ad hoc intervention in IDP-sites	Quality and quantity of the emergency stock were identified in the contingency plan and the required equipment/commodities were pre-positioned in Abeche and Goz Beida.
Organization of monthly cluster meetings with the Regional health director [DRS]	Regular coordination meetings took place. While the attendance rates were not always satisfying these meetings allowed to follow-up on the evolution of the sector.
Joint evaluation and monitoring activities	A joint nutritional survey covering all IDP-sites started in September.

In locations where no TFC exist, children who are affected by global acute malnutrition are transferred to a TFC located in a close-by located refugee camp or district hospital.

### 2. Cluster Work 2008

Since the launch of the cluster approach in mid-2007 UNICEF has been spearheading efforts to enhance the technical know-how of partners and to promote the harmonization of data collection throughout the East.

Within the first eight months of 2008 the main achievement of the cluster was the design and implementation of a contingency plan for the arrival of new refugees and IDPs. The plan and related emergency stock procured by UNICEF in January 2008 have proven their usefulness in February with

the arrival of about 18,000 new refugees from Western Darfur who crossed the border in the area of Birak, in the Dar Tama region, settling down in an area where the only humanitarian actor was MSF-Switzerland.

The main constraint in the Nutrition sector has so far been the absence of a clear mechanism to report on a regular basis on malnutrition figures amongst IDPs. The existing system remains limited to the Goz Beida area and covers only about 30,000 IDPs, or 15 percent of the total IDP population. Monthly screening is done by NGO partners but no harmonized data management system exists to collect, compile and analyse data. The development of such a system was and remains a key priority for the cluster coordinator in 2008. In this context mutually agreed key progress indicators have been defined to ensure a regular follow-up of the nutritional situation in all IDP-sites. The monthly rates of recovery and death in therapeutic feeding centres were retained.

In August the first edition of a quarterly nutrition bulletin was published. This dispatch will be published regularly in order to share sector-related information amongst all stakeholders.

## HIV/AIDS

### 1. Situation analysis

No global HIV/AIDS-assessment has been accomplished in Eastern Chad since 2003, thus the actual situation of HIV/AIDS prevalence remains nameless concerning the refugee population as well as the Chadian displaced.

Amongst the local population prevalence rates are about 7.5 percent in urban and 3.5 per cent in rural areas.

The absence of reliable data and the lack of qualified implementing partners constitute major setbacks for the delivery of HIV/AIDS services throughout the East, especially in the IDP-sites.

### 2. Expected results in 2008

- 80 percent of youths aged 10 to 24 years in refugee camps, IDP-sites and local villages have access to life-skills training.
- 100 percent of all pregnant women who attend CPN services in the 12 refugee camps have access to voluntary HIV-testing and at least 50 percent of them have accepted such a test.
- HIV-positive women and their newborns get a PTMTC package, comprising anti-retro virus medication [ARV] and biologic monitoring.

UNICEF's strategy in the field of HIV/AIDS continues in 2008 to revolve around:

- Communication for behavioural change through a Peer-to-peer approach, targeting adolescents and young people.
- Prevention of mother to child transmission closely associated with Voluntary Counselling and Confidential Testing (VCCT)

### 3. Main activities and their progress as of September 2008

Main activities	Achievements until September 2008
Support to the functioning of nine listening centres	Ongoing. During the second half of 2008 special attention was dedicated to listening centres in Abeche and Goz Beida, which had been identified in January as in need of close-by monitoring.
Design and reproduction of communication supports in Sudanese and Chadian Arabic which are appropriate for the refugee context	Underway in collaboration with UNHCR, based on a prototype provided by the Health Ministry
Communication for behaviour change in refugee camps by NGO-partners	Done by SECADEV in the refugee camps of Assounga area, by COOPI in IDP-sites and camps in the Dar Sila and by CARE around Iriba.
Training of teachers and pupil peer-educators on life-skills techniques	Peer educators were trained in Iriba (40/CARE), the Assounga (18/SECADEV) and the Dar Sila (22/COOPI). During the second quarter of 2008, 60 peers have been trained by IMC: (16 in Gaga, 14 in Am Naback, 14 in Kounougou and 16 in Mile camp.
Purchase of laboratory material and medication for the treatment of opportunistic infections	Drugs used for the treatment of opportunistic infections were pre-positioned in Abeche.
Training of doctors and nurses on paediatric care	Done in May with a special component on PMTCT.
Training of 60 health staff on PMTCT principles	In April, training of 25 trainers. In June, training of national health agents with COOPI and IMC.
Equipment of centres for voluntary screening (CVS) and PMTCT	Situation analysis done. Planning underway for implementation in the second half of 2008.

#### **WRAP-UP Target population for Health/Nutrition/HIV/AIDS:**

Since January 2008, 129,000 women and children in refugee camps, 82,000 in IDP-sites and 590,000 in local communities benefited from UNICEF action in the three above-mentioned sectors.

### **Water, Sanitation & Hygiene [WASH]**

#### **1. Situation analysis**

Chad is a country where access to safe drinking water and sanitation services is among the lowest in the world – and the situation in the East is worse than the national average. In 2004 safe water access was around five percent, less than one percent of the population used latrines. Today about 35 percent of the population in Chad have access to clean water while the sanitation coverage is estimated to be around eight percent in Eastern Chad.

In the Dar Sila department, SPHERE standards for the provision of clean water [Fixed at 15 liters of water per person per day] have been reached and even exceeded in 70 percent of the IDP-sites. However, in the sites of Kerfi and Koloma the level of access to drinking water is respectively at 13 and 8.8 liters per person per day. In the Assounga department, limited access to drinking water is of

particular concern in the IDP sites of Adre [8.6 liters per person per day], Arkoum, Goundiang [3.6 liters p/P/d], Goungour [1.4 liters/p/P/d] and Goz Bagar [5.6 liters/p/P/d].

SPHERE standards for sanitation are almost reached in 50 percent of the IDP sites, with a ratio of 20 persons per latrine. However the situation remains preoccupying in some IDP sites in Dar Sila and in the Assoungaha department. In the sites of Abdi, Adre, Alacha, Arkoum, Gongour, and Goz Bagar, the average ratio is of 40 persons per latrine.

In 2007 the construction of 87 new water points and the operation and maintenance of three pumping stations and hand pumps allowed to cover the water needs of more than 100,000 IDP and host population. Safe water has also been provided to 26,000 refugees in the camp of Oure Cassoni.

3,800 latrines constructed in IDP-sites have served 76,000 people while 8,000 refugees benefited from new latrines.

## 2. Expected results in 2008

- Consolidation and improvement of existing water infrastructures and services, while focusing on sustainability and quality.
- Gradual expansion of basic water and sanitation services to additional host communities
- Optimization of humanitarian action within the sector, by promoting synergy with other UNICEF-supported programmes (i.e. using schools as entry points for humanitarian action in host communities)

Final objective is to attain a sustainable balance between emergency needs and long-term development that will allow to provide 120,000 Chadians, from which 80,000 are IDP and 40,000 local inhabitants, with access to safe water and latrines

UNICEF's aim is to promote complementary initiatives that associate under the leadership of the Chadian Government all partners who work in the sector. Whenever possible local enterprises are strengthened and employed for the building of infrastructures, alternatively financial and in-kind support is provided to international NGOs specialised in hydraulics and/or sanitary work. Social mobilization has been ongoing throughout the year to disseminate positive hygiene practices. All activities are implemented under the overall umbrella of the Chadian Ministry of Hydraulics.

In the Oure Cassoni refugee camp, located in north-eastern Chad, UNICEF continues to cover the water and sanitation needs of 26,000 refugees according to SPHERE standards.

## 3. Activities and their progress as of September 2008

Main activities	Progress as of September 2008
Distribution of 8.000 water family and hygiene kits	211 water family kits and 240,000 bars of soap were distributed to IDPs around Goz Beida, Kerfi, Habile, Aradib and Dogdore.
Set-up of a contingency stock of NFI for 25. 000 persons	A contingency Stock of 25,000 bars of soap, 1,000 water family kits have been pre-positioned in Koukou / Goz Amir camp to respond to potential emergencies in the region.
Purchase of two POTAKIT 1 for water quality control	Done - regular water quality control is on going in the IDP sites
Set-up of a stock in Abeche/Goz Beida of replacement parts for water point management and maintenance	The needed spare parts have been ordered
Development and production of IEC	IEC methodology was harmonised amongst

instruments on hygiene	cluster-partners; material was designed and it's production underway
Set-up and training of hygiene clubs in 20 schools	Ongoing in partnership with Oxfam and JRS. Six clubs have been trained so far.
Training and equipment of 20 mechanics and 20 technicians on water quality control and the maintenance of pumping stations in villages located close-by to IDP-sites	Completed.
Construction of 60 mechanical and 20 manual pumping stations in IDP-sites and host communities	In progress with the private enterprise Hydrothec. Geophysical studies are currently underway in the IDP-sites of Kerfi and Aradib as well as the villages of the IDPs-origin in Louboutigue. Five mechanised boreholes were built and two equipped.
Building of 6,000 family latrines in IDP-sites and host communities	3,466 family latrines were built in IDP-sites around Koukou (1,211 in Habile, Aradip), and Goz Beida (2,255 in Koloma, Koubigou, Gassiré, Gouroukoun and Kerfi).
Construction of 25 sanitary blocs in 10 schools in IDP-sites and host communities	16 sanitary blocs were built.
Monitoring and coordination of WASH activities	Weekly Cluster meetings in Goz Beida, were held. Bi-monthly in Koukou and monthly in Abeche. Monthly monitoring of SPHERE indicators is ongoing.

#### 4. Cluster Work

As cluster leader of the WASH-sector UNICEF ensures that programmes are implemented in a coordinated manner by fostering synergy among partners. Key indicators for the monthly monitoring of progress achieved within the sector have been adopted in 2007. They are Water consumption [litre/person/day] and Number of persons per latrine.

Amongst the major achievements for the period January to September 2008 were the definition of a harmonized methodology for social mobilization and hygiene promotion and the adoption of common standards for the construction of latrines. A cluster contingency plan was designed to prepare for the case of new displacements or epidemic diseases like Hepatitis A contingency stock was pre-positioned allowing to intervene ad hoc in case of necessity.

### Education

#### 1. Situation analysis

For the first time since the beginning of the humanitarian crisis in 2004, IDP children have completed a full school year program, thanks to joint efforts of the Ministry of education, UNICEF and its implementing partners Jesuit Refugee Services (JRS) and Premiere Urgence (PU). Although this is a big progress for the Assoungha, Dar Sila and Ouara departments, gaps remain in other parts of Eastern Chad.

Among IDPs in Eastern Chad, the number of school-age children is estimated at over 50,000, or about 25 percent of the total IDP population. The vast majority of these children have never been enrolled in school or had to interrupt their school year when the conflict broke out.

80 camp-based primary schools are operational in the 12 refugee camps where an average of 80 percent of boys and 39 percent of all girls at primary school age are enrolled.

### Overview of national Education figures

<b>Population Chad</b>	<b>9,885,661<sup>6</sup></b>	<b>Gross enrollment</b>	<b>96%</b>
% Women	52%	Boys	112%
Adult literacy rate	37%	Girls	119%
Women	25%	Completed primary-education	45%
Primary school age (6 – 11 years)	30%	Boys	54%
<b>Enrolled in primary school</b>	<b>1,558,940<sup>7</sup></b>	Girls	35%

Seven main constraints to education in Eastern Chad:

- **Precarious environment for teaching and learning:** A generalized lack of school equipment (an average of five pupils per desk) and school manuals (an average of less than one manual per pupil) as well as other didactic materials is characteristic for this part of the country. 50 percent of the schools are temporary hangars, built with rudimentary materials that must be rebuilt at the beginning of each school year.
- **Insufficient number of teachers** resulting in a ratio of 70 to 150 pupils per teacher.
- **High proportion of community teachers without professional qualification.** Community teachers represent 63 percent of the total number of primary school teachers.
- **Poor sanitary conditions** in most schools (i.e. lack of separated latrines) constitute a powerful constraint, especially for girls who have reached the age of puberty.
- **Need for children to work** to help support their families.
- **Gender discrimination** firmly rooted in the social and cultural beliefs of the Chadian society, which results in a host of factors (early marriage and pregnancy, forced marriage, female genital mutilation, domestic work, child labour) that bar girls from getting into and finishing school. The percentage of female teachers likely to serve as role models for girls is nine percent.
- **Low investment in social sectors:** Chad allocates ten percent of its national budget or less than four percent of its GDP to education.

In 2007, 23,500 refugee children (87 percent of the total number of preschool age children) attended preschool classes and have been provided with opportunities for cognitive and psychosocial stimulation and emotional development. 62,500 refugee children of primary school age or 82 percent of the total attended primary school classes and benefited from quality educational services. 1,000 community teachers, of which 200 have been teaching in IDP schools, were trained and equipped with skills and knowledge on child centred teaching techniques. 25,000 Chadian school children, of which 15,000 were internally displaced, have been enrolled in schools, which is 30 percent of the total number of IDP-children at primary school age.

500 parent committees in refugee camps, IDP and local public schools have been trained to become fully involved in running their schools.

## 2. Expected results in 2008

- Over 23,000 [out of a total number of 27,000] pre-school aged children (3 - 5 years) and 62,000 [out of a total number of 76,000] primary school aged children (6 - 14 years) are

<sup>6</sup> Estimation 2007 - no governmental census took place since 2003.

<sup>7</sup> Ministry of Education Statistics (2007 – 2008)

registered in the 12 refugee camps and receive education which corresponds to the curriculum of their country of origin.

- At least 15,000 IDP-children [out of a total number of 50,000] and 10,000 children from the host communities at primary school age are enrolled in school.
- The management capacity of NGO-partners and decentralized services of the Chadian Ministry of Education are strengthened.

UNICEF’s objective is to upgrade the capacity of community teachers and Parent-Teacher Associations, to improve classroom infrastructures and the availability of didactic material and textbooks. As cluster leader UNICEF ensures that technical standards are respected by all intervening partners while trying to achieve an equilibrated geographical coverage.

### 3. Activities and their progress as of September 2008

Main activities	Progress as of September 2008
Supply of textbooks, school furniture, equipment and recreational kits for pupils and teachers in refugee camps, IDP-sites and surrounding host communities.	Distribution of teaching and learning materials for over 200 primary school teachers and 25,000 students in IDP-sites and surrounding villages; as well as for students in the 12 camps.
Pedagogical training of 400 animators of preschools and of 1,230 primary school teachers in refugee camps and host communities, including a module on HIV/AIDS and Gender aspects.	Training of 373 preschool animators and 985 primary school teachers in the 12 camps and 362 community teachers in the IDP-sites.
Promotion of "child-friendly school"-standards.	Ongoing.
Construction and/or rehabilitation of 100 classrooms and 200 pre-schools in refugee camps and 100 temporary school hangars in IDP-sites.	Construction of 20 primary school hangars in the IDP-site of Dogdore. Reinforcement of 79 primary school hangars in Assoungaha and Abdi. Construction of 30 semi-permanent schools underway in the camp of Oure Cassoni. Maintenance of pre- and primary school infrastructures in the 12 refugee camps.
Coordination, monitoring and evaluation of educational activities.	Ongoing.
Organization of examinations of grade 8 in refugee camps.	In August, organization of grade 8 exams in six refugee camps.
Organization of awareness campaigns in IDP-sites and local communities on payment of community teachers and school enrolment.	Done on a continued basis by NGO-partners. Exploration of small community projects in order to increase the community’s capacity to pay for their community teachers.
Capacity-building for Parent-Teacher Organisations (PTA).	Strengthening of 96 PTAs in IDP-sites, on the micromanagement of their schools.
Training of NGO-partners on data collection and processing.	Five NGO-partners working in refugee camps have been trained on data collection and processing.
Institutional support to decentralized services of the Ministry of Education.	Ongoing.
Organisation of coordination meetings.	Cluster meetings are held on a bi-monthly basis reuniting respectively partners for education in refugee camps and IDP-sites.

#### 4. Cluster Work 2008

UNICEF's major tasks as leader of the education sector are the assessment of school-conditions in IDP-sites and surrounding communities and the promotion of common standards for humanitarian assistance in the sector. The aim is also to facilitate information knowledge, to understand educational needs, and to promote a common work plan for all stakeholders.

UNICEF is advocating with the Ministry of Education to recruit and deploy a sufficient number of teachers while in parallel funding NGO-partners Jesuit Refugee Services and Premiere Urgence to work towards the strengthening of capacities for those teachers that are already deployed.

Major achievement of the cluster in 2008 was the definition of common progress indicators. School attendance and abandon rates, were adopted for the monthly follow-up.

### Child Protection

#### 1. Situation analysis

The context of chronic insecurity and conflict makes respect of child protection standards delicate and hampers monitoring and advocacy by humanitarians due to lack of access.

The five major concerns in terms of children protection in the context of armed conflict in Eastern Chad are:

**The use of children in armed forces and groups:** children and youth are recruited in refugee camps, IDP-sites and local villages throughout eastern Chad, both by the Chadian National Army [ANT] and by Chadian and Sudanese rebel groups.

**Child trafficking, economic exploitation and worst forms of child labour:** children are "sold" by their parents and subsequently sent to the East or the North of the country to work as domestics, herders, blacksmiths or beggars. The phenomenon of mouhadjirin children [child beggars forced to earn their living for marabouts/teachers in coranic schools] is frequent.

**Sexual and gender-based violence,** including rape: girls and women are regularly attacked when searching for wood around refugee camps and IDP-sites. This issue being a taboo in the Chadian and the Sudanese culture is difficult to keep up-to-date statistics of victims and to provide preventive measures as well as appropriate medical care.

Female Genital Mutilation (FGM) is still a common practice in Chad despite it's interdiction in the national legislation.

**Non-registration of newborn refugee and displaced children:** On average 50 children are born per month in a refugee camp. While no birth certificates exist for these children a system of temporary registration is in place.

**Proliferation of unexploded ordnances [UXO] in schools and communities:** In 2007, 43 children were killed and 110 wounded – compared to 7 killed and 33 wounded over the past eight months of 2008.

In 2007 a census of the juvenile population was done by NGO-partner INTERSOS and a data base was established. In collaboration with JRS, CORD, CCF, CARE, IRC, Save the Children, INTERSOS and SECADEV, 72 Child Friendly Spaces (CFS) were established in eight refugee camps, 12 IDP-sites and four host communities. Some 7,650 children and 2,000 youngsters benefit from the services.

A total of 65 Child Well-Being Committees, 15 women committees, and 12 youth committees have been established, and a protection network has been created in order to link those committees with the humanitarian community. A total of 2,500 community workers, refugee leaders and police staff working in the camps participated in 83 trainings on child protection.

Child recruitment by virtually all armed parties to the conflict is of increasingly serious concern, especially in and around refugee camps. Enhanced advocacy at the highest political level against this phenomenon has been initiated. Within the framework of the UN Security Council Resolution 1612, a Monitoring & Reporting mechanism has been set up under the responsibility of the UN Country Team and guidance of the SRSG. UNICEF and partners have established a mechanism in order to ensure the timely exchange of information on the six grave child rights violations.

As part of UNICEF’s programme for prevention, release, transit care and reinsertion of children associated with armed forces and groups [CAAFG], 534 children were released country-wide from armed forces and/or groups since February 2007. 247 children have already returned to their families and communities.

UNICEF has supported NGO-partner COOPI with a rapid response project for victims of Sexual and Gender-Based Violence [SGBV] in local communities, refugee camps and IDP-sites in the region of Goz Beida.

UNICEF is the UN focal point for education and sensitization on the risk of mines and unexploded ordnances. Mine risk sensitization material with preventive messages has been disseminated targeting children and adults. Thanks to the combined efforts of UNICEF and its partners the number of accidents has decreased by two thirds since the last year.

## 2. Expected results in 2008

- The programme of release, care and reintegration of children associated with armed forces and groups continues and is intensified, allowing to demobilise at least 600 CAAFAG and to reintegrate them into their communities. Efforts to prevent the recruitment of minors continue throughout the year.
- 25 new local protection committees have been created and networks are set-up allowing to effectively to protect children in refugee camps and IDP-sites.
- Psycho-social support continues throughout the year in Child Friendly Spaces, benefiting 8,000 children and 2,500 youngsters in IDP-sites and refugee camps.

Throughout the East UNICEF continues to fortify its role as cluster leader for child protection activities and strengthens the monitoring mechanism on the six grave child rights violations [UN Security Council Resolution 1612].

## 3. Activities and their progress as of September 2008

Main activities	Achievements until September 2008
<b>Sub-project : Psycho-social support and protection of children</b>	
Set-up of emergency stock.	Done.
Sensitization of community leaders and local police on child protection principles.	13 sensitization sessions carried out with community leaders, eight with local police officers.
Training of humanitarian staff on child protection principles.	Ongoing.
Support the maintenance of Child Friendly Spaces and Child Well-Being Committees. Construction of additional CFS.	Underway in refugee camps and IDP-sites.
Support activities of family tracing and reunification	Collaboration ongoing with UNHCR and ICRC. Support provided to the local delegation of the Ministry of Social Action, the Chadian Red

	Cross and the orphanage in Abeche.
Support the systematically registration of newborns in refugee camps.	Delivery of office material to UNHCR for the registration of newborns.
<b>Sub-project : DDR / CAAFG</b>	
Support to communication activities for the prevention of child recruitment and their socio-economic reinsertion.	Participation in the elaboration of an integrated communication plan. Delivery of advocacy material to institutional and NGO partners.
Support to strengthen actors intervening in the DDR-process.	Training of social workers from NGO-partner JRS and the Ministry of Social Action is underway.
Support to the set-up of a mechanism for the monitoring of Res.1612 and for the establishment of cross-border monitoring agreements.	Design of a SOP (Standard Operation Procedure) as instrument for data collection shared with all relevant actors in the sector.
Support activities of release, transitory care, family tracing and reunification of CAAFG.	A centre of transit and reorientation [CTO] is operational in Abeche and ready for use.
Technical support to the Government to respect the Paris Principles aiming for a ban <u>on</u> child recruitment.	Dissemination of advocacy material and legal documents to governmental services. Contribution to the redaction of an operational framework for the implementation of the PP-principles in Eastern Chad.
<b>Sub-project SGBV</b>	
Delivery of post <u>exposure</u> prophylaxis (PEP) kits for 400 victims.	Partner NGO COOPI, MSF-Holland and MSF-Switzerland were provided with PEP-kits.
Support the coordination of activities for SGBV.	Contribution to the elaboration of a data collection system.

#### 4. Cluster Work 2008

As leader of the sub-cluster child protection UNICEF is promoting the harmonization of data collection and program design. At the end of 2007 a list of common indicators and templates has been introduced for use by NGO and UN-partners as a first step towards the monitoring of six worst violations of children's rights according to UNSC-Resolution 1612. In terms of monthly follow-up the cluster actors agreed on the number of children attending child friendly spaces and the number of reintegrated children formerly associated with AFG.

Since the beginning of the year a contingency plan has been designed by the sub-cluster actors to prepare for the scenario of new displacements or the influx of additional refugees. UNICEF collaborated with its partners in order to pre-position an emergency stock in Goz Beida and Koukou before the start of the rainy season.

## UNICEF Partnerships



Refugee camp Am Nabak July 2008

## Internally Displaced Persons:

### **UNICEF and the IDP-cluster approach in Chad**

In June 2007 the cluster approach was introduced in Chad to strengthen the overall humanitarian and development response for Internally Displaced Persons. Aim was to improve accountability, strengthen partnerships among national and international actors, enable humanitarian partners to work in a more effective way with the government counterparts, to improve the interface between humanitarian and longer term development activities and, finally to ensure that more attention is given to early recovery and cross-cutting issues such as age, diversity, environment, gender, HIV/AIDS and Human Rights.

As recommended by the Chad Inter-Agency Standing Committee [IASC], UNICEF has the cluster lead for **Nutrition, Water & Sanitation and Hygiene (WASH), and Education** and is responsible for the sub-cluster **Child Protection** within the Protection cluster (Cluster lead: UNHCR). UNICEF is an active member of other clusters, i.e. Health, Site Management, Logistics and Telecommunications,

Based on IASC operational guidance, the following core responsibilities were identified as being the main work-components of the UNICEF led clusters:

- Evaluation , needs assessment and analysis
- Establishment of cluster standards, jointly agreed indicators, protocols and methodologies to assess the humanitarian situation
- Development and adoption of strategies for humanitarian assistance
- Monitoring and reporting on the humanitarian situation, with reference to the achievement of cluster standards
- Monitoring and reporting on activities of humanitarian partners active in the sector
- Emergency preparedness and contingency planning
- Advocacy and resource mobilization
- Training and capacity building, including the sharing of technical information

As cluster lead UNICEF ensures the:

- Establishment and maintenance of appropriate mechanisms for coordination and internal communication
- Coordination with other clusters
- Integration/association of all relevant humanitarian partners in the sector's work
- Coordination with national and local authorities, civil society, and any other related local actors.
- Respect and integration of cross-cutting priorities.
- Commitment to provide assistance as an actor of last resort.
- Regular cluster meetings are organized and co-chaired by Government representatives and the UNICEF focal persons in Abeche and Goz Beida. Inter-cluster coordination meetings led by OCHA takes place twice a month in Abeche and N'Djamena.

On the basis of experience acquired since July 2007 UNICEF decided to recruit a cluster coordinator for all the sectors under its leadership. The recruitment of these coordinators is currently underway.

Strategic and technical back-up is provided on a regular basis by the UNICEF country office in N'Djamena.

UNICEF PARTNERS IDP ACTION SEPT- 2008									
Department	Sous-Prefectures	Sites	IDP	Nutrition	WASH	Child Protection	Education	Health	HIV/AIDS
ASSOUNGA	Hajer Hadid, Adre, Mabrone	Arkoum, Goundiang, Alacha, HilleDjedid, Goungour, Goundo	37,817	MSF-H, ICRC/CRT	CARE, ICRC PU	ATHAS APLFT CICR Action Sociale	PU	MSF-H ICRC	
DAR TAMA	Am Zoer	Kekerke	870	MSP		JRS		MSP	
OUARA	Abdi	Abdi - surrounding	5,856	MSP			PU	MSP	
KIMITRI	Ade Koukou-Angarana Goz Beida	Ade, Karoub-Tawa, Daguessa center, Dogdore/Tour, Aradib/Goz Amer, Habile, Gouroukoun, Koubigou, Koloma, Gassire, Kerfi	125,760	PAM COOPI	MSF-H CICR OXFAM-Intermon OXFAM GB INTEROS WorldConcern ACF	INTEROS APLFT COOPI IRD OXFAM GB COOPI HIAS CICR Action Sociale	JRS SCUK Min. Educ	MSF-H MSF-Fr MENTOR COOPI ACF Min. Health	CONAJELUS
DJOROUF AL AHMAR	Haouich	Haouich Sarafaye Tinaye Am sieb Amtalata I+II Waziné Mirer, Binedir Idal-Assad Al-Hambol	12,645	IMC	IRW		IRW	IMC	
BAHR AZOUM	Am Timan Mouraye	Ideter Ardo Badine Marka El Kouk Mishegue	6,902						
<b>TOTAL</b>			<b>189,850</b>						

**Refugees:**

**Partnership UNICEF / UNHCR**

In September 2007 UNHCR and UNICEF agreed within a Memorandum of Understanding to enhance the coordination of ongoing activities in the refugee camps in Eastern Chad. This concerns the day-to-day management of nutrition, vaccination, child protection, health, HIV/AIDS and education activities.

Activities agreed under the MOU are subject to ongoing and joint monitoring of both agencies. On the basis of joint annual work-plans indicators are reviewed periodically to assess progress and take corrective action whenever necessary.

Under its Protection mandate, UNHCR remains entirely responsible for (i) the inter-face between refugees, local authorities and the National Commissioner for Refugees, (ii) the national camp police [CNAR] and (iii) the assurance of physical security of refugees.

Nutrition, Child health and immunisation programmes are coordinated by UNICEF while the overall coordination role for protection, HIV/AIDS and education continues to be the responsibility of UNHCR.

**Table of NGO-partners in the 12 refugee camps in Eastern Chad:**

CAMP	Refugees	CProtection	Education	Nutrition	EPI	Health	HIV/AIDS
OureCassoni	28,125	IRC	IRC/JRS	ACTED	IRC	IRC	
Touloum	23,262	CARE, CCF	CARE/JRS	MSF-L	MSF-L	MSF-L	CARE
Iridimi	18,384	CARE, CCF	CARE/JRS	MSF-L	MSF-L	MSF-L	CARE
Am Naback	16,705	CARE	CARE/JRS	IMC	IMC	IMC	IMC
Mile	16,254	SECADEV Right to Play	SECADEV/JRS	IMC	IMC	IMC	IMC
Kounoungou	13,669	SECADEV Right to Play	SECADEV/JRS	IMC	IMC	IMC	IMC
Gaga	18,172	CORD	CORD/JRS	IMC	IMC	IMC	IMC
Farchana	20,026	SECADEV CORD	SECADEV/JRS	MSF-H	MSF-H	MSF-H	SECADEV
Treguine	15,838	CORD	CORD/JRS	FICR-CRT	FICR-CRT	FICR-CRT	FICR-CRT
Bredjing	30,170	CORD	CORD/JRS	MSF-H/IRC	MSF-H/IRC	MSF-H/IRC	FICR-CRT
Djabal	15,681	HIAS INTERSOS	NTERSOS/JRS	COOPI	COOPI	COOPI	COOPI
Goz Amir	20,365	INTERSOS LWF/ACT	NTERSOS/JRS	COOPI	COOPI	COOPI	COOPI

## **PARTNERSHIPS: UNICEF modus operandi**

Different sets of agreement apply to partnerships in which UNICEF provides funding support to Government departments, Non Governmental Organizations/Civil-based Organizations [NGO/CBO] and those where no funding is involved. In both cases UNICEF has to be convinced that the organization's values and conduct, its professional expertise, its credibility within the targeted communities and their outreach ability are in line with UNICEF's own standards. With respect to the NGO/CBO's managerial abilities, accounting and financial procedures have always to be met when UNICEF provides funding.

UNICEF uses three types of instruments to cover funding arrangements with NGO/CBO:

- institutional **Special Service Agreement [SSA]**, --
- **Project Cooperation Agreement [PCA]**, and
- the **Small-Scale Funding Support Agreement (SSFA)**.

An **SSA** is applicable when the NGO/CBO or private enterprise acts as a contractor for UNICEF. The counterpart provides services or goods against payment. Consequently, to be contracted as a provider of services the entity will be selected on a competitive basis and payments are made against satisfactory delivery of the product.

Under a **PCA**, an NGO/CBO works as a partner with UNICEF to carry out activities within a mutually agreed project. Both partners are contributing to the project design and its negotiation with the government and/or the local authorities. Under a PCA, the organisation is selected on the basis of its specific technical expertise, the professional skills and integrity of its staff, its geographic outreach, and its ability to represent and involve the targeted beneficiaries. It is expected to add value beyond the delivery of a product.

Within the context of the relevant project plan of action, **SSFSA** allow to relegate a sum of money or equivalent value of supplies to an individual NGO/CBO. The condition is that neither one single payment nor the cumulative instalments exceed \$US10, 000.

## Budget & Funding 2008



Refugee camp Am Nabak July 2008

Funding received as of 20 September 2008

Sector	Donor	PBA	Total contribution amount*	Programmable Amount	Date of contribution
Wes, Education, Protection and HIV	Ireland	08/0044	2,269,290	2,120,878	Mar. 7, 08
Wes, Education, Protection and HIV	Japan	08/0098	2,000,000	1,869,200	Apr. 11, 08
Health & Nutrition and Education	Netherlands	08/0084	1,081,000	1,010,303	
Health & Nutrition	CERF	08/0183	363,479	339,707	May.15,08
Education for CAR refugees	CERF	08/0184	192,600	180,004	May.15,08
HIV Programme for CAR refugees	CERF	08/0185	302,275	282,506	May.15,08
Protection for CAR refugees	CERF	08/0186	113,420	106,002	May.15,08
Education for Sudanese refugees	Netherlands NC	06/9906-13	92,962	88,537	Feb. 29, 08
Humanitarian assistance for the CAP 2008 in Chad	Netherlands NC	06/9906-13	13,528	12,884	May.29,08
Humanitarian assistance for the CAP 2008 in Chad	Sweden	06/9906-13	1,830,290	1,743,168	May.29,08
<b>TOTAL</b>			<b>8,258,844</b>	<b>7,753,190</b>	

Requirements-programmable is as follows:

Appeal Sector	Requirements – programmable
<b>IDPs and Host Communities</b>	<b>27,560,204</b>
Health & Nutrition	9,038,504
Education	3,210,000
Water Sanitation Hygiene [WASH]	9,737,000
Child Protection	4,076,700
HIV/AIDS	1,498,000

<b>Sudanese Refugees and Host Communities</b>	<b>10,575,098</b>
Health & Nutrition	3,725,098
Education	5,350,000
Water Sanitation Hygiene [WASH] **	0
Child Protection	1,500,000
<b>CAR Refugees and Host Communities</b>	<b>3,941,880</b>
Health & Nutrition **	0
Education	1,123,500
Water Sanitation Hygiene [WASH]	1,553,640
Child Protection	451,540
HIV/AIDS	813,200
<b>OTHER</b>	<b>1,160,950</b>
Protection of children in Armed Conflicts	1,021,850
Mine Risk Education	139,100
Cross sector/Operational Cost	---
<b>TOTAL*</b>	<b>43,238,132</b>

**UNICEF CHAD CONTACTS****NDJAMENA**

Representative: Marzio Babilie  
 (+235) cell 629 60 60 E-mail: [mbabile@unicef.org](mailto:mbabile@unicef.org)

Deputy Representative: Dimitri Papathanassiou  
 (+235) cell 620 11 69 E-mail: [dpapathanassiou@unicef.org](mailto:dpapathanassiou@unicef.org)

Communication Specialist: Cifora Monier  
 (+235) cell 629 41 50 E-mail: [cmonier@unicef.org](mailto:cmonier@unicef.org)

Nutrition Specialist / Cluster Focal Point: vacant  
 (+235) cell 672 78 81 E-mail: [@unicef.org](mailto:@unicef.org)

Chief of Health: Bechir Aounen  
 (+235) cell 636 29 00 E-mail: [baounen@unicef.org](mailto:baounen@unicef.org)

WASH Specialist / Cluster Focal Point: vacant  
 (+235) cell 629 38 14 E-mail: [sdiabate@unicef.org](mailto:sdiabate@unicef.org)

Chief of Education / Cluster Focal Point: Jean Baptiste Ndikumana  
 (+235) cell 620 11 68 E-mail: [jbdikumana@unicef.org](mailto:jbdikumana@unicef.org)

Chief of Child Protection / Sub-Cluster Focal Point Jean Francois Basse  
 (+235) cell 679 01 12 E-mail: [jfbasse@unicef.org](mailto:jfbasse@unicef.org)

**ABECHE**

Chief of Field Office: vacant / OIC: Operations Officer Abeche  
 (+235) cell 679 00 96 E-mail: [namoussou@unicef.org](mailto:namoussou@unicef.org)

Emergency Communication Officer: Cornelia Walther  
 (+235) cell 618 27 22 E-mail: [cwalther@unicef.org](mailto:cwalther@unicef.org)

Health/Nutrition Specialist: Amadou Alassane Cisse  
 (+235) cell 685 29 94 E-mail: [aacisse@unicef.org](mailto:aacisse@unicef.org)

WASH Specialist / Cluster Focal Point East Hamidou Maiga  
 (+235) cell 674 26 29 E-mail: [hmaiga@unicef.org](mailto:hmaiga@unicef.org)

Education Specialist / Cluster Focal Point East: Andrea Berther  
 (+235) cell 620 11 96 E-mail: [aberther@unicef.org](mailto:aberther@unicef.org)

Child Protection Specialist / Cluster Focal Point East: Bernard Kitambala  
 (+235) cell 670 25 07 E-mail: [bkitambala@unicef.org](mailto:bkitambala@unicef.org)

Child Protection Officer / Head of Office - Iriba: Adolphe Mbaikouma Thomtet  
 Thuraya: 00 88216 54206662 E-mail: [mbaikouma@yahoo.fr](mailto:mbaikouma@yahoo.fr)

**GOZ BEIDA**

Emergency Officer / Head of Office: Laurette Mokrani  
 (+ 235) 620 11 65 Thuraya: 00 88216 54207263 E-mail: [lmokrani@unicef.org](mailto:lmokrani@unicef.org)

## ANNEX: Core Commitments for Children (CCC)

### Definition of CCCs

UNICEF Core Commitments for Children are the minimum programmatic interventions which the Organization will have the capacity to undertake in any situation of sudden crisis or chronic instability. UNICEF will develop and maintain the organizational capacity to deliver those interventions.

### Time Frame for Response

UNICEF will respond within 48 hours of the onset of a crisis and will continue throughout an emergency. In the first six to eight weeks of a crisis there are six areas for prioritized UNICEF intervention. The six areas set the minimum standards for UNICEF accountability and program and management performance at the onset of a crisis. Beyond these initial interventions, all UNICEF action should be consistently integrated into the overall country program, to ensure effective implementation in the periods preceding the initial and short term response.

### Overview of Core Commitments for Children in Emergencies

In the first six to eight weeks of an emergency, UNICEF will take the following actions to protect children:

1. **Assessment and advocacy:** (i) rapidly assess the situation of children and women; (ii) establish monitoring systems, including on severe or systematic abuse, violence or exploitation, and report through the appropriate mechanisms.
2. **Health:** (i) vaccinate all children between 6 months and 14 years of age (at the minimum all from 6 months through 4 years) against measles. Provide vaccines, cold-chain equipment, training and social mobilization expertise, financial support for advocacy, operational costs and vitamin A supplements, as required; (ii) Provide essential drugs, basic and emergency health kits, oral rehydration mix, fortified nutritional products and micronutrient supplements; (iii) Provide post-rape-care kits, including post-exposure prophylaxis for HIV, where appropriate, to health posts; (iv) Provide other emergency supplies such as blankets, tarpaulins.
3. **Nutrition:** (i) Support infant, young child and maternal feeding, and therapeutic and supplementary feeding programs with World Food Program and NGO partners; (ii) introduce nutritional monitoring and surveillance.
4. **Water, Sanitation and Hygiene:** (i) ensure the availability of a minimum safe drinking water supply taking into account the privacy, dignity and security of women and girls; (ii) provide bleach, chlorine or water purification tablets, including detailed user and safety instructions; (iii) provide jerry cans, or an appropriate alternative, and include user instructions and messages on the handling of water and disposal of excreta and solid waste; (iv) provide soap and disseminate key hygiene messages on the dangers of cholera and other water- and excreta-related diseases; (v) facilitate safe excreta and solid waste disposal by providing equipment, support for education and operational costs.
5. **Child Protection:** (i) rapidly assess the situation of children and women and monitor, advocate against and report on severe, systematic abuse, violence and exploitation; (ii) help prevent the separation of children from families; when it occurs facilitate the identification, registration and medical screening of separated children, particularly those under five years of age and adolescent girls; (iii) ensure that family-tracing systems are put in place with appropriate care and protection facilities; (iv) prevent sexual abuse and exploitation of children and women by monitoring, reporting and advocating against instances of sexual violence, providing post-rape health and psychosocial care and support. Ensure that all humanitarian activities are undertaken in a manner that minimizes opportunities for sexual exploitation and abuse by humanitarian workers. Ensure that all UNICEF staff and partners sign the Code of Conduct and are aware of appropriate mechanisms for reporting breaches of any of its six core principles.
6. **Education:** (i) set-up temporary learning spaces with minimal infrastructure; (ii) Reopen schools and reintegrate teachers and children by providing teaching and learning materials, and organizing semi-structured recreational activities.