

UNICEF Chad Mid-Year Humanitarian SitRep July 2013

Highlights

- 69,790 new admissions of Severe Acute Malnutrition have been registered as of June, representing 55.4% of the 147,000 admissions expected in 2013.
- UNICEF has provided support to 439 Nutrition Centers in Chad across the Sahel Belt
- Overall, 30,000 Sudanese refugees and 10,000 refugees from CAR registered during the first semester. Some 22,000 Chadian returnees from Darfur settled around Tissi in Sila region
- Following a period of relative calm in June, a new wave of 1,870 people including Nigerian refugees arrived in Ngouboua allegedly fleeing renewed fighting between the army and militants. According to Nigerian refugees, the closure of the border between Nigeria and Chad is preventing many families from crossing to Chad
- The humanitarian response to the Tissi emergency is ongoing with a focus on prevention activities against malaria, cholera, hepatitis, diarrhea, which are frequent diseases during the rainy season in Chad

CHILDREN AFFECTED

3,588,956

CHILDREN WITH SEVERE ACUTE MALNUTRITION

147,000

2013 Requirements

US\$ 64.3 million

Revised July 2013

79%

Total Funding Gap

Gap per Sector (in US\$ million)

23.6	11.6
Nutrition	Health/HIV
8.3	5.3
WASH	Education
1.7	
Child Protection	



RETURNEES FROM DARFUR IN TISSI, SILA REGION-EASTERN CHAD

PIC © UNICEF 2013

SITUATION OVERVIEW & HUMANITARIAN NEEDS

Chad is currently facing simultaneous, acute emergencies which are stretching capacity considering significant funding gaps against UNICEF's 2013 Humanitarian Action for Children appeal.

- **Nutrition Crisis:** Global acute malnutrition in the Chadian Sahel is chronically hovering around emergency thresholds. Severe Acute Malnutrition rates in under-five children remain above emergency levels in the Sahel belt regions. The results of a SMART survey conducted by UNICEF on January 2013 (Post Harvest season) shows that the Global Acute Malnutrition Rate (GAM) in 6 regions of the Sahel belt is at or above the emergency threshold of 15%, while in the other regions, the GAM rate is critical (10% – 15%). In fact, the 2012 harvest did not translate into a better nutrition outcome for children; the total expected admissions for SAM are 147,000 and 430,000 for MAM
- **Influx of Refugees and Returnees from Darfur:** Since March 2013, 30,000 refugees and 22,000 returnees have been registered in and around the remote and border town of Tissi (in more than 18 sites) in Eastern Chad; a region characterized by chronic instability since 2004. Basic social services are non-existent, most of them destroyed or damaged during the 2004-2006 civil war and ethnic tension in the Sila region. Among the priority needs being addressed are access to potable water, hygiene promotion, health and nutrition care for children and women. One of the major concerns is the overall protection of beneficiaries as the continued conflict in North Darfur could further spill-over into Chad.
- **Influx of Refugees from Central African Republic:** An influx of 10,000 new refugees from CAR, settled in the pre-existing camps of Belom and Gondje and villages in the border region; basic social services are available in those two camps but lacking in host villages.
- **Population movements from Nigeria:** A rapid assessment conducted in the border areas with Nigeria between 20th and 26th April by joint teams from UNICEF, OCHA and local government indicated that the majority (93%) of the returnees were minors (all boys) aged between 6 and 18 years “accompanied” by their Koranic teachers (Marabouts).

These boys are alleged to have been sent to Nigeria by their Chadian parents to attend Koranic schools (Madrassas). Following a period of relative calm during the month of June, a new wave of people including Nigerian refugees arrived in Ngouboua allegedly fleeing renewed fighting between the army and militants. According to Nigerian refugees, the closure of the border between Nigeria and Chad is preventing many families from crossing to Chad. As of July 28th the situation as reported by the Governor's Office stands as follows:

Status	Category	Male	Female	Total
Chadians (1,582)	Children	618	332	950
	Adults	320	312	632
Nigerian Refugees (288)	Children			166
	Adults	16	106	122
Total		954	750	1,870

As of 25th July, 465 Chadians (256 males and 209 females) have been repatriated to their respective communities of origin with the help of the International Office for Migration (IOM). Looking forward, due to the continuing military operation in north eastern Nigeria, increased influx of people fleeing to Chad's Lac region and consequently deterioration in the humanitarian situation is a high probability. At the same time, continued fighting and tribal tension in Darfur with expected influx of refugees in the Tissi catchment area.

- **Outbreaks & Epidemics:** Chad is known to experience recurrent outbreaks of diseases such as measles, meningitis, and cholera. In 2013, Chad did not experience any outbreak of Cholera.

Estimated Affected Population

(Estimates calculated based on initial figures from the General Population Census RGPH- INSEED 2009, SMART Survey June 2012,)

Categories	Total	Male	Female
Total Affected Population	6,252,536	3,170,036	3,082,500
Children Affected (Under 18)	3,588,956	1,819,601	1,769,355
Children Under Five	1,137,962	576,947	561,015
Children 6 to 23 months	340,763	172,767	167,996
Pregnant women with MAM	100,000	-	100,000
Children Under Five with Severe Acute Malnutrition (SAM)	147,000	74,970	72,030
Children Under Five with SAM and medical complications	12,730	6,454	6,276
Children Under Five with Moderate Acute Malnutrition (MAM)	430,000	210,000	220,000
IDP's and Returnees	181,000	85,000	96,000
Refugees	350,000	170,000	180,000

HUMANITARIAN LEADERSHIP AND COORDINATION

- UNICEF is engaged in working with OCHA, other UN agencies and NGOs to foster the Transformative Agenda (TA) in Chad.
- UNICEF is the lead agency for Education, Nutrition, WASH, Child Protection clusters; UNICEF has dedicated cluster coordination staff for WASH and Child Protection Cluster;
- Cluster and inter-cluster coordination meetings continue to be held on a regular basis at national level, although access to reliable and timely data continues to be a challenge. Sub-National Cluster meetings meanwhile continue to take place in the field.
- National specialized institutions are taking part in humanitarian activities planning and implementation.
- To ensure good coordination of the emergency response to the situation in Tissi, humanitarian actors are meeting each two weeks under OCHA coordination. The meetings allow for technical planning and discussions across all actors to ensure a holistic response to the Tissi Emergency.

UNICEF PROGRAMME RESPONSE

RESULTS STATUS		UNICEF 2013 Target	UNICEF Results (Jan to June)	%	Cluster 2013 Target	Cluster Total Results	%
NUTRITION							
SAHEL/HAC	Children under 5 with severe acute malnutrition admitted into therapeutic feeding programme	126,000	69,790	55%	147,000	69,790	48%
	Number of Health Centers with integrated nutrition program	476	439	92%	476	439	92%
	Children under 5 received micronutrient supplementation (Vitamin A)	2,000,000	2,000,000	100%	3,500,000	2,583,000	74%
HEALTH							
SAHEL	Children <1 receiving measles vaccination in refugee camps in Eastern Chad	84,487	19,220	23%			
HAC 2013	Children are immunized for measles and meningitis	3,000,000	172,000 (measles)	9%			
	Children under five affected by acute watery diarrhoea, malaria and pneumonia are able to access life-saving curative interventions, including home-	2,000,000	1,200,000	60%			

RESULTS STATUS		UNICEF 2013 Target	UNICEF Results (Jan to June)	%	Cluster 2013 Target	Cluster Total Results	%
	based management						
WASH							
SAHEL	Number of Health Centres delivering the WASH in NUT packages	450	230	51%	450	230	51%
	# of SAM affected carer/mothers and children who receive hygiene kits with key hygiene messages	126,000	2,994	2%	126,000	2,994	2%
HAC '13	People who received information related to hygiene and sanitation to prevent cholera and other illnesses	1,000,000	850,000	85%	850,000	1,000,000	85%
CHILD PROTECTION							
SAHEL	# of children with SAM who received psychosocial care	126,000	13,933	4%	126,000	13,933	4%
HAC '13	School children in conflict areas who benefited from awareness education on the risk of mines and unexploded ordnances (UXOs)	90,000	50,000	56%	90,000	50,000	56%
EDUCATION							
HAC '13	School-aged children in the Sahel belt and conflict-affected regions who are accessing quality education	340,000	340,000	100%	340,000	340,000	100%
HIV/AIDS							
HAC 2013	HIV-positive pregnant women receive ARV prophylaxis and children born with HIV receive quality care	3,052	420	14%			
	Young women and men in the Sahel belt sensitized on HIV prevention	200,000	59,283	30%			

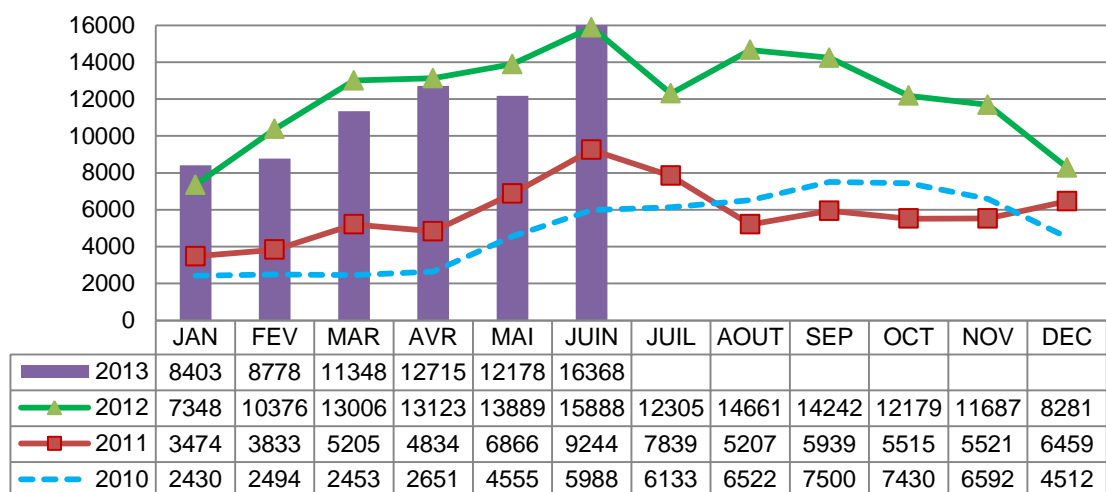
UNICEF Operational Partners: MOH, FRC, Alima, IMC, Base, ARNUT, Bambini, Centre NDA, MSF-CH, MSF-H, MSF-F, IRC, ACF, Merlin, CRT, CHORA, Concern, SOS TCHAD, ASSAR, SIF, World Vision Tchad, ASSAR, AFDI, DSR Guera, DSR Salamat, IMC, BASE, CSSI, CRT, MENTOR

NARRATIVE AND ANALYSIS OF RESULTS

NUTRITION



The number of new admissions increased in July by 4,190 malnourished children admitted in nutrition therapeutic centers compared to May 2013. This increase was observed in all of the Sahel belt regions but two (Guera and Lac).



HEALTH

Three cases of meningitis and 41 cases of measles were

confirmed, however the epidemiological context did not warrant mass immunization campaigns for the first half of the year. Nonetheless, a measles campaign was conducted in the region of Sila due the new influxes of refugees and returnees in the area of Tissi.



WASH

More than 69,000 SAM children received soap bi-weekly however only 2,994 SAM have received the full package of WASH in Nutrition items. The shortfall is mostly due to inadequate funding for the WASH-in-Nutrition response component by UNICEF, with the WASH appeal only 15% funded at mid-year as of July 2013. With respect to access to water, 20 boreholes equipped with hand pumps were constructed and are functional in sites for returned Sudanese refugees and host populations in Tissi. In addition, a supply system for potable water was restored in the city of Tissi to serve more than 10,000 people with a tap in the health center and another at the school.



Meanwhile in view of preventing cholera in Lac region, UNICEF provided a 30KV generator to revitalise the delivery of piped water in the city of Bol benefiting an estimated 66,000 individuals. In collaboration with partners, the WASH contingency plan was also updated in the 7 cholera prone regions (Guera, Salamat, Batha, Mayo Kebi East Mayo Kebi West Tandjile, and Moyen Chari).

Sanitation efforts have also included triggering CLTS in Mayo Kebi (20 villages Moulkou with World Vision and 20 others with Bongor ACPJ) and supporting partner Healthy School, Healthy Cleaning for the celebration of 20 villages in Chari Baguirmi. Signature of two small-scale funding agreements with ACORD and the regional delegation of hydraulics will also soon trigger 50 villages including 20 and 30 in Kanem and Guera Region, respectively. Implementation of 300 emergency latrines at sites for returned refugees and host population and health centers and distribution of 890 family water kits and 53,228 balls (665.35 cartons) of soap in the sub-prefecture Tissi.

CHILD PROTECTION

In the region of Sila, UNICEF has intensified awareness campaigns on the risk of mines among displaced populations. 8 Child Friendly Spaces have been set up with play grounds attended by more than 3,000 children on a daily basis.

Meanwhile, an UXO accident was registered on 28 June in Amboukoun (Tissi), injuring 5 children. After the first aid received in Tissi Health Center, the children were transferred to Abéché Hospital where two of them died. A sensitization on the dangers of mines and UXOs has been brought to the attention of 4,026 children and 714 parents of Amboukoun by the Delegation of social action with UNICEF support. A major campaign covering the whole region of Ouaddai is necessary through the Ouaddai Regional Demining Center.



EDUCATION

UNICEF has signed a MoU with WFP to provide a school feeding program to thousands of school children, with the programme beginning to help improve school enrollment and attendance and thereby improve quality of education.

HIV/AIDS

UNICEF is using nutrition care for pregnant women as an entry point to provide HIV screening to pregnant women. In Eastern Chad more than 2,000 pregnant women have benefited for HIV screening during nutrition screening

Communications for Development (C4D)

In line with its strategy on resilience, UNICEF has developed a communication strategy across the Sahel belt to promote Family Essential Practices and address root causes of malnutrition

Supply and Logistics

In regard to malnutrition, UNICEF has secured an adequate pipeline of Ready to Use Therapeutic Food and essential drugs to treat 147,000 expected SAM.

Total Value of RUTF Supplies in USD							
Sector	Total Needs	Total Amount SOs	In pipeline* June 2013	Total Amount Received	In UNICEF Warehouse** June 2013	Delivered to Partners -- Cumulative June 2013	Delivered to Partners – Since Last Report
Nutrition (RUTF)							
Quantity	150,000 Cartons	171,312	65,922	27,000	22,713	77,602	9,400
Amount in \$US	US\$7.5m	\$8.6m	\$3.3m	\$1.4m	\$1.1m	\$3.9m	\$470,000

* In Pipeline defined as SO raised, not yet in UNICEF Warehouse
 **Current inventory in Warehouse = previous including pre-positioned + new
 This Table is exclusive of the value of freight charges
 N.B. The above data reflects what was in the pipeline and delivered in June 2013.

FUNDING UPDATE

Appeal sector	Requirements as per HAC January 2013	Revised Requirements at Mid-Year Review (incl. Cluster Coordination Requirements)	Funds Received to date	Unmet requirements	
				Amount	% gap
Nutrition	28,943,500	30,013,500	6,435,845	23,577,655	79%
Health (incl. HIV)	14,445,000	16,424,500	4,838,125	11,586,375	71%
WASH	7,651,591	9,791,591	1,462,850	8,328,741	85%
Education	5,350,000	5,350,000	40,750	5,309,250	99%
Child Protection	2,675,000	2,675,000	946,273	1,728,727	65%
Total	60,895,591	64,254,591	13,323,843	47,571,748	79%

Cluster coordination costs are mainstreamed into all revised requirement at mid-year.

*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.

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