An estimated 2 million people in Chad are in need of food assistance. For many of them, undernutrition and chronic food insecurity now characterize ‘normal’ life, as food production across the Sahel region remains crippled by severe drought, pressure on scarce resources and progressive desertification. This hardship has been compounded by civil conflict in neighbouring countries that has caused more than 300,000 people from the Darfur region of the Sudan and from the Central African Republic to seek refuge in Chad. The same conflict has displaced an estimated 170,000 Chadian residents of border regions with Darfur. Those who are displaced or living in refugee camps are highly susceptible to such health risks as cholera, meningitis and measles epidemics. Inadequate access to basic health care, safe water and sanitation, and low levels of routine immunization coverage, further compromise health among all populations in Chad. In eastern Chad, the recruitment of children into armed groups remains a critical problem. Concerns for the well-being of children and women have increased with the departure of the United Nations Mission in the Central African Republic and Chad in November 2010.

Undernutrition and chronic food insecurity characterize life for approximately 416,000 children and 480,000 women in Chad, hardships that in recent years have been exacerbated by fallout from drought and civil conflict in neighbouring countries. These natural and human-made disasters caused the displacement of an estimated 180,000 women and 125,000 children in 2010, and increased susceptibility to malnutrition and acute health risks such as cholera, meningitis and measles epidemics. The departure of the United Nations Mission in the Central African Republic and Chad in 2010 increased security and humanitarian risks faced by the population. Upcoming elections in Chad and a referendum in Southern Sudan are causes for concern, as elections in the region often lead to increased instability and violence. The detrimental impact of health, nutrition and education crises is further augmented due to the national government’s weak institutional capacity to respond to the basic needs of the country’s most vulnerable citizens.

UNICEF is requesting US$45,639,000 to carry out its humanitarian activities in Chad during 2011. This request is in line with Consolidated Appeals Process requirements. Adequate funding levels are necessary to maximize progress regarding the well-being and development of women and children in the country. UNICEF’s planned humanitarian interventions during 2011 will reach approximately 2.5 million people across Chad, targeting a range of education, nutrition and health emergencies. To address the needs of the approximately 120,000 children suffering from acute malnutrition throughout the country, the organization plans to improve the quality of treatment and augment the number of nutrition treatment centres. For example, in the Sahel belt regions of the east, west and the centre of Chad, UNICEF expects to achieve a coverage rate of 60 per cent by providing therapeutic care to 60,000 children suffering from severe acute malnutrition. As part of the WASH cluster, sanitation, water disinfection and healthy hygiene education will reach 250,000 survivors of flooding and reduce cholera epidemics in affected regions. Education and child protection clusters will focus on improving social skills and child spaces to aid 170,000 internally displaced people, 43,000 returnees, 320,000 refugees and surrounding host populations in the east and south of Chad. To react pre-emptively to the displacement crisis in the eastern part of the country, UNICEF’s strategy will shift towards the delivery of more inclusive and effective humanitarian services in the areas of health, nutrition, WASH, education, child protection, and HIV and AIDS for both returnee and host populations.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Throughout 2010, women and children in Chad faced severe food crises, as acute malnutrition rates exceeded the emergency threshold of 15 per cent in the nine regions of the Sahel belt. Inadequate access to safe water and sanitation contributed to moderate or severe acute malnutrition in 140,000 children under age 5 in the eight Sahelian belt regions surveyed by UNICEF in August 2010. Low levels of routine immunization coverage for vaccine-preventable
diseases and recurrent catastrophes such as meningitis, measles outbreaks, floods and cholera epidemics further compromised the health of this population. Prevalence of HIV among the displaced population in the south was 7 per cent, which is double the national average of 3.5 per cent, with twice as many women infected as men.5

Access to education continued to be affected by a lack of teachers, infrastructure and equipment. UNICEF estimates that more than 200,000 children remained out of school, many of them girls and displaced children from remote and poor rural areas.

Violence and sexual exploitation also plagued the lives of the country’s most vulnerable people. Gender-based violence, especially female genital mutilation, affected 44 per cent of Chadian women. While prevalence depends on the region, the highest rate of female genital mutilation is in eastern Chad, particularly in Dar Sila, where it is 95.7 per cent, followed by the Mandoul region in the south, where it is 88 per cent. It is estimated that 31 per cent of girls in Chad are married before the age of 15; the highest rate is in the Salamat region, where it is 53.5 per cent. Pregnancy in Chad in girls younger than 15 years old is at a rate of 37 per cent. According to the Multi-Indicator Cluster Survey of 2010, only 22.3 per cent of girls between 15 and 24 years old are literate; the lowest rate is in Salamat, where it is 2.1 per cent.6 Also according to the survey, 57 per cent of Chadian women perceive domestic violence as normal.

In eastern Chad, the recruitment of children into armed groups remained a critical problem. According to UNICEF database, between 2007 and 2010, 976 children formally associated with armed forces and groups were released and now benefit from prevention, release and reintegration efforts. A number of children remain in armed groups, due to the lack of a formal disarmament demobilization programme. With the signing of the peace agreement between the Government of Chad and rebel groups, all children associated with armed forces and groups, are expected to be released in the coming months.

Children are also at risk of injury and even death due to the unexploded ordnances across the eastern and northern part of the country. In 2010, some 141 casualties from unexploded ordnances were identified and registered; 25 per cent of those victims were killed and 43 per cent of them were children.

KEY ACHIEVEMENTS IN 2010

In 2010, UNICEF estimated that US$51,237,840 was needed to fund its humanitarian work in Chad. As of October 2010, a total of US$18,801,849, or 37 per cent, had been received.

In the health and nutrition sector, UNICEF targeted children at risk due to displacement and chronic and acute food
shortages, making many gains. By achieving a 95 per cent rate of immunization for children under the age of 1 in refugee camps, sites for internally displaced people and host community villages, UNICEF contributed to significantly improving the estimated national coverage rate of only 23 per cent.\(^7\) Therapeutic feeding for severely malnourished children almost quadrupled, reaching 46,000 children by October 2010, as opposed to 12,000 children in all of 2009.

At the onset of floods and a cholera outbreak in July 2010 in western and southern Chad, UNICEF provided technical expertise, medications, improved hygiene promotion materials and medical equipment to the Government of Chad and NGOs. This assistance helped reduce the overall cholera fatality rate from 19 per cent to 3 per cent in the regions of Guéra, Kanem, Lac, Mayo-Kebbi East, Mayo-Kebbi West and N’Djamena.\(^8\)

Access to safe water, adequate sanitation and hygiene was achieved for 75 per cent of 320,000 refugees in the east and the south and 85 per cent of the internally displaced people, returnees and members of host communities in eastern and southern Chad. In the regions of Batha, Bahr El Gazal, Guéra and Kanem, WASH services provided safe water to 80 per cent of the population through UNICEF-supported health centres and schools. In the country’s eastern and southern regions, educational programmes were provided to 77,743 school-aged children and 37,402 preschool children in refugee camps, as well as 28,405 children in sites for internally displaced people and about 50,000 people in host communities.

UNICEF worked with the Government of Chad and NGO partners to secure the release of 93 children associated with armed groups and reunite them with their families. To increase advocacy and end the recruitment of children into armed groups, UNICEF and the Government of Chad organized a regional conference, which was attended by 236 participants, including attendees from Cameroon, the Central African Republic, the Niger, Nigeria and the Sudan.

WEST AND CENTRAL AFRICA: CHAD

UNICEF CHAD is providing cluster coordination leadership in WASH, nutrition and education. In 2011, UNICEF will continue to work with the Government of Chad, other UN agencies, NGOs and host communities to address the needs of 2.5 million people, including 735,000 boys and 765,000 girls. UNICEF will seek to strengthen nutrition and WASH cluster areas to lessen the effects of acute malnutrition and diarrhoeal diseases. Among its main priorities for 2011, the country office will target improving WASH, with a goal of reaching 1.5 million people in the Sahelian belt.

To help meet the needs of thousands of displaced women and children, UNICEF will bolster efforts to provide access to safe water and improved sanitary practices in order to minimize the spread of disease. Education of displaced children will be a priority for 2011. Learning centres will be established in host communities in eastern Chad to achieve the goal of reaching about 51,000 children.

UNICEF will work to address the nutrition needs of women and children across Chad and to minimize the impact of the region’s chronic food insecurity.

- UNICEF will ensure access to therapeutic care, with a goal of reaching 60,000 children with severe acute malnutrition in the Sahel belt region.
- Community advocacy activities will be organized and mobilized in the Sahel belt regions to promote key family practices, such as exclusive breastfeeding, hand washing with soap and the utilization of insecticide-treated mosquito nets, which will benefit 2 million women and children.
- Nutrition surveillance and nutrition information systems at the country level will be strengthened by collecting and disseminating data, conducting nutrition surveys twice a year and reinforcing the capacity of the ministry of health.

HUMANITARIAN ACTION: BUILDING RESILIENCE

UNICEF continued to treat tens of thousands of women and children affected by the acute nutrition crisis and chronic food insecurity that leaves so many at risk of death and serious illness. In addition, preventative programmes addressing some of the root causes of the crisis were implemented across the country. At the UNICEF-supported Moussoro Nutrition Centre, one mother spoke of the treatment her child received. “My daughter didn’t want to eat; she was losing weight and coughing frequently,” said Khadija, mother of 4-month-old Fatima. “Although I practice breastfeeding, I did not have enough milk to feed my baby girl. I am glad the centre here in Moussoro helped me take care of Fatima for free.” After four months of receiving nutritional therapeutic products such as Plumpy’nut, vaccinations and medical care, Fatima gained weight. “She is happy, healthy looking and cries less often,” her mother said with relief.

PLANNED HUMANITARIAN ACTION FOR 2011

NUTRITION (US$15,300,000)

UNICEF will work to address the nutrition needs of women and children across Chad and to minimize the impact of the region’s chronic food insecurity.

- UNICEF will ensure access to therapeutic care, with a goal of reaching 60,000 children with severe acute malnutrition in the Sahel belt region.
- Community advocacy activities will be organized and mobilized in the Sahel belt regions to promote key family practices, such as exclusive breastfeeding, hand washing with soap and the utilization of insecticide-treated mosquito nets, which will benefit 2 million women and children.
- Nutrition surveillance and nutrition information systems at the country level will be strengthened by collecting and disseminating data, conducting nutrition surveys twice a year and reinforcing the capacity of the ministry of health.
The organization will use an integrated approach to control illnesses such as diarrhoea, malaria, pneumonia, HIV and AIDS, and those related to WASH.

HEALTH (US$3,225,000)

To provide basic health services to the most vulnerable populations in the Sahelian belt of Chad and along Sudan’s border, UNICEF will provide the following high-impact interventions to refugees, internally displaced people and those living in host communities, including an estimated 25,460 pregnant women and 115,040 children under 5.

- Routine immunization and supplementary vaccination campaigns for polio, meningitis, measles and tetanus will be ensured, with a goal of reaching 2.6 million children under 5.
- The ability of local health systems to provide antenatal, emergency obstetric and skilled delivery care will be reinforced. In targeted regions and districts in the Sahel belt of Chad, UNICEF will support the recruitment and deployment of nurses, midwives and medical doctors.
- An estimated 900,000 of the most vulnerable population group with the least access to health services – the nomads of the Sahelian belt – will be targeted by providing mobile clinics for nutrition screenings and basic health services, including vitamin A supplementation, deworming treatments and malaria diagnosis and treatment.
- Efforts to minimize epidemics will be reinforced through the pre-positioning of meningitis vaccines for 300,000 people as well as medical supplies and drugs to treat those affected by meningitis and cholera.

WATER, SANITATION AND HYGIENE (WASH) (US$8,120,000)

To reduce infant mortality and high rates of undernutrition, UNICEF will ensure access to safe water, sanitation and improved hygiene for 505,000 refugees, internally displaced people and those in host communities across Chad, particularly in the Sahelian belt and in the east and south.

- WASH cluster coordination will be improved by the preparation of contingency plans for flooding and preventive cholera response in crisis-prone areas, including in the regions of Kanem, Lac, Mayo-Kebbi East, Mayo-Kebbi West, N’Djamena and Salamat.
- Key preventive and curative WASH packages will be integrated into nutrition programmes to improve access to sanitation and hygiene practices for 60 schools and 50 health centres. Some 150 boreholes will be divided according to gender, 30 sanitary blocks will be constructed in health centres and 40 blocks will be constructed in schools, all with a goal of reaching 500,000 children under 5.

CHILD PROTECTION (US$6,010,000)

UNICEF will continue its work to bolster protection for displaced children. The following actions will be undertaken with a goal of reaching 60,035 internally displaced and refugee children, of which about 50 per cent are girls.

- UNICEF will gradually expand its psychosocial support to 15 host villages and areas of returning internally displaced people in eastern Chad (Guéréda, Dar Sila and Assounghal), and provide additional support in 10 host villages already covered in the southern part of the country (around the Central African refugee camp in Goré).
- UNICEF will work to identify children associated with armed forces and to advocate on their behalf. Additionally, it will work to support the care and reintegration of at least 250 demobilized children.
- A campaign to raise awareness about gender-based violence will be developed and implemented. UNICEF will also work with partner agencies and governments to strengthen coordination skills to respond more effectively to gender-based violence, including early marriage, domestic violence, sexual mutilation and rape. The approach will be focused on sensitization, data collection and treatment by organizations that deal with the information management systems related to gender-based violence as they respond to the psychosocial, medical, judicial and socio-economic needs of survivors, to benefit an estimated 90,000 people, including 30,000 girls and 60,000 women.

EDUCATION (US$ 10,354,000)

UNICEF will provide access to quality education for more than 560,000 preschool and primary-school-age children affected by displacement, as well as children with special needs and disabled children, in eastern and southern Chad, including the Sahelian belt. The capacity development of 3,075 teachers will be strengthened to ensure quality teaching and psychosocial support to mitigate the effects of the crisis situation experienced by children. UNICEF will provide teaching and learning materials, including School-in-a-Box kits and textbooks, as well as meals to children attending 1,650 schools in the east (Wadi Fira, Sila, Ouaddai and Ennedi) to bolster the quality of education.

- UNICEF will support the ministry of education by developing a campaign to promote increased awareness of the importance of education for all children, including girls, across the region. Disaster risk reduction activities and emergency preparedness and response plans will be integrated into the Education in Emergencies sector plans and budget.
- Support will be provided for parents and teachers at 1,650 schools and learning spaces in areas affected by displacement. Support will include leisure activities (games, painting and drawing), sports activities and focus groups to discuss and analyse the situation of
children in this period of crisis. Psychosocial support will be offered to children and youth affected by the crisis.

- Education cluster coordination will be strengthened by UNICEF and the ministry of education.
- UNICEF will establish 300 preschool structures in refugee camps and train 260 monitors to provide quality teaching and care of an estimated 35,000 preschool children.
- 574 teachers will be recruited and trained, with support provided to the ministry of education in efforts to reach areas severely impacted by the displacement crises.

HIV AND AIDS (US$2,200,000)

In 2011, humanitarian action targeting HIV and AIDS services will be improved for vulnerable populations, including thousands of women and children affected by displacement, 20,000 pregnant women and 540 HIV-positive mothers and infected children.

- 240,000 young people (110,000 boys and 130,000 girls) will receive information on HIV prevention in schools and youth centres by trained teachers and peer youth educators.
- Due to increased sexual violence risks among refugees and internally displaced people, post-exposure prophylaxis kits will be provided to those in need.
- UNICEF will ensure that about 200,000 adolescent boys and girls have access to gender-sensitive and HIV and AIDS services.
- To improve antenatal care, 18,000 pregnant women will be tested for HIV.
- To curtail the spread of HIV and provide treatment, 80 per cent of 540 HIV-positive women in need will have access to antiretroviral treatment and care, including prophylaxis to prevent mother-to-child transmission.
- To lessen the effects of the disease, 80 per cent of 600 exposed and infected children will have access to treatment and care.

CLUSTER COORDINATION (US$430,000)

To enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, all cluster coordination costs need to be adequately funded. These costs include a team for coordination and information management, along with administrative and operational support, to undertake a number of key actions and outputs. These include coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid impact assessments; and developing a common strategic operational framework and response strategy that meets priority needs. In addition, UNICEF as cluster lead expects to put in place an effective monitoring mechanism that tracks progress and identifies gaps in the type of services being provided and in their geographical scope, and also articulates impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning.

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9. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.

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### UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011

<table>
<thead>
<tr>
<th>By sector</th>
<th>US$</th>
<th>Total per sector (all beneficiaries)</th>
<th>Boys</th>
<th>Girls</th>
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<tbody>
<tr>
<td>Nutrition</td>
<td>15,300,000</td>
<td>60,000</td>
<td>24,000</td>
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<tr>
<td>Health</td>
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<td>993,844</td>
<td>272,836</td>
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<td>WASH</td>
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<td>60,035</td>
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<td>Education</td>
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<td>263,310</td>
</tr>
<tr>
<td>HIV and AIDS</td>
<td>2,200,000</td>
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<td>110,000</td>
<td>190,000</td>
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<tr>
<td>Cluster coordination costs</td>
<td>430,000</td>
<td>2,500,000</td>
<td>735,000</td>
<td>765,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>430,000</strong></td>
<td><strong>2,500,000</strong></td>
<td><strong>735,000</strong></td>
<td><strong>765,000</strong></td>
</tr>
</tbody>
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**ESTIMATED BENEFICIARY NUMBERS**