

UNICEF HUMANITARIAN ACTION

CHAD

IN 2009



Core Country Data	
Population under 18 (thousands)	5,690
U5 mortality rate (2007)	209
Infant mortality rate (2007)	124
Maternal mortality ratio (2000–2007, reported)	1100
Primary school enrolment ratio (2000–2007, net, male/female)	71/50
% U1 fully immunized (DPT3)	20
% population using improved drinking-water sources (rural/urban)	40/71
Estimated no. of people (all ages) living with HIV, 2007 (thousands)	200
% U5 suffering moderate and severe underweight/stunting	37/41

Source: *The State of the World's Children 2009*

UNICEF's humanitarian interventions in Chad in 2009 will contribute to meet the immediate humanitarian needs of approximately 750,000 persons (360,000 children) living in eastern and southern Chad: 310,000 refugees, over 180,000 internally displaced persons and about 250,000 host populations; as well as tackle the national 15 per cent acute malnutrition rate (including regions where levels reach 20 per cent). In collaboration with key partners, including the Government, UN agencies and international and national NGOs in affected zones, UNICEF will focus on health, nutrition, water, sanitation and hygiene, education, child protection and HIV/AIDS.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health and Nutrition	7,369,522
Water, Sanitation and Hygiene	10,260,000
Education	11,258,598
Child Protection	4,320,000
HIV/AIDS	1,365,570
Mine Action	50,290
Total**	34,623,980

* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other underfunded emergencies.

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

1. CRITICAL ISSUES FOR CHILDREN AND WOMEN

The deterioration of the humanitarian situation led to security evacuation in early February and the proclamation of UN Phase IV in eastern Chad for the whole year 2008. This situation reduced UNICEF's capacity to adequately and timely respond to the needs of women and children, be they refugees, internally displaced persons (IDPs) or receiving host communities.

Geographic coverage of the nutrition interventions for IDPs is acceptable. UNICEF has to secure enough therapeutic foods to supply partners for the next 12 months and to cover the needs of IDPs and host communities around the sites. Furthermore, there is a need to strengthen partners' capacities in the management of acute malnutrition, especially community-based management, as recommended by the national protocol. Coordination and harmonization of assessments, screening, and case management protocols are an important issue that needs to be addressed because of the relatively important number of partners involved in the sector.

UNICEF supported the implementation of water and sanitation activities only in Ouro Cassoni refugee camps in 2008, focusing efforts on IDPs and host population. The water, sanitation and hygiene (WASH) sector coverage is still very low for the host population. The Hydraulics Department estimates rural water coverage to be as low as 2 per cent in the eastern regions of Ouaddai and Wadi Fira, while sanitation is almost inexistent in rural areas (below 1 per cent). In several areas, access to water is difficult because of a deep dropping water table (over 70 metres) accessible through fractures and resulting often in low yields. In these cases, only mechanical drilling is possible and alternatives, such as hand drilling from Ouadis, are neither always possible nor sustainable for small rural communities. Moreover, with the afflux of more than 170,000 IDPs, affected host populations have seen their fragile coping mechanisms put under severe strain, leading to tensions between the two groups. Due to the lack of water, sanitation and hygiene services, the occurrence of diseases such as diarrhoea and hepatitis E is frequent in IDP settlements.

In the area of education, gross primary school enrolment ratio is of 82 per cent in eastern Chad camp schools, with 77 per cent enrolment ratio for girls. The coverage is lower in surrounding host community and IDP schools, respectively 60 per cent and 22 per cent on average (47 per cent and 16 per cent for girls). This is due to the area's high rate of illiteracy (90 per cent) as well as to generalized lack of schools, teachers and funding. Many schools and teachers are supported by parents and parent committees. Most existing schools are temporary shelters erected with rudimentary materials that must be rebuilt at the beginning of each school year. There is high shortage of teachers among IDP communities, where 95 per cent of the population is illiterate. Schools also lack equipment, such as desks, and school manuals and other didactic materials (slates, pencils, notebooks, blackboards, chalk etc.).

While a considerable amount of child protection activities have been implemented in the refugee camps, reaching about 5,000 children and adolescents, it is still difficult for UNICEF to develop institutional arrangements due to the absence of international NGOs at IDP sites. Five major problems have been identified: (1) the involvement of children in armed forces and armed groups (national army, Chadian and/or Sudanese rebel groups); (2) child trafficking, economic exploitation and worst forms of child labour (domestics, herders etc.); (3) sexual and gender-based violence, including rape and female genital mutilation; (4) non-registration of newborn refugee and displaced children; (5) proliferation of unexploded ordnance (UXO) – 30 per cent of the total number of victims are children.

Although there are no available data on the HIV situation among refugees (from Sudan and Central African Republic) and IDPs, a national survey conducted by the National Programme to Fight AIDS (PNLS) in 2005 estimated the national HIV prevalence rate within the general population at 3.3 per cent. The rate stands at 1.2 per cent in eastern Chad and at 9 per cent in southern Chad where Central African Republic refugees are settled. Twice as many women as men are infected.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

In 2008, humanitarian interventions in eastern and southern Chad continued to focus on emergency needs. While assistance to refugees coordinated by the UN Refugee Agency (UNHCR) carried on as in previous years, more attention was given to IDPs and host communities under the Office for the Coordination of Humanitarian Affairs (OCHA).

UNICEF-supported routine vaccination activities and polio immunization campaigns continued on a regular basis in the 12 refugee camps, in camps for IDPs and host community villages, reaching 93,000 children under age five (49,000 refugee, 34,000 internally displaced and 10,000 host community children) in eastern Chad. At least 80 per cent of each category were vaccinated against polio during immunization campaigns, and at least 80 per cent of children under age one were vaccinated against all expanded programme on immunization (EPI) vaccines. At mid-year 2008, the immunization coverage for the main

antigens was very close to the expected 50 per cent. However, positive cases of polio registered in 2008 are an indication that these results are very fragile.

With funding from various sources, UNICEF continued distributing impregnated mosquito nets to reduce the incidence of malaria, which is the leading cause of death among children under age five in Chad; provided drugs and nutritional supplies and trained health workers in 13 existing therapeutic feeding centres established by UNICEF in 2007, 18 health centres and two district hospitals, thus ensuring the availability of adequate facilities for receiving communities and 5,000 new arrivals in the South; facilitated in close collaboration with UNHCR full education services in refugee camps for 86,000 preschool and primary school-aged children (80 per cent coverage); provided quality basic education for 12,000 Chadian displaced children (20 per cent coverage); constructed 14 new boreholes and around 3,500 latrines to meet the water and sanitation needs of 120,000 people, of whom 80,000 IDPs; supported the reunification with their families of the 103 children abducted by Children Rescue/Arche de Zoé and provided psychosocial assistance; and released 530 children out of the estimated 2,500 children associated with armed forces and armed groups.

3. PLANNED HUMANITARIAN ACTION FOR 2009

Coordination and Partnership

As recommended by the Chad Inter-Agency Standing Committee, UNICEF is cluster lead for nutrition, water, sanitation and hygiene (WASH) and education, and works closely with the Government and UN agencies – mainly OCHA, UNHCR, the World Food Programme (WFP) and the World Health Organization (WHO); with the ministries and technical Directorates of Health, Education, Family and Social Affairs at the national level; with their representatives (Health, Education and Social Action delegates) at the decentralized level; and with national NGOs such as Secours catholique pour le développement (SECADEV) and international NGOs such as CARE, Christian Outreach-Relief and Development (CORD), International Federation of Red Cross and Red Crescent Societies (IFRC), International Medical Corps (IMC), INTERSOS, International Rescue Committee (IRC), Jesuite Refugee Services (JRS), Médecins sans Frontières (MSF), Oxfam, Première Urgence, Save the Children Federation UK etc.

Linkages of HAR with the Regular Programme

The activities undertaken within the framework of the *Humanitarian Action Report (HAR)* are complementary to the activities undertaken through the Country Programme, namely health, nutrition, WASH, education, child protection and the fight against HIV/AIDS.

UNICEF's humanitarian action will focus on IDPs, Sudanese and Central African Republic refugees and host communities. Assistance to these groups takes place in regions of concentration of the Country Programme of Cooperation and benefits from three innovative strategies being implemented in these regions, namely (i) the accelerated child survival and development (ACDS) strategy that provides households with information on how to prevent and treat illness and delivers basic services directly to families; (ii) the hand drilling technology, which is part of the national water strategy, as a technically and financially feasible method to improve access to safe water for the 70 per cent of Chadians living in areas presenting the appropriate hydrogeological conditions for hand drilling; (iii) the Essential Learning Package (ELP) strategy designed to increase school enrolment rates, help close gender gaps and improve quality on an equitable basis.

Health and Nutrition (US\$ 7,369,522)

For 2009, the overall goal is to ensure that refugees, IDPs and host communities receive adequate preventative and curative health and nutrition care. Activities will target 93,000 children under age five and 38,000 pregnant/lactating mothers (less than 80 per cent of malnourished children are correctly treated in the supplementary and therapeutic feeding centres, less than 80 per cent of pregnant women have received the second dose of tetanus toxoid vaccine and less than 80 per cent of lactating mothers have received vitamin A supplementation). Nutrition-related interventions will include the following key activities:

Health-related interventions

- Provide and distribute vaccines and other supplies for the routine immunization of 18,600 children under age one in refugee camps, IDP sites and neighbouring host communities and of 19,065 pregnant women;

- Provide and distribute 30,000 impregnated mosquito nets and antimalarial drugs;
- Provide technical and financial assistance to partners for the immunization against polio of 93,000 children under age five;
- Support antenatal care in refugee camps, IDP sites and neighbouring host communities, providing drugs and impregnated mosquito nets;
- Train 48 health staff in refugee camps and IDP sites on immunization, antenatal care and the integrated management of childhood illness (IMCI) approach;
- Coordinate the health cluster co-led by WHO and UNICEF with the participation of OCHA, UNHCR, and WFP as well as partner NGOs, through monthly coordination meetings and the collection, analysis and sharing of health data (EPI, antenatal care etc.).

Nutrition-related interventions

- Supply more than seven partner NGOs and government services with therapeutic foods, equipment and essential drugs for the treatment of severe acute malnutrition in Ouaddai and Wadi Fira refugee camps, IDP sites and district hospitals, for an estimated 744 children;
- Train 36 government health workers and 36 NGO staff on the new national protocol for the management of malnutrition (WFP to ensure the management of moderate acute malnutrition);
- Set up a nutritional surveillance system that will include two surveys per year covering all three communities and the regular collection of feeding programmes' key indicators, such as admissions and deaths;
- Provide vitamin A and deworming tablets for at least 90 per cent of children aged 6–59 months;
- Support and promote optimal childcare and child feeding practices, including exclusive breastfeeding, complementary feeding and care of sick children (implementing the IMCI approach);
- Coordinate the activities of the UNICEF-led nutrition cluster through monthly coordination meetings, and the collection, analysis and sharing of nutrition data.

Water, Sanitation and Hygiene (US\$ 10,260,000)

For 2009, the overall goal is to prevent waterborne diseases by ensuring the availability of safe water and basic sanitation for some 140,000 displaced persons, with particular emphasis on children and women, through the following key activities:

- Build and rehabilitate wells and sanitary facilities in 120 schools and communities and install handpumps to provide safe drinking water to displaced and host populations;
- Train 40 local water authority management teams and 15 central teams on sanitation assessment, strategic options, rehabilitation planning, water testing, and repair and maintenance of mini water supply systems;
- Promote hygiene education in 120 schools and 40 local communities benefiting about 70,000 children in order to reinforce the existing water and sanitation programme.

Education (US\$ 11,258,598)

For 2009, the overall goal is to expand educational services and to ensure quality learning opportunities, including life skills for refugee, IDP and host community pre-primary and primary school-aged children. A total of 150,000 children of pre-primary and primary school age, displaced and war-affected, 400 preschool facilitators, 2,000 primary schoolteachers from refugee, IDP and host community schools and 200 parent committees will benefit from UNICEF's interventions through the following key activities:

- Undertake awareness-raising and social mobilization activities in order to promote community support for the education of refugee, IDP and host community children;
- Reinforce the training of preschool facilitators, primary schoolteachers and parent committees in refugee camps, IDP sites and surrounding host communities, including the training on Minimum Standards for Education in Emergencies;
- Construct 200 semi-permanent classroom structures for 20,000 children;
- Procure and distribute adequate numbers of school materials, including but not limited to textbooks, furniture, 'school-in-a-box' kits, early childhood development (ECD) and recreational kits;

- Implement effective inter-agency coordination mechanisms, in line with the cluster approach, for improved planning, coordination, monitoring and evaluation;
- Provide technical assistance on project management, supervision, monitoring and evaluation.

Child Protection (US\$ 4,320,000)

For 2009, the overall goal is to consolidate the programme for the prevention of child recruitment, facilitate the release, transit, care and community reintegration of 750 children associated with armed forces or armed groups through the following key activities:

- Reach 2,500 children associated with armed groups as well as an additional 7,000 minors at risk of recruitment through the consolidation of 60 child-friendly spaces and through community-based reintegration programmes for 750 children;
- As per the Memorandum of Understanding with the International Committee of the Red Cross (ICRC) and UNHCR, support the prevention, identification, documentation, tracing, care and reunification of an estimated 400 separated children;
- Continue supporting four partner NGOs dealing with sexual and gender-based violence (SGBV) to provide life skills training and psychosocial support as well as medical referral;
- Continue working towards widespread availability of protection services aiming at preventing and responding to violence, exploitation and abuse of children and women. Activities comprise the training on child rights issues of community-based child-friendly spaces' animators, traditional leaders and military personnel;
- Continue co-chairing, coordinating and developing the Monitoring and Reporting Mechanism (MRM) to monitor and report on grave violations against children in situations of armed conflict based on Security Council Resolution 1612.

HIV/AIDS (US\$ 1,365,570)

For 2009, the overall goal is to ensure that (i) 100,000 adolescents/young women acquire the knowledge and skills needed to protect themselves from HIV infection; (ii) 4,000 pregnant women (60 per cent) have access to HIV counselling and testing; and (iii) 200 HIV-infected women (80 per cent) and 100 children (100 per cent) benefit from care and support through the following key activities:

- Organize peer education activities for 360 young peer educators;
- Provide communication and educational materials to 16 youth centres, reaching 200,000 youth;
- Train 500 teachers on life skills, adolescent sexual and reproductive health and HIV prevention;
- Procure HIV/AIDS test kits – rapid tests, CD4 cell count tests, polymerase chain reaction (PCR) tests – laboratory material and equipment, and drugs for opportunistic infections;
- Train 100 health workers on voluntary counselling and testing, prevention of mother-to-child transmission of HIV (PMTCT) and paediatric care.

Mine Action (US\$ 50,290)

For 2009, the overall goal is to reduce the risk of unexploded and intentionally abandoned ordnance (UXO/AXO)-related accidents among children and youth through a school-based sensitization programme. Activities will include:

- Assist the Ministry of Education and support the introduction of mine-risk education (MRE) into the primary school curriculum, targeting 15,000 students. To this effect, 500 teachers and 150 inspectors at national and regional levels will be trained on the new MRE curricula.