Chad faces a combination of rapid-onset and protracted humanitarian crises that have been exacerbated by the impacts of the COVID-19 pandemic. Some 5.5 million people, including 2.7 million children, will require humanitarian assistance in 2022.\(^2\)

Insecurity has led to increased population displacements, primarily of women and children, due to conflict, within the country and in neighbouring countries. Chad is affected by exceptionally heavy floods and epidemics. Children remain at risk of malnutrition. They are prone to recruitment by non-state armed groups. Access to basic services remains limited.

UNICEF will provide a timely, coordinated and life-saving multi-sectoral humanitarian response in provinces facing recurrent population displacement and other crises, focusing on the needs of children and women.

UNICEF requires US$62.4 million to provide assistance to vulnerable children and women affected by multiple humanitarian crises, with a focus on nutrition, education, WASH, and protection from violence, preventing further erosion of Chad's already fragile systems. A systematic gender lens will be used in all analysis and programme design.

**KEY PLANNED TARGETS**

- **166,241** children admitted for treatment for severe acute malnutrition
- **140,000** people accessing a sufficient quantity of safe water
- **32,000** children/caregivers accessing mental health and psychosocial support
- **214,092** children receiving individual learning materials

**IN NEED**

- **5.5 million** people\(^3,4\)
- **2.7 million** children\(^5,6\)

**TO BE REACHED**

- **840,848** people\(^7\)
- **772,485** children\(^8\)

**FUNDING REQUIREMENTS**

- **US$ 62.4 million**

Figures are provisional and subject to change upon finalization of the inter-agency planning documents.
The humanitarian situation in Chad is best described as a prolonged multidimensional crisis caused by continued population displacements due to violence, natural disasters (including flooding and rainfall deficits), persistent food insecurity, high rates of malnutrition, economic crisis and political instability. Chad continues to rank 187 out of 189 countries on the Human Development Index, and an estimated 6.4 million Chadians live in poverty. Following political events in April 2021, the country entered into an 18-month transitional period with a transition government.

In 2021, there was an increase in people fleeing non-state armed groups in the Lake Chad Basin and seeking refuge from neighbouring countries. Nearly 520,129 refugees reside in Chad and some 402,000 Chadians are internally displaced, a 136 per cent increase since January 2020, including 46,000 people who are newly displaced and 41,478 refugees who arrived in 2021 and require humanitarian assistance. Insecurity in the Lake Chad Basin is limiting humanitarian actors’ capacity to respond.

The nutritional situation remains alarming in Chad. According to the SMART 2020 survey, the prevalence of global acute malnutrition in children under 5 years of age is 10 per cent, including 2.1 per cent of severe acute malnutrition (SAM). It is estimated that 1.9 million acutely malnourished children aged 6 to 59 months will require treatment.

Despite progress, enormous challenges remain for vulnerable children to access quality education services across Chad, with 56.8 per cent of primary school-age children missing out on primary or secondary education. The number of displaced children needing access to education increased by 18 per cent between 2020 and 2021, stressing an already struggling education system to provide for all displaced children.

The fragile health system is under severe pressure from outbreaks of measles and the COVID-19 pandemic and remains vulnerable to epidemics such as cholera and chikungunya. Climate change continues to impact Chad, increasing water sanitation and hygiene (WASH) needs across the country. The mortality rate attributable to unsafe WASH in Chad is 101/100,000, the highest in the world. In 2021, increased rainfall in some areas reached five-year highs with floods impacting 255,044 people, while low rainfall in other areas could impact food and nutrition security in 2022.

More than 374,000 displaced children remain extremely vulnerable to physical and sexual violence, psychosocial distress and exploitation, as well as recruitment by non-state armed groups. Gender-based violence is increasing among internally displaced persons and in host communities.

HUMANITARIAN SITUATION AND NEEDS

STORY FROM THE FIELD

Mairo Bouba, 36, is a regular client of the outpatient nutrition unit located in the Dosseye refugee site. This Central African refugee mother has had two of her children treated here. A few weeks ago, she was back with her 12-month-old youngest child Abdoul, who was suffering from malnutrition.

"When we arrived, I was afraid because Abdoul was very sick. He was overheating and had diarrhoea. He was crying all the time and was not eating at all," she said.

UNICEF works to save the lives of hundreds of thousands of children every year in Chad through its nutrition interventions.

SECTOR NEEDS

<table>
<thead>
<tr>
<th>Need</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>People in need of nutrition assistance</td>
<td>3.8 million</td>
</tr>
<tr>
<td>People in need of health assistance</td>
<td>1.7 million</td>
</tr>
<tr>
<td>People lack access to safe water</td>
<td>2 million</td>
</tr>
<tr>
<td>Children in need of protection services</td>
<td>374,000</td>
</tr>
<tr>
<td>Children in need of education support</td>
<td>1.3 million</td>
</tr>
</tbody>
</table>

Read more about this story here
HUMANITARIAN STRATEGY

UNICEF humanitarian action in Chad aligns with the Country Programme Document 2017-2022, the Humanitarian Response Plan, and the Core Commitments for Children in Humanitarian Action. Informed by crisis risk analysis and lessons learned, UNICEF will focus on facilitating access to basic social services and building national and sub-national capacities to plan and respond to emergencies. Reinforcing complementarity of the humanitarian response and development programming will remain programmatic priorities. UNICEF aims to protect children and populations affected by crisis, and to strengthen PSEA measures to prevent sexual exploitation and abuse. Response to epidemic and disease outbreak prevention/control, including for COVID-19, will remain crucial in 2022. UNICEF will support integrated vaccination campaigns to ensure that children remain protected against measles and other vaccine preventable epidemic-prone diseases.

UNICEF will provide access to quality treatment for children suffering from SAM and prevention from all forms of malnutrition through community-based early detection, promotion of IYCF, vitamin A supplementation and integrated nutrition, health and WASH interventions.

UNICEF will remain among the first responders to crises and provide essential household items, hygiene promotion, access to safe drinking water and sanitation to reduce risks of waterborne diseases.

UNICEF will ensure school attendance for crisis-affected children prioritizing girls, through access to formal/non-formal education and provision of humanitarian cash transfers and school materials.

UNICEF will identify solutions that address the needs of women and girls, including through GBV mitigation, prevention and response; and engage them as active community members. The response will prioritize psychosocial and mental health services, community-based child protection, and support referral mechanisms for quality interventions targeting children released from non-state armed groups, unaccompanied and separated children and survivors of GBV and mine hazards.

UNICEF will reinforce risk communication, jointly with adolescents and youth, and community engagement interventions. Established feedback and complaint mechanisms will address community concerns and misinformation, informing decision-making about age, gender and disability-sensitive response, applying AAP.

UNICEF humanitarian action will be coordinated with national and local authorities, United Nations agencies and humanitarian partners, and will reinforce national emergency preparedness and response mechanisms, such as inter-cluster coordination. UNICEF will continue to lead the WASH, nutrition and education clusters and the child protection area of responsibility and fulfill its role within the Humanitarian Country Team.

The response will focus on provinces affected by displacements and/or the arrival of refugees in the Lake Chad Basin, the east and south of the country, while addressing disease outbreaks and natural disasters.

Progress against the latest programme targets is available in the humanitarian situation reports: [https://www.unicef.org/appeals/chad/situation-reports](https://www.unicef.org/appeals/chad/situation-reports)

This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.

Figures are provisional and subject to change upon finalization of the inter-agency planning documents.

2022 PROGRAMME TARGETS

**Nutrition**
- 166,241 children aged 6 to 59 months with severe acute malnutrition admitted for treatment
- 420,000 children aged 6 to 59 months receiving vitamin A supplementation

**Health**
- 420,000 children aged 6 to 59 months vaccinated against measles

**Water, sanitation and hygiene**
- 140,000 people accessing a sufficient quantity of safe water for drinking and domestic needs
- 40,000 people use safe and appropriate sanitation facilities

**Child protection, GBVIE and PSEA**
- 32,000 children and parents/caregivers accessing mental health and psychosocial support
- 31,000 women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- 840,848 people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers
- 2,800 unaccompanied and separated children provided with alternative care or reunited

**Education**
- 85,577 children accessing formal or non-formal education, including early learning
- 214,092 children receiving individual learning materials

**Non-food items**
- 95,600 displaced people who received non-food items and emergency shelter

**Cross-sectoral (HCT, C4D, RCCE and AAP)**
- 9,900 households reached with UNICEF-funded humanitarian cash transfers across sectors
- 487,980 people engaged in risk communication and community engagement actions
- 406,650 people with access to established accountability mechanisms

Figures are provisional and subject to change upon finalization of the inter-agency planning documents.
In 2022, UNICEF is requesting US$62.4 million to meet the humanitarian needs of over 772,485 crisis-affected children in Chad. With timely and flexible funding, UNICEF and its partners can effectively address the growing needs of children and families affected by the deteriorating economy, growing food insecurity, climate change, epidemics and the COVID-19 pandemic. Without additional funding, UNICEF will be unable to meet these needs, leaving children and their families without life-saving humanitarian assistance.

Increased displacement is anticipated to continue in 2022, highlighting a significant need for increased flexible funding to support emergency response in WASH, nutrition, health, child protection and education activities. Flexible funding support will allow UNICEF to rapidly reach vulnerable children in new and existing humanitarian crises across Chad.

Activities in communication for development, community engagement, and accountability to affected populations, which represents 7 per cent of the total funding requirement, are new in 2022 and will support further engagement with those receiving UNICEF assistance to provide feedback and shape programming.

Support for UNICEF to fulfill its key mandates will also help reduce vulnerabilities, such as early marriage, exploitation, child labour and GBV. Delivering essential services to children and their communities will save the lives of children in Chad.

*This includes costs from other sectors/interventions: Emergency response (6.9%), Health (3.8%).

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ENDNOTES

1. UNICEF’s public health and socio-economic COVID-19 response, including programme targets and funding requirements, is integrated into the standalone country, multi-country and regional Humanitarian Action for Children appeals. All interventions related to accelerating equitable access to COVID-19 tests, treatments and vaccines fall under the Access to COVID-19 Tools Accelerator (ACT-A) global appeal.


4. The 2020 HRP was revised in 2020 to incorporate the anticipated consequences of the COVID-19 pandemic, thus accounting for the significant increase in people in need in 2021. The 2021 HNO revised this figure downwards, as COVID-19 related needs transferred partially from humanitarian into more regular development programming.


6. The 2021 HNO/HRP was finalized and published in April 2021. The 2020 HRP was revised in 2020 to incorporate the anticipated consequences of the COVID-19 pandemic, thus accounting for the significant increase in people in need in 2021. The 2021 HNO revised this figure downwards, as COVID-19 related needs transferred partially from humanitarian into more regular development programming. 

7. Figure calculated based on the 6-59 months children suffering from SAM admitted for treatment (166,241); 6-59 months children to be reached with vaccination against measles (420,000; adjusted to avoid double-counting of children receiving vitamin A); children older than 5 years to be reached with individual learning material kits (179,538); children under 6 months and adults to be reached with access to safe water (respectively 3,906 and 58,030; adjusted to avoid double-counting of 6 months to 17 years children already counted in nutrition/health and education targets); women to be reached with access to GBV risk mitigation, prevention and/or response interventions (10,333 as one-third of the 31,000 targeted; adjusted to avoid double-counting of girls/boys already counted in previous targets); and unaccompanied and separated children provided with alternative care or reunified (2,800; we consider there is no overlap with other targets for this specific group). UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.

8. Figure calculated based on 6-59 months children suffering from SAM admitted for treatment (166,241); 6-59 months children to be reached with vaccination against measles (420,000; adjusted to avoid double-counting of children receiving vitamin A); children older than 5 years to be reached with individual learning material kits (179,538); children under 6 months to be reached with access to safe water (3,906; adjusted to avoid double-counting of 6 months to 17 years children already counted in nutrition/health and education targets); and unaccompanied and separated children provided with alternative care or reunified (2,800). Total figure includes 388,560 girls (50.3 per cent) and an estimated 16,686 people with disabilities (2.2 per cent). UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.


10. OCHA Chad Snapshot Humanitarian situation of the Lac Province, September 2021.


13. INSEED and UNICEF MICS6 Chad 2019 Final Report, N'Djamena, Chad.


17. OCHA Chad Aperçu des inondations, September 2021.


26. UNICEF leads cluster coordination for the WASH, nutrition and education clusters and the child protection area of responsibility.

27. PSEA (Prevention of Sexual Exploitation and Abuse).

28. IYCF (Infant and Young Child Feeding).

29. AAP (Accountability to Affected Populations).

30. Target for this indicator decreased due to adopting a more comprehensive methodology of calculating targets. In 2021 and 2022, 16 out of 23 provinces are prioritized based on the prevalence of GAM and SAM, including provinces with IDPs. In 2021, each health district and associated population were targeted whereas, in 2022, the calculation is based on the estimate for each health centre, at pro rata of the geographic coverage of the outpatient treatment centre, which is a more realistic figure.

31. HRP 2021 references 1.3 million children in need of education, with a global target of 623,000 children to be reached. Within this target, 62,450 children are targeted with the indicator of access to education. UNICEF is planning to reach more than the 2021 HRP target, due to the revision of the target methodology, based on the continuum of the interventions, permitting the access of education to children.

32. As per the parameters of this indicator, receiving learning materials does not qualify as providing access to education. This indicator represents children who will benefit from a whole package of education services, not limited to receiving materials and encompasses some of the 85,577 children targeted for access to education.

33. Includes US$2,914,940 for PSEA.

34. Takes into consideration multiple activities that go beyond the two indicators highlighted, such as construction of temporary learning spaces, school kits and capacity building of teachers.

35. The emergency response budget includes intervention/costs related to the distribution of NFI kits (set on the basis of a unit cost in relation to the target) as it is the first response to crisis situations (floods, displacement, inter-community conflicts, etc.), as well as aspects related to emergency coordination.