Highlights

- In 2021, Chad was affected by exceptionally heavy floods and epidemics. 525,228 refugees reside in Chad and some 406,573 Chadians are internally displaced, a 21 percent increase compared to 2020.¹

- To date 958,829 children aged 6-59 months in humanitarian situations have been vaccinated against measles in the provinces of Ennedi Est, Ouaddai, Sila, Wadi Fira, Lac, Batha, Logone Occidental, Logone Oriental, Mandoul, Mayo Kebbi Est, Moyen Chari and Tandjilé, of which 188,306 during the reporting period.

- A total of 249,513 malnourished children under five years of age have been admitted and treated, of which 68,135 during the reporting period, with a cure rate of 93.0 per cent.

- 33,267 children (18,136 girls and 15,131 boys) have benefited from psychosocial support, in child-friendly spaces, in the provinces of Lac, Ouaddai, Borkou, Guera, Logone Oriental and Occidental, Salamat, Moyen Chari, N’Djamena and Charé Baguirmi, of which 17,386 during the reporting period.

- 245,940 Children (115,251 girls and 130,689 boys) in humanitarian situations have received individual learning materials, of which 160,050 during the reporting period.

UNICEF’s Response (as of December 2021)

<table>
<thead>
<tr>
<th>Subject</th>
<th>Coverage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles vaccination</td>
<td>&gt;100%</td>
</tr>
<tr>
<td>SAM admissions</td>
<td>85%</td>
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<tr>
<td>PLHIV on ART</td>
<td>99%</td>
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<tr>
<td>MHPS access</td>
<td>100%</td>
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<tr>
<td>Education access</td>
<td>&gt;100%</td>
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<tr>
<td>Safe water access</td>
<td>65%</td>
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<tr>
<td>Non-food items and shelter kits</td>
<td>88%</td>
</tr>
</tbody>
</table>

UNICEF Appeal 2021

US$ 50.1 million

Funding Status (in US$)

- Funds received: $23,496,688
- Funding gap: $16,821,981
- Carry-forward: $9,737,301

¹ UNHCR Update Personnes sous responsabilité 2021
Humanitarian Action for Children: Funding Overview and Partnerships

In 2021, UNICEF has requested US$ 50.1 million to meet the emergency needs of nearly 900,000 vulnerable children in Chad in 2021. A total of US$ 33 million, representing 66 per cent of the appeal (USD 50.1 million) have been made available in 2021, leaving an unfunded gap of US$ 17 million (34 per cent of the appeal). A total of US$ 23.5 million has been received in 2021 from ECHO (European Commission Humanitarian Aid Office), Japan, Canada, Sweden, Norway, Germany, the United Kingdom, the United States of America, and the Central Emergency Response Fund (CERF). Carried over funds from the previous year have provided an additional US$ 9.7 million from the European Commission/ECHO, the United Kingdom, the United States of America, Japan, the World Bank, CERF and global thematic humanitarian funds.

In line with the inter-agency Humanitarian Response Plan 2021, the valuable funding received from our partners has enabled UNICEF in Chad to provide a multi-sectoral response to vulnerable populations affected by multiple crises, such as the nutrition crisis and internal displacement, particularly of women and children, and to support sustainable prevention and control of outbreaks, including in the context of COVID-19.

UNICEF will continue to adapt and respond to critical humanitarian needs as they evolve and will advocate for flexible thematic and multi-year funding to reach the most vulnerable children and families with life-saving support. UNICEF is grateful to all partners for their continued support and collaboration and appeals for further assistance to vulnerable children in Chad.

Situation Overview & Humanitarian Needs

Chad has continued to face a prolonged multidimensional humanitarian crisis caused by 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 occupies a high level of poverty (46.7%). Following political events in April 2021, the country entered into an 18-month transitional period under a military-civil transition government.

In 2021, many crises occurred in Chad, including in previously unaffected areas. Batha Province has seen an influx of Chadian returnees from neighboring Niger. Salamat Province has experienced intense communal violence, with villages burnt and livelihoods destroyed. Lake Chad crisis caused a sharp increase in the number of internally displaced people. Sudanese, Central African refugee and flood-related crises have continued to impact people. The inter-communal violence crisis in Far-North Cameroon, which started in August, was exacerbated in December with massive population displacements to Chad.

The reporting period has been dominated by two major crises, flooding and forced displacement of people. The 2021 rainy season is characterized by an unequal distribution of rainfall across Chad. Some areas have recorded rainfall exceeding the average for the last five years, while others present a worrying rainfall deficit. Information available shows that 255,044 people (42,531 households) have been affected by the floods especially in the provinces of Tandjile and Mandoul, with 160,955 and 35,634 people affected respectively.

In 2021, there has been an increase in people fleeing non-state armed groups in the Lake Chad Basin and seeking refuge from neighboring countries. 525,228 refugees reside in Chad and some 406,573 Chadians are internally displaced, a 21 percent increase compared to 2020.

Between 11 and 12 August 2021, intercommunal conflict broke out in the Cameroon Far North region between the Mousgoum (fishermen) and Arab (cattle herders) over access to shared water resources. This resulted in an estimated 11,000 Cameroonian refugees crossing from Logone-Birni (Cameroon), into Chari-Baguirmi (Chad), about 45 km south of N’Djamena. This intercommunal conflict has exacerbated since 5 December in Logone and Chari Division of Far North Cameroon. An estimated total of 105,088 refugees have arrived in Chad from Cameroon since this date.

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2 Revised HAC 2021
3 HRP/HNO 2021
4 UNHCR Update Personnes sous responsabilité 2021
5 UNHCR Update 20/12/2021
The vast majority of new arrivals are children and women (88 per cent). Refugees have found refuge in 39 sites in N'Djamena and alongside Chad’s bank of the Logone River. To date 35,784 people representing 13,667 households have been pre-registered in 31 sites by the UNHCR and the Chadian Government. Pre-registration has confirmed a highly vulnerable population profile. 88.2% of the pre-registered refugees are women and children, and 20% have specific needs. Two sites (Guilmey in the urban area and Kalambari in the rural area) have been identified for the relocation of an estimated total of 12,000 of these refugees.

Regarding the cholera alert previously reported, UNICEF and the Ministry of Public Health and National Solidarity (MPHNS) continued to follow carefully the situation in neighboring countries and remained vigilant to the possibility of cases in Chad. Given the economic trade routes between Chad and neighboring infected countries, a cholera outbreak in Chad cannot be ruled out.

Since the declaration of the COVID-19 pandemic, a total of 6,183 have been confirmed in Chad as of 31 December 2021, including 184 deaths. N'Djamena, the capital, is hosting 71 per cent of all cases (4,373 cases), followed by Moyen Chari Province (362 cases) and Logone Oriental Province (264 cases). Following a period of relative stability, there has been an increase in cases staring in November, with 596 cases and 6 deaths reported in November and 482 cases and 2 deaths in December 2021. The main challenges include insufficient number of vaccination centres, slow deployment of cold chain equipment and limited capacity for surveillance, tracing, case management, isolation of contacts, laboratory testing capacity especially at land borders, inadequate sanitation facilities in quarantine sites and public spaces, and still insufficient preparedness at the provincial level, despite the expansion of vaccination sites. The COVID-19 immunization campaign started on 4 June 2021 in N'Djamena and reached 58 districts in 18 out of 23 provinces, through 70 fixed immunization sites and 42 mobile teams.

Since the beginning of 2021 to 26 December, a total of 2,572 cases of measles have been notified with 18 deaths. As of 26 December (51st epidemiological week), 914 Acute Flaccid Paralysis (AFP) have been reported with no case of circulating vaccine-derived poliovirus 2 (cVDPV2).

Summary Analysis of Programme Response

Health

To date, 958,829 children aged 6-59 months in humanitarian situations have been vaccinated against measles in the provinces of Ennedi Est, Ouaddai, Sila, Wadi Fira, Lac, Batha, Logone Occidental, Logone Oriental, Mandoul, Mayo Kebbi Est, Moyen Chari and Tandjilé, including 705,436 through the response campaign that took place in March in 22 health districts declared to be in outbreak in 2020.

In response to Cameroonian refugee's hosted in N'Djamena, UNICEF has supported the northern district with essentials drugs and protection equipment (100 malaria rapid test; drugs; 30 clinical thermometers; 500 LLIN mosquito nets; 30 surgical masks; and 5 IEHK2017 basic kit).

The first COVID-19 vaccines were received on 2 June 2021, with 200,000 doses of Sinopharm, allowing to launch the vaccination against COVID-19 on 4 June. In 2021, Chad has received a total of 1,346,950 doses of COVID-19 vaccines (200,000 doses of Sinopharm, 333,450 doses of Pfizer and 813,500 doses of Johnson&Johnson) through the COVAX facility and bilateral cooperation donations. As of 31 December, 145,597 persons have received one dose of vaccine and 95,267 are fully immunized.

During the reporting period, a total of 59 oxygen bottles of 50 liters have been provided to Farcha Hospital of N'Djamena for the treatment of complicated cases. This contributed to improving quality care with a significant reduction of mortality, considering the trend of the pandemic, with a total of 24 deaths (2 %) at Farcha Hospital.

In 2021, UNICEF has supported the MPHNS through the provision of Personal Protective Equipment (PPE), 9,659 kits of 50 masks, 700 pair of boot covers and 241 thermoflashes, but this remains insufficient to cover the gap. Other UN agencies have also procured additional test kits and equipment to support the response.

UNICEF has supported the revision of the Chadian COVID-19 contingency plan in close partnership with the MPHNS and other UN agencies. To date, 70 fixed vaccination sites and 42 mobile teams are offering vaccination

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6 Ministry of Health and National Solidarity weekly update, COVID-19 Update 31 December 2021
7 Source: Ministry of Health and National Solidarity weekly update
in 58 districts of 18 out of 23 provinces. At the central level, an advocacy session chaired by the MPHNS engaged 55 Women's associations and 28 leaders of Youth associations to promote COVID 19 vaccination. This allowed to increase the demand for vaccination among the female population and increased coverage for women. Likewise, 71 traditional and religious leaders and 75 health professionals were called upon to encourage vaccination among their peers.

As part of preparedness to an eventual cholera outbreak, two cholera stocks (treatment of 200 people) and 1,000 testing kits were prepositioned at the MSPSN and in Bol (Lac Province).

**Nutrition**

During the reporting period, a total 68,135 children under five were provided quality treatment for Severe Acute Malnutrition (SAM), bringing the year-to-date total to 283,694 children under five treated for SAM, of which 249,513 children in the emergency-affected provinces, with a cure rate of 93.0 per cent.

As part of implementation of the emergency response plan for the refugees from Cameroon, in December, UNICEF provided adequate nutrition supplies for the screening of 15,741 children under five, with an identified global acute malnutrition rate of 16.6% and 0.8% of severe acute malnutrition. Severely malnourished children were referred for treatment. Among these children, 10,785 children benefited from vitamin A supplementation, and 9,025 children were dewormed.

To improve the quality of Integrated Management of Acute Malnutrition (IMAM) services and data collection, in 2021, eight joint and formative supervision missions have been carried out in the provinces of Borkou, Sila, Ouaddai, Wadi-Fira, Guera, and N'Djamena. Through these missions, IMAM data quality control was carried out to address poor quality data such as false admissions and admission errors. In addition, 87 health workers have been made available to health centers (18 in the eastern provinces, 23 in the central provinces, 21 in the western provinces, 12 in the southern provinces and 13 in N'Djamena); 228 community health workers have been trained on Essential Nutrition Actions (EAN) in the districts of Adré and Abéché in the province of Ouaddai. Using community platforms, to date 29,189 mothers and caregivers have been reached with awareness raising activities including the promotion of optimal Infant and Young Child Feeding (IYCF) practices. To oversee the implementation of activities, 45 joint missions have been conducted, and technical support provided at field level to address the main challenges identified: respect of treatment protocol, development of monthly reports, work organization and archiving system. As part of nutritional surveillance, the national SMART survey was conducted in September. With support from the UNICEF WCARO, an exercise of end user monitoring targeting three provinces of Chad (Ndjaména, Guera and Lac) was conducted to assess the capacity of the RUTF supply chain in terms of availability and the use of RUTF at the last mile.

In 2021, Chad experienced a RUTF stock shortage during the second quarter. UNICEF entered into partnership agreements with four NGOs that have contingency stocks (MSF, ALIMA, IRC, and ACF). These partnerships have enabled to avoid stockouts of RUTF in some health facilities in the province of N'Djamena, Lac and Ouaddai. A supply chain risk management strategy was developed with support from a UNICEF WCARO mission in June 2021. This allowed to mitigate the RUTF stockout risk over the remaining period of the year. Thus, 280,835 cartons of RUTF have been mobilized in 2021, representing 86% of the annual need. Considering the 109,071 boxes in transit, with arrival dates estimated during the first quarter 2022, the MPHNS will require 163,790 additional boxes of RUTF in 2022 to ensure the continuity of the care of children according to the current scale of the IMAM programme. This represents a financial need of $ 9,581,715. However, if not mobilized, UNICEF who, has already started a re-scaling exercise, will have to adjust its support to the resource mobilisation capacity. During the last quarter of 2021, UNICEF also stepped up its dialogue and advocacy with the Government for a contribution to the annual RUTF financing plan with domestic resources and has prioritized supporting an improvement in the governance aspects of the management of RUTF in the health system.

**Child Protection**

During the reporting period, 17,386 children, including 10,780 girls, benefited from psychosocial support through Child-Friendly Spaces (CFS). 382 unaccompanied and separated children including 168 girls received alternative care in foster families, while 31,232 people including 16,053 women benefited from awareness about gender-based violence with a focus on child marriage and harmful practices. This sudden increase in the number of children assisted compared to the previous period is the result of the activities carried out in four sites of refugees from Cameroon in the sub-prefecture of Koundoul in Chari Baguirmi Province.
The focus of Child Protection responses in emergency in 2021 was on psychosocial care, alternative care and reunification of unaccompanied and separated children, provision of care and support to children ex-associated with non-state armed groups, as well as community mobilization and awareness raising on protection of children from violence in humanitarian contexts.

During 2021, a total of 33,267 children (18,136 girls and 15,131 boys) have benefited from psychosocial care in the provinces of Lac, Ouaddai, N’Djamena and Char Baguirmi, Borkou, Guera, Logone oriental, Moyen Char, Logone Occidental and Salamat.

859 unaccompanied and separated children including 376 girls have been provided with family tracing: 121 children (5 girls and 116 boys) reunified with their families, while 738 others placed in foster families. In 2021, family tracing has proven to be challenging in the context of recurrent movements of population in conflict affected areas mostly in Lac, Ouaddai and Char Baguirmi Provinces. In addition, 96 children associated with armed forces and armed groups (CAAFAG) were also provided with alternative care through transit and orientation centers (CTO) in N’Djamena (96 children, all boys) and Lac (1 boy child). The 96 CAAFAG benefited from reunification services. As part of the alternative care of unaccompanied and separated children, three training sessions were organized for the benefit of 200 actors on the identification, documentation, training, reunification (IDTR) process in Ouaddai, Lac, Logone Oriental and N’Djamena Provinces.

As part of the prevention activities against gender-based violence, awareness raising activities were organized in the provinces of Borkou, Ouaddai, Lac, Kanem, Barh El Ghazal, Hadjer Lamis, Guera, Logone Oriental, Logone Occidental, Mandoul, Mayo-Kebbi Ouest, Moyen Char, Tandjile, Char Baguirmi, and reached a total of 99,206 people, including 47,507 women. To strengthen the protection of children affected by armed conflict, 1,004 soldiers from the Chadian National Army benefitted from a training on the rights and protection of children and their role.

**Education**

During the reporting period, 22,776 were provided access to formal and non-formal education including early learning, and 160,050 children received learning materials in Ennedi Est, Ouaddai, Sila, Wadi Fira, Lac, Logone Oriental.

During the 2020/2021 school year, interventions involved capacity building for teachers, distribution of school materials to students and monitoring of interventions by the staff of the Ministries of Women, Family and Early Childhood Protection, National Education and Civic Promotion, and Rural and Urban Water.

To give teachers practical guidance in the organization, preparation, and management of classrooms by different modes of operation (one-level class, two-level class, three to five-level class, six-level class) in an increasingly dynamic educational environment, the Provincial Delegation of National Education with support from UNICEF trained 427 teachers, including 82 women, during the month of December 2021 in Lac Province. These teachers trained 64,491 students, including 29,317 girls.

86,902 children affected by the humanitarian crisis, including 31,806 girls, have been supervised by teachers trained in psychosocial support and life skills (protection, hygiene, nutrition, reproductive health, citizenship, and peacebuilding) in Lac, Logone Oriental and Salamat Provinces.

To reduce the number of children out of school, 30,066 children (including 12,535 girls) affected by the humanitarian crisis in Nigeria+ and CAR have been given access to education in Lac and Logone Oriental Provinces.

To improve educational conditions for children affected by the crisis in the Lake Chad Basin and CAR, 245,940 children, including 115,251 girls, have received school supplies consisting of notebooks, backpacks, pencils, rulers, compasses and chalk.

Finally, 607,675 children, including 136,426 girls, have been provided with distance education learning through radio and television.

**WASH**

During the reporting period, 28,000 additional people gained access to sanitation services through appropriately designed latrines, with UNICEF support in Lac, Ouaddai, Logone oriental, Kanem and N’Djamena provinces. Also,
20,053 households were provided with WASH kits to reinforce barrier measures against COVID-19 in the provinces of N’Djamena, Ouaddaï, Guera, Kanem, Hadjer Lamis and Barh El Gazal.

In response to the arrival of Cameroonian refugees, UNICEF assisted 1,000 households by providing hygiene kits (soap, sakhané and buckets) and building latrines to provide 1,500 people with access to sanitation services.

Throughout 2021, UNICEF continued to strengthen its WASH assistance to Sudanese, Cameroonian and Central African refugees. WASH support focused on reducing the risk of transmission of diarrheal diseases and the fight against COVID-19 in IDP reception sites and health facilities. To date this assistance enabled 64,955 people to access safe drinking water and improve hygiene practices in the refugee camps of Doholo (two water points) and Gondje (one water point) in Logone Oriental Province, in the Kouchaguine-Moura camp in Ouaddaï Province (one borehole), in the Moussoumba/Maro camp in Moyen Chari Province (two autonomous water stations) and in Fourkoulom, Koussery and Amma in Lac Province (53 boreholes drilled in the areas hosting displaced people). To ensure sustainable management of these water infrastructures, UNICEF supported the establishment and training of 53 water point management committees by the beneficiaries. In Batha Province, UNICEF provided assistance to Chadian returnees from Niger by building a 10 m³ autonomous water station equipped with a solar pump. This intervention enabled 12,000 people to improve their hygiene and sanitation practices through access to safe water and therefore reduced the risk of transmission of diarrhoeal diseases, particularly cholera, in the Tanzawat reception site.

Regarding sanitation, 30,020 people had access to new toilets, being less exposed to diarrhoeal diseases in the provinces of Lac (displaced people living in the sites of Fourkoulom, Amma and Kousseri), Ouaddaï (Sudanese refugees in the site of Moura), Logone Oriental (Central African refugees in the site of Doholo) and Chari Baguirmi hosting Cameroonian refugees. UNICEF also supported the establishment of sanitation and hygiene committees in IDP sites and refugee camps to ensure health promotion, maintenance of hygiene practices, including barrier measures against COVID-19.

As part of the fight against COVID-19, the WASH response focused on strengthening infection prevention and control (WASH/IPC) in health care facilities. UNICEF in partnership with the MPHNS trained 1,096 health workers, laboratory technicians and social-health workers on IPC/WASH. In addition, 74 health centres benefited from appropriate WASH/IPC kits to ensure continuity of hygiene practices. In the provinces of Logone Oriental, N’Djamena, Ouaddaï and Kanem, four self-contained water stations equipped with solar systems were built to support the quality of care and reduce the risks of exposure to COVID-19. UNICEF supported 9,000 women who gave birth in health care facilities with hygiene items (bucket, sakhané soap, 20 litres jerry can) to enable them to respect the barrier measures against COVID-19. In the health centres, 2,370 health agents and health workers were provided with personal protective equipment (PPE) to improve protection against the risks of transmission of COVID-19 among health care providers. In the same provinces, eight health centres benefited from eight chlorination units to produce chlorine in real time and ensure the continuity of hygiene and sanitation in the care centres. UNICEF provided 30,085 households (150,425 people), 150 schools, 25 social centres with WASH kits to reinforce barrier measures against COVID-19 in the provinces of N’Djamena, Ouaddaï, Guera, Kanem, Hadjer Lamis and Barh El Gazal. To ensure the coordination of interventions on WASH/IPC, 12 focal points have been set up in the provincial delegations of N’Djamena, Ouaddaï, Kanem, Hadjer Lamis, Barh El Gazal and Guera to ensure the follow-up of WASH/IPC interventions.

In the refugee camps of Moura-Kouchaguine (Ouaddaï Province) and Doholo (Logone Oriental Province), 6,000 households were provided with WASH/NFIs kits, including soap, 20-litre jerry cans, sakhanés, and 60 hand-washing devices were installed in public places to reinforce barrier measures against COVID-19.

As part of the response to the nutritional crisis, UNICEF in partnership with the National Directorate of Food Technology (DNTA) organized a regional WASH in Nutrition workshop in Chad with the technical support of UNICEF WCARO. This workshop aimed at strengthening strategic thinking on the modalities of intersectoral WASH and Nutrition interventions in Chad to reduce malnutrition. 40 participants from the Ministries of Health, Water and Sanitation, NGOs and donors contributed to improving the framework of collaboration between WASH, health and nutrition stakeholders in the fight against malnutrition in Chad.

In response to the nutritional crisis, UNICEF supported 52,234 Severely Acute Malnourished children (24,495 boys and 27,739 girls) through the distribution of minimum WASH in Nutrition kits (soap and bleach) in the provinces of Lac, Guéra, Batha and Salamat.

In 2021, UNICEF and UNHCR collaborated to address the joint WASH response in Doholo and Kouchaguine-Moura refugee camps. With WHO and UNFPA, UNICEF supported the Government to develop IPC assessment tools for health facilities and to design training modules on IPC for health and social health workers for the fight
against COVID-19. The WASH Cluster continued to provide leadership throughout the year through technical and strategic guidance to humanitarian actors in the water, hygiene and sanitation sector in Chad.

**HIV/AIDS**

During the reporting period, 14,863 pregnant and lactating women were tested and know their serological status, 96 of them are seropositive and on treatment, with a 100% treatment completion rate, bringing the total number of pregnant and lactating women tested and with access to HIV treatment and prevention to 42,105 in 2021.

UNICEF continued to support the response to emergencies related to the fight against HIV/AIDS. The supported provinces have received supplies of HIV prevention and care for children, pregnant and lactating women, youth and adolescents. UNICEF continued to support community-based organizations to structure their respective response to HIV and AIDS prevention in emergency settings.

118 health care providers, including 56 men and 62 women (doctors, midwives, nurses) in emergency areas have been trained in emergency response. 7,876 pregnant women have been sensitized and tested for HIV in order to prevent the transmission of HIV from mother to child. Among them, 39 were tested HIV positive and put on ARVs in the framework of the current recommendations, “test and treat”. 510 young people and adolescents in emergency areas have been sensitized to HIV prevention in their community. The areas concerned by these interventions are the provinces of Lac for the Western zone, Logone Oriental, Logone Occidental, Mandoul and Moyen-Chari for the Southern zone, and Ouaddai, Wadi-Fira, Ennedi-Est and Sila for the Eastern zone.

**Non-Food Items**

As part of its emergency preparedness and response plan, throughout the reporting period, UNICEF procured and positioned five contingency stocks in its four Fields Offices and in N'Djamena Office to respond to immediate needs for basic non-food items including shelter, NFI and WASH kits.

To date UNICEF responded to the needs of 70,093 people (32,764 internally displaced persons in Lac, 2,293 people in Batha, 3,894 in Salama, 3,600 in Ouaddai, 13267 in Moyen Chari, 1959 in Mandoul; 60,00 in N'Djamena, 6,000 in Logone Oriental and 316 in Logone Occidental Provinces. This represents 88% of Chad HAC 2021 NFI target.

The anticipation of NFI kit purchases at the beginning of the year as well as the systematic replacement of utilized stocks have contributed to significantly improve the quality and the rapidity of the emergency response.

Humanitarian Cash Transfers (HCT) have been introduced in response to IDP and Cameroonian refugees’ crises. Stand-by PCAs have been instrumental in ensuring the timeliness of actions.

**Humanitarian Leadership, Coordination, and Strategy**

UNICEF continues to implement a multi-sectoral humanitarian response consistent with the National Development Plan (PND) 2017-2021, the HRP 2021 and the COVID-19 response plan, while further harmonizing humanitarian responses and development interventions.

UNICEF, with its four Field Offices, has continued to strengthen its work on linking humanitarian response and development and adapting programming responses to new risks (e.g., COVID-19, adaptation of WASH systems to climate change, community-based prevention approaches, local contingency planning). The Emergency Preparedness Platform has been updated; the office preparedness score is at 96%.

UNICEF, other UN agencies and NGOs continued to assist the Government to respond to the identified humanitarian needs, in accordance with the Humanitarian Needs Overview 2021, and the 2021 Humanitarian Response Plan (HRP) and the National Contingency Plan for Preparedness and Response to the COVID-19 outbreak.

UNICEF continued to lead the Nutrition, Education and Water, Sanitation and Hygiene Clusters, as well as the Child Protection Area of Responsibility, at national and subnational levels, in line with the inter-agency humanitarian strategy to save lives and protect affected populations. UNICEF and its partners persevere to respond to the urgent needs of the most vulnerable populations and strengthen the links between humanitarian action and development efforts. UNICEF supported the prioritization of community-based approaches while continuing to build the capacity of line ministries and the National Directorate of Civil Protection to better plan, coordinate and implement preparedness and response activities.
Regarding the development of the Humanitarian Needs Overview 2022 and Humanitarian Response Plan (HRP) 2022 processes currently underway, all clusters under the lead of UNICEF have actively contributed to the process. They have been very active in the inter-cluster activities that focused on the validation of projects submitted as part of the budgeting for the 2022 HRP and have been instrumental in advocating for CERF Underfunded and CERF Rapid Response 2022 allocations.

The Humanitarian Response in Chad remains underfunded, with 30% HRP funding level. The three UNICEF-led clusters and the Child Protection Area of Responsibility were among the most underfunded sectors with WASH at 31%, Protection at 10.9%, Education at 18.6% and Nutrition at 21.9%.

The Nutrition Cluster has been strengthened with twelve (12) coordination meetings held at national level. At the provincial level, 2 sub-clusters have been reinforced in Lac and Ouaddai Provinces and they were also able to hold monthly coordination meetings. During these Coordination meetings with all the partners, among other subjects, the nutritional situation and the situation of the RUTF pipeline were discussed. Beyond the regular meetings, working groups met to address specific topics including on RUTF management, joint monitoring missions. These meetings made it possible to set up agreements for the use of NGO RUTF contingency stocks to mitigate RUTF stockout. Also, an extraordinary meeting was held with the participation of all stakeholders to analyze and take corrective measures regarding recurrent RUTF stockout. Through the Nutrition Cluster, UNICEF was able to respect its commitment of transparency in communications about the supply chain management and the performance on SAM treatment, while continuing to identify bottlenecks and take mitigating measures.

Under the lead of the Nutrition Cluster, an assessment related to the implementation of the IMAM protocol adjusted to COVID-19 was conducted and led to a more adapted version of the protocol which should be disseminated in the health centers by January 2022.

The Nutrition Cluster coordinated the implementation of a few nutrition surveys and analysis during 2021. The results of these surveys were used to inform strategic decisions. During the development of the 2022 Humanitarian Response Plan, SMART 2021 survey results were used to finalize the strategic framework, to identify priorities and determine the population in need and the SAM caseload. In addition, an IPC (Integrated Food Security Phase Classification) analysis workshop was held to classify the severity of acute malnutrition situation for each province and department. The results of this IPC analysis were integrated into the humanitarian needs overview and in the humanitarian response plan. During the Humanitarian Cycle Programme process, the Nutrition Cluster also provided support to several institutions for the submission and validation of their projects in response to affected people’s needs.

In collaboration with the Food Security Cluster, the Nutrition Cluster published an advocacy note developed jointly to highlight the critical situation regarding the nutritional situation and insufficient funding in Lac Province. This made it possible to mobilize additional financial resources.

With the objective of strengthening the humanitarian-development and peace nexus, the Nutrition Cluster jointly with the Food Security Cluster participated in a new initiative which aims to strengthen coordination between actors and promote the synergy of multisectoral activities in Kanem and Barh El Gazal Provinces.

As a part of capacity building, the Nutrition Cluster organized two trainings. The first was on Accountability for Affected Populations and Gender Mainstreaming in nutrition programme and the second on results-based management.

At the end of 2021, the Nutrition Cluster initiated the process of Cluster Coordination Performance Monitoring (CCPM), a self-assessment exercise, which should contribute to improve coordination actions.

Despite all these achievements, the Nutrition Cluster faced several challenges. While the focus on the virtual coordination is a palliative to maintain the level of nutrition response coordination, low connectivity and lack of communication infrastructure limit the implementation of coordination activities. The Nutrition Cluster will have to strengthen the capacity of local partners and develop new ways of communicating with hotspot areas insufficiently covered by reliable network services (sub national level). Another challenge is the absence of a dedicated information manager (IM), which results in poor data collection and an underuse of some coordination tools.

During the reporting period, the Education Cluster developed an online Kobo form. This tool will allow the cluster to ensure rigorous monitoring of indicators and to produce maps of educational interventions on the ground. The Education Cluster continues to strengthen the leadership of the Ministry of National Education and Civic
Promotion through the organisation of joint missions in the field and the appropriation of the Multi-Year Resilience Programme (MYRP) by its decentralized technical services. The Education Cluster interacts proactively with UNICEF and its partners to assess progress in the implementation of this Programme. The Education Cluster ensured regular dissemination of information on the MYRP within the network of education partners. Transparent discussions within the cluster helped to address constraints to programme implementation.

At the provincial level, the Lac Education sub-cluster discussed the distribution of school materials, the monitoring of contractual teachers and the supply of school canteens. The action points recommended to the partners contributed to the improvement of educational interventions in the field.

Within the support of the Global Education Cluster, the Chad Education Cluster conducted a self-assessment of its coordination performance with its 23 member organizations (CCPM). The results of this evaluation are globally positive with improvements in performance compared to last year.

The Child Protection Area of responsibility (CPAR) coordination co-facilitated the workshop on Child Protection services mapping in Lac Province in November, 30 participants, including 7 women, attended the workshop. During the workshop Consent forms and SOPs for referral processes were shared with all Child Protection actors. In addition, the CPAR completed the design and publication of the Community Based Child Protection Mechanisms in Lac Province.

The 2021 CPAR Performance Evaluation was conducted with an 81% score of members’ participations. The CPAR conducted child protection situation rapid assessment in 9 Cameroonian refugee sites in support to UNHCR and succeeded in mobilizing cluster members in the response. The psychosocial support module has been updated and facilitators and 20 Child Friendly Spaces (CFS) facilitators and supervisors trained.

The WASH Cluster organized a specific meeting with WASH actors to discuss the cholera and flood response plan at the national level during the reporting period. In Bagassola (Lac Province), the WASH sub-cluster organized two meetings on cholera prevention in border areas. The WASH Cluster contributed to the humanitarian context analysis organized in the provinces of Lac, Ouaddai and Logone Occidental.

During the reporting period, the Cluster Coordinator position was supported by the Global WASH Cluster for one month to provide technical assistance for the Humanitarian Programming Cycle (HRP/HNO) process and was staffed with a new permanent facilitator for an initial 12-month contract. ACF, the co-facilitating organization, also hired a WASH Programme Coordinator with 20% of the time dedicated to cluster coordination.

The cluster has actively participated in the coordination of the response to Cameroonian refugees’ crises led by UNHCR. Cluster members were mobilized to provide the response in the different sites scattered in the city of N'Djamena.

In collaboration with the Global Wash Cluster, the WASH Chad Cluster has completed its "CCPM" performance evaluation with 37 member organizations (82% Score rate). The results of this evaluation are globally positive.

Next SitRep: 15 April 2022

UNICEF Chad Facebook: https://www.facebook.com/UNICEFChad/
UNICEF Chad Twitter: @UNICEFChad
UNICEF Chad Instagram: @unicef.chad

For further information, please contact:
Jacques Boyer
Representative
UNICEF Chad
Tel: +235 22 51 89 89
Email: jboyer@unicef.org

Mariana Stirbu
Deputy Representative
UNICEF Chad
Tel: +235 22 51 75 10
Email: mstirbu@unicef.org

Ahmed Aida
Chief Field Operations and Emergency
UNICEF Chad
Tel: +235 66 39 10 14
Email: aouldaida@unicef.org
## Annex A

### Summary of Programme Result

<table>
<thead>
<tr>
<th>Sector</th>
<th>Overall needs</th>
<th>2021 target</th>
<th>Total results*</th>
<th>Change since the last report ▲▼</th>
<th>2021 target</th>
<th>Total results*</th>
<th>Change since the last report ▲▼</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children 6-59 months with Severe Acute Malnutrition (SAM) admitted for therapeutic care</td>
<td>401,090</td>
<td>292,279</td>
<td>249,513</td>
<td>68,135 ▲</td>
<td>292,279</td>
<td>249,513</td>
<td>68,135 ▲</td>
</tr>
<tr>
<td>Number of children aged 6-59 months who received vitamin A supplements</td>
<td>813,403</td>
<td>813,403</td>
<td>653,715</td>
<td>0</td>
<td>370,000</td>
<td>1,030,785</td>
<td>377,070 ▲</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children in humanitarian situations aged 6-59 months vaccinated against measles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>370,000</td>
<td>958,829</td>
<td>188,306 ▲</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Number of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene</td>
<td>217,739</td>
<td>134,527</td>
<td>7,931</td>
<td>100,000 ▲</td>
<td>20,000</td>
<td>32,020</td>
<td>3,320 ▲</td>
</tr>
<tr>
<td>Number of people accessing appropriately designed and managed latrines</td>
<td>184,947</td>
<td>45,941</td>
<td>17,241</td>
<td></td>
<td>20,000</td>
<td>1,231</td>
<td>524 ▲</td>
</tr>
<tr>
<td><strong>Child Protection</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children with access to psychosocial support, including in child-friendly spaces</td>
<td>256,489</td>
<td>37,000</td>
<td>16,416 1</td>
<td>4,273 ▲</td>
<td>30,000</td>
<td>33,267</td>
<td>17,386 ▲</td>
</tr>
<tr>
<td>Number of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>28,000</td>
<td>37,737</td>
<td>31,232 ▲</td>
</tr>
<tr>
<td>Number of unaccompanied and separated children reunified with their primary caregiver or provided with family-based care/alternative care services.</td>
<td>3,000</td>
<td>769</td>
<td>593</td>
<td>2,500 ▲</td>
<td>2,500</td>
<td>1,231</td>
<td>524 ▲</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children accessing formal or non-formal education including early learning</td>
<td>62,495</td>
<td>32810</td>
<td>0</td>
<td>24,500 ▲</td>
<td>22,776 ▲</td>
<td>22,776 ▲</td>
<td></td>
</tr>
<tr>
<td>Children receiving individual learning materials</td>
<td>254,726</td>
<td>180677</td>
<td>0</td>
<td>223,500 ▲</td>
<td>160,050 ▲</td>
<td>160,050 ▲</td>
<td></td>
</tr>
<tr>
<td><strong>HIV/AIDS</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of pregnant women that have access to HIV and AIDS screening services and prevention of mother-to-child transmission services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>42,385</td>
<td>42,105</td>
<td>14,863 ▲</td>
</tr>
<tr>
<td><strong>Non-Food Items</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of displaced people who received non-food items and emergency shelter.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>80,000</td>
<td>70,093</td>
<td>30,060 ▲</td>
</tr>
<tr>
<td><strong>Social protection</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of households reached with humanitarian cash transfers across sectors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9,600</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*Readjusted to avoid double counting [SitRep September: 113,400]
## Annex B

### Funding Status

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Funds available</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Received Current Year</td>
<td>Carry-Over</td>
</tr>
<tr>
<td>Nutrition</td>
<td>24,834,011</td>
<td>11,986,557</td>
<td>6,134,273</td>
</tr>
<tr>
<td>Health</td>
<td>1,513,942</td>
<td>3,609,412</td>
<td>248,209</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>400,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>WASH</td>
<td>7,388,500</td>
<td>1,843,169</td>
<td>1,559,827</td>
</tr>
<tr>
<td>Child Protection</td>
<td>3,017,886</td>
<td>1,719,722</td>
<td>297,711</td>
</tr>
<tr>
<td>Education</td>
<td>6,641,811</td>
<td>756,000</td>
<td>622,753</td>
</tr>
<tr>
<td>Emergency Preparedness</td>
<td>2,660,000</td>
<td>3,582,008</td>
<td>874,528</td>
</tr>
<tr>
<td>Social Protection and Cash transfers</td>
<td>3,600,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>50,056,150</td>
<td>23,496,868</td>
<td>9,737,301</td>
</tr>
</tbody>
</table>

i UNHCR Emergency Update 31 December 2021