Highlights

- In 2021, Chad was affected by exceptionally heavy flooding and by epidemics. 555,787 refugees reside in Chad and some 406,573 Chadians are internally displaced, a 21 percent increase as compared to 2020.

- 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.

- A total of 249,513 children under five years of age were admitted for malnutrition and treated, with a cure rate of 93.0 per cent.

- 23,700 children (12,143 girls, 11,557 boys) and 200 caregivers (64 fathers and 136 mothers) benefited from psychosocial support in child-friendly spaces in the provinces of Lac, Ouaddai, and Chari Baguirmi.

- 245,940 Children (115,251 girls and 130,689 boys) in humanitarian situations received individual learning materials.

UNICEF’s Response (as of December 2021)

UNICEF Appeal 2021
US$ 50.1 million

Situation in Numbers

- 2,700,000 children in need of humanitarian assistance (OCHA HNO 2021)
- 5,500,000 people in need (OCHA HNO 2021)
- 401,090 under-5 children with SAM (OCHA HNO 2021)
- 1,073,980 displaced people (UNHCR 2021)
- 406,573 internally displaced people (UNHCR 2021)

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

In 2021, UNICEF requested US$ 50.1 million to meet the emergency needs of nearly 900,000 vulnerable children in Chad. A total of US$ 33 million, representing 66 per cent of the appeal (USD 50.1 million), was 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 was received in 2021 from the European Commission Humanitarian Aid Office (ECHO), Japan, Canada, Sweden, Norway, Germany, the United Kingdom, the United States of America, and the Central Emergency Response Fund (CERF). Carryover funds from the previous year 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 (HRP) 2021, the valuable funding received from our partners enabled UNICEF in Chad to provide a multi-sectoral response to vulnerable populations affected by multiple crises, such as the nutrition and internal displacement crises, particularly of women and children, and to support sustainable prevention and control of outbreaks, including in the context of COVID-19.

UNICEF continues to adapt and respond to critical humanitarian needs as they evolve as well as 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 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. The Lake Chad crisis caused a sharp increase in the number of internally displaced people. Sudanese, Central African refugees, and flood-related crises have continued to impact populations. The inter-communal violence crisis in Far-North Cameroon, which started in August, was exacerbated in December with massive population displacements to Chad.

The 2021 rainy season has been characterized by 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 flooding 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. 1,073,980 displaced people reside in Chad including 555,787 refugees, 406,573 Chadians internally displaced (a 21 percent increase compared to 2020), 106,913 Chadians returnees, and 4,707 asylum seekers.

Between 11 and 12 August 2021, intercommunal conflict broke out in the Cameroon Far North region between the Mousgoum (fishermen) and Arab (cattle herders) communities 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 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. As of 31 December, 35,784 people representing 13,667 households have been pre-registered in 31 sites by 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.\(^6\)

Regarding the previously reported cholera alert, UNICEF and the Ministry of Public Health and National Solidarity (MPHNS) continued to carefully follow the situation in neighboring countries and remained vigilant to the possibility of cases occurring 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 cases have been confirmed in Chad as of 31 December 2021, including 184 deaths. N’Djamena, the capital, hosts 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 starting in November, with 596 cases and six deaths reported in November and 482 cases and two deaths in December 2021.\(^7\) The main challenges include an insufficient number of vaccination centres and communication about vaccination, slow deployment of cold chain equipment and limited capacity for surveillance, tracing, case management, isolation of contacts and laboratory testing capacity especially at land borders, inadequate sanitation facilities in quarantine sites and public spaces, and insufficient preparedness at the provincial level, despite the expansion of vaccination sites. The COVID-19 immunization activities started on 4 June 2021 in N’Djamena and reached 58 districts in 18 out of 23 provinces.

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

**Summary Analysis of Programme Response**

**Health**

In 2021, 958,829 children aged 6-59 months in humanitarian situations were 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 the Cameroonian refugees hosted in N’Djamena, UNICEF supported the northern district with essential drugs and protection equipment (100 malaria rapid test; drugs; 30 clinical thermometers; 2,500 long-lasting insecticidal mosquito nets (LLINs); 30 surgical masks; and 5 Interagency Emergency Health Kits (IEHKs).

In 2021, Chad 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 the vaccine and 95,267 are fully immunized.\(^8\)

In addition, material support has been provided to Farcha Hospital in 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 the hospital.

In 2021, UNICEF supported the Ministry of Public Health and National Solidarity (MPHNS) through the provision of Personal Protective Equipment (PPE), 9,659 kits of 50 masks, 700 pairs of boot covers and 241 thermo-flashes – however, this remains insufficient to cover the gaps. Other UN agencies have also procured additional test kits and equipment to support the response.

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\(^6\) UNHCR Emergency Update 31 December 2021
\(^7\) Ministry of Health and National Solidarity weekly update, COVID-19 Update 31 December 2021
\(^8\) Source: Ministry of Health and National Solidarity weekly update
UNICEF supported the revision of the Chadian COVID-19 contingency plan in close partnership with the MPHNS and other UN agencies. As of 31 December, 70 fixed vaccination sites and 42 mobile teams were offering vaccination 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 led to an increase of 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 a potential 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**

In 2021, a total of 283,694 children under five were provided with quality treatment for Severe Acute Malnutrition (SAM), of which 249,513 were in emergency-affected provinces, with a cure rate of 93.0 per cent. As part of the measles response, in March 653,715 children aged from 6 to 59 months were reached with vitamin A supplementation in eight targeted provinces.

As part of implementation of the emergency response plan for the refugees from Cameroon, UNICEF provided nutrition supplies for the screening of 15,741 children under five, with an identified global acute malnutrition (GAM) rate of 16.6% and 0.8% for SAM. Severely malnourished children were referred for treatment. Of 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 were 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) and 228 community health workers 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 has been 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 end user monitoring exercise targeting three provinces (N'Djamena, Guera and Lac) was conducted to assess the capacity of the Ready-to-Use Therapeutic Food (RUTF) supply chain in terms of availability and the use of RUTF at the last mile.

In the second quarter of 2021, Chad experienced a RUTF stock shortage. In response UNICEF entered into partnership agreements with four NGOs with contingency stock (MSF, ALIMA, IRC, and ACF). These partnerships prevented stockouts of RUTF in some health facilities in N'Djamena, Lac and Ouaddai. A supply chain risk management strategy was developed with support from a UNICEF WCARO mission in June 2021 which allowed for the mitigation of RUTF stockout risk over the remainder of the year. Thus, 280,835 cartons of RUTF have been mobilized in 2021, representing 86 percent 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 US$ 9,581,715. However, if these resources are not mobilized, UNICEF (despite having completed the re-scaling exercise) will have to adjust its support to the resource mobilisation capacity. UNICEF also increased 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**

In 2021, Child Protection responses in emergency were focused on the provision of a package of services including: psychosocial, medical, family-based alternative care and reunification of unaccompanied and separated children: special attention was placed on children released from non-state armed groups. In addition, in order to strengthen prevention of violence against children, community mobilization and awareness raising on children’s rights and protection from violence in humanitarian contexts were carried out.
A total of 23,700 children (12,143 girls, 11,557 boys) and 200 caregivers (64 fathers and 136 mothers) have benefited from psychosocial care in the provinces of Lac, Ouaddai, and Chari Baguirmi.

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 Chari Baguirmi Provinces. However, 859 unaccompanied and separated children including 376 girls were provided with family tracing: 121 children (5 girls and 116 boys) were reunified with their families and 738 were placed in foster families. In addition, 96 children associated with armed forces and armed groups (CAAFAG) were provided with alternative care through transit and orientation centres (CTO) in N’Djamena (96 children, all boys). 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.

To strengthen the prevention of gender-based violence (GBV), 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 Chari, Tandjile, Chari Baguirmi, reaching a total of 99,206 people, including 48,334 women. In order to protect children affected by armed conflict from grave violations, 1,004 soldiers from the Chadian National Army benefitted from a training on their role in the protection of children’s rights.

**Education**

In 2021, 30,066 out-of-school children (including 12,535 girls) affected by the humanitarian crisis in Nigeria and Central African Republic (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, received school supplies consisting of notebooks, backpacks, pencils, rulers, compasses and chalk.

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, in Lac Province. These teachers in turn trained 64,491 students, including 29,317 girls.

Some 86,902 children affected by the humanitarian crisis, including 31,806 girls, were 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.

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

**WASH**

Throughout 2021, UNICEF continued to strengthen its WASH assistance to Sudanese, Cameroonian, Central African refugees and in response to the Lake Chad Basin humanitarian crisis. WASH support focused on reducing the risk of transmission of diarrheal diseases and the fight against COVID-19 in IDP reception sites and health care facilities. This assistance enabled 64,955 people to access safe drinking water and improve hygiene practices in refugee camps in Logone Oriental, Ouaddai, Moyen Chari, and Lac Provinces. To ensure sustainable management of these water infrastructures, UNICEF supported the establishment and training of 53 water point management committees. In Batha Province, UNICEF provided assistance to Chadian returnees from Niger by building a 10 m³ 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 sanitation services, and thus contributed to decreased exposure to diarrhoeal diseases in the provinces of Lac (displaced people living in the sites of Fourkoulom, Amma and Kousseri), Ouaddai (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, sustained hygiene practices, including barrier measures against COVID-19.

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

As part of the fight against COVID-19, the WASH response focused on strengthening infection prevention and control (WASH/IPC) in health care facilities. In partnership with the MPHNS, UNICEF trained 1,096 health workers, laboratory technicians and social-health workers on WASH/IPC. 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, Ouaddai and Kanem, four solar water pumping systems were built to support the quality of care and reduce the risks of exposure to COVID-19. In the health centres, 2,370 health agents and health workers were provided with PPE to improve protection against the risks of transmission of COVID-19 among health care providers. In the same provinces, 8 health centres benefited from 8 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, Ouaddai, Guéra, Kanem, Hadjer Lamis and Barh El Gazal. UNICEF supported 9,000 women who gave birth in health care facilities with hygiene items to enable them to respect the barrier measures against COVID-19. To ensure WASH/IPC coordination interventions, 12 focal points have been set up in the provincial delegations of N’Djamena, Ouaddai, Kanem, Hadjer Lamis, Barh El Gazal and Guera.

In the refugee camps of Moura-Kouchaguine (Ouaddai Province) and Doholo (Logone Oriental Province), 6,000 households were provided with WASH/Non-Food Items (NFI) kits and 60 hand-washing devices were installed in public places to reinforce barrier measures against COVID-19.

In response to the nutritional crisis, UNICEF supported 52,234 children with SAM (25,072 boys and 27,162 girls) through the distribution of minimum WASH in Nutrition kits (soap and bleach) in the provinces of Lac, Guéra, Batha and Salamat.

In partnership with the National Directorate of Food Technology (DNTA), UNICEF organized a national 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 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.

**HIV/AIDS**

In 2021, 37,597 pregnant and lactating women were tested for HIV and became aware of their serological status. Of these, 96 were seropositive and placed on treatment, with a 100% treatment completion rate.

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.

Some 118 health care providers in emergency areas, including 56 men and 62 women (doctors, midwives, nurses), were trained in emergency response. Some 7,876 pregnant women have been sensitized and tested for HIV in order to prevent the mother-to-child transmission of HIV. Of these, 39 tested positive for HIV and were placed on ARVs in the framework of the current recommendations, “test and treat”. Some 510 young people and adolescents in emergency areas were sensitized on HIV prevention in their communities. The interventions took
place in 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 to respond to immediate needs for basic non-food items including shelter, NFI and WASH kits.

In 2021, UNICEF responded to the needs of 70,093 people (32,764 IDP in Lac, 2,293 people in Batha, 3,894 in Salama, 3,600 in Ouaddai, 13,267 in Moyen Chari, 1,959 in Mandoul; 6,000 in N’Djamena, 6,000 in Logone Oriental and 316 in Logone Occidental Provinces. This represents 88 percent of Chad’s 2021 HAC 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.

In 2021, humanitarian cash transfers (HCT) activities were introduced in the Lac Province and reached 190 households. Based on the lessons learned from implementation of these activities, HCT have been introduced in response to Cameroonian refugee crisis. Stand-by partnership agreements have been instrumental in ensuring the timeliness of actions.

**Humanitarian Leadership, Coordination, and Strategy**

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

UNICEF, with its four Field Offices, 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 and the office preparedness score is at 96 percent.

UNICEF together with other UN agencies and NGOs continued to assist the Government to respond to the identified humanitarian needs, in accordance with the 2021 Humanitarian Needs Overview (HNO), and the 2021 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 2022 HNO and HRP 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.

Overall humanitarian response in Chad remains underfunded, with only a 30 percent HRP funding level. The three UNICEF-led clusters and the Child Protection Area of Responsibility were among the most underfunded sectors, with WASH at 3.1 percent, Protection at 10.9 percent, Education at 18.6 percent and Nutrition at 21.9 percent.

**The Nutrition Cluster** has been strengthened with twelve coordination meetings held at national level. At the provincial level, two sub-clusters have been strengthened in Lac and Ouaddai Provinces and held monthly coordination meetings to discuss the nutritional situation and the situation of the RUTF pipeline. Beyond the regular meetings, working groups met to address specific topics including on RUTF management and joint monitoring missions. These meetings made it possible to set up agreements for the use of NGO RUTF.
contingency stock to mitigate RUTF stockout. 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, leading to a more adapted version of the protocol which should be
disseminated in the health centres by January 2022.

The Nutrition Cluster coordinated the implementation of nutrition surveys and analysis during 2021. The results
of these surveys were used to inform strategic decisions. During the development of the 2022 HRP, SMART 2021
survey results were used to finalize the strategic framework, identify priorities and determine the population in
need as well as the SAM caseload. In addition, an Integrated Food Security Phase Classification (IPC) analysis
workshop was held to classify the severity of the malnutrition situation for each province and department. The
results of the IPC analysis were integrated into the HNO and in the HRP. 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 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 continued 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 interacted 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.

With 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 a workshop on Child Protection
services mapping in Lac Province in November, with 30 participants, including seven women. During the
workshop, consent forms and standard operating procedures (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 percent score on member participation. The CPAR conducted child protection situation rapid assessments in nine 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 supervisors in 20 Child Friendly Spaces (CFS) were 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 Bagasola (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, hired a WASH Programme Coordinator with 20 percent of their time dedicated to cluster coordination.

The cluster actively participated in the coordination of the response to the Cameroonian refugee crisis 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 Chad WASH Cluster has completed its "CCPM" performance evaluation with 37 member organizations (82 percent score rate). The results of this evaluation are globally good.

Next SitRep: 15 April 2022

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## Summary of Programme Result

### Cluster/Sector Response

<table>
<thead>
<tr>
<th>Sector</th>
<th>Overview needs</th>
<th>2021 target</th>
<th>Total results</th>
<th>Completion rate (%)</th>
<th>UNICEF and IPs</th>
<th>2021 target</th>
<th>Total results</th>
<th>Completion rate (%)</th>
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<tbody>
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<td><strong>Nutrition</strong></td>
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<td>Number of children aged 6-59 months with Severe Acute Malnutrition (SAM) admitted for treatment</td>
<td>401,090</td>
<td>292,279</td>
<td>249,513</td>
<td>85</td>
<td>292,279</td>
<td>249,513</td>
<td>85</td>
<td></td>
</tr>
<tr>
<td>Number of children aged 6-59 months who received: (a) vitamin A supplement in semester 1; (b) vitamin A supplement in semester 2</td>
<td>813,403</td>
<td>813,403</td>
<td>(a) 653,715</td>
<td>(b) 0</td>
<td>(a) 653,715</td>
<td>(b) 0</td>
<td>(a) &gt;100 (b) 0</td>
<td></td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children aged 6-59 months vaccinated against measles</td>
<td></td>
<td></td>
<td>370,000</td>
<td>958,829</td>
<td>&gt;100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</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>140,454</td>
<td>65</td>
<td></td>
<td>100,000</td>
<td>64,955&lt;sup&gt;9&lt;/sup&gt;</td>
<td>65</td>
<td></td>
</tr>
<tr>
<td>Number of people accessing appropriately designed and managed latrines</td>
<td>184,947</td>
<td>53,695</td>
<td>29</td>
<td></td>
<td>20,000</td>
<td>30,020</td>
<td>&gt;100</td>
<td></td>
</tr>
<tr>
<td><strong>Child Protection</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children and caregivers accessing mental health and psychosocial support</td>
<td>256,489</td>
<td>37,000</td>
<td>28,416</td>
<td>77</td>
<td>30,000</td>
<td>23,900</td>
<td>80</td>
<td></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>28,000</td>
<td>99,206</td>
<td>&gt;100</td>
<td></td>
<td></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>2,652</td>
<td>88</td>
<td></td>
<td>2,500</td>
<td>859</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children accessing formal or non-formal education including early learning</td>
<td>62,495</td>
<td>32,610</td>
<td>53</td>
<td></td>
<td>24,500</td>
<td>30,066</td>
<td>&gt;100</td>
<td></td>
</tr>
<tr>
<td>Number of children receiving individual learning materials</td>
<td>254,726</td>
<td>245,940</td>
<td>97</td>
<td></td>
<td>223,500</td>
<td>245,940</td>
<td>&gt;100</td>
<td></td>
</tr>
<tr>
<td><strong>HIV/AIDS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<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>47,432</td>
<td>37,597</td>
<td>79</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non-Food Items</strong></td>
<td></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>80,000</td>
<td>70,093</td>
<td>88</td>
<td></td>
<td>80,000</td>
<td>70,093</td>
<td>88</td>
<td></td>
</tr>
<tr>
<td><strong>Social protection</strong></td>
<td></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>9,600</td>
<td>190&lt;sup&gt;10&lt;/sup&gt;</td>
<td>2</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<sup>9</sup> Readjusted to avoid double counting (SitRep September: 113,400)
<sup>10</sup> Readjusted to avoid double counting (SitRep September: 1,070)
## 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>
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<tr>
<td>Health</td>
<td>1,513,942</td>
<td>3,609,412</td>
<td>248,209</td>
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<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>
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<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>