Situation in Numbers

- **3.0 Million** children in need of humanitarian assistance (OCHA, HRP 2022)
- **6.1 Million** people in need (OCHA, HRP 2022)
- **406,573** Internally displaced people (IDPs) (UNHCR)
- **570,369** Refugees (UNHCR)

UNICEF’s Response and Funding Status

**UNICEF Appeal 2022**
**US$ 62.4 million**

- **Health**: Measles vaccination
  - 1%
- **Nutrition**: SAM admissions
  - 27%
- **Child Protection**: MHPSS access
  - 50%
- **Education**: Education access
  - 1%
- **WASH**: Safe water access
  - 8%
- **Non-Food Items**: Non-food items and shelter kits
  - 0%
- **Social Protection**: Cash transfers
  - 0%

Highlights

- During the reporting period, 38,886 malnourished children under five years of age (21,388 girls and 17,498 boys) were admitted and treated countrywide, with a cure rate of 91.3 per cent.
- 16,103 children (8,150 girls, 7,953 boys) benefited from psychosocial support in child-friendly spaces in Borkou, Ouaddai, Lac and Chari Baguirmi Provinces.
- In the first quarter of 2022, 13,788 children (6,322 girls and 7,466 boys) had access to education in Lac and Logone Oriental Provinces.
- 11,500 people (5,980 women/girls and 5,520 men/boys) had access to a sufficient quantity of safe water for drinking, cooking and personal hygiene in the Lac Province.

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Reporting Period: 1 January to 31 March 2022
Funding Overview and Partnerships

UNICEF is requesting US$ 62.4 million to meet the emergency needs of nearly 800,000 vulnerable children in Chad in 2022. In line with the inter-agency Humanitarian Response Plan, this funding will enable UNICEF to support a multisectoral response to the multiple crises facing Chad, such as the nutrition crisis, displaced persons particularly children and communities who have been most affected (including Cameroonian refugees), and to support sustainable prevention and control of outbreaks.

Since the beginning of the year, UNICEF Chad has received US$ 10.8 million (17 per cent of the needs) from UNOCHA, the United States of America, Japan and Sweden. Carried over funds from the previous year are providing an additional US$ 9.9 million from the United States of America, the United Kingdom, global thematic humanitarian funds, Norway, Canada, the European Commission Humanitarian Aid Office (ECHO), Switzerland, GAVI, UNOCHA and Japan. Therefore US$ 20.7 million representing 33 per cent of the appeal (US$ 62.4 million) were made available in 2022, leaving a gap of US$ 41.7 million (67 per cent of the appeal).

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 the most vulnerable children in Chad affected by humanitarian situations.

Situation Overview & Humanitarian Needs

The INFORM 2022 index ranks Chad as the fifth country most exposed to humanitarian crises and natural disasters, with a score of 7.9 out of 10. The country continues to rank 187 out of 189 countries on the Human Development Index with a high level of poverty (46.7%). New evidence on child poverty reveals that 4.3 million children live in poor households, representing an income poverty rate of 46.9.

The humanitarian needs severity analysis reveals that 6.1 million people will be in need of humanitarian assistance in 2022, a 17% increase compared to 2021. Chad has continued to face a prolonged multidimensional humanitarian crisis caused by population displacements due to security concerns both within Chad and in neighbouring countries, natural disasters and growing and worrying food insecurity, high rates of malnutrition, economic crisis, and political instability. Humanitarian access is limited in the lake Chad basin, particularly in the island areas and the border area between Nigeria, Niger and Chad.

The results of the national nutrition SMART survey carried out in 2021 indicate a global acute malnutrition (GAM) rate of 10.9% and a severe acute malnutrition (SAM) rate of 2.0% among children under-five in Chad, indicating no significant change in the nutritional situation. In 2022, it is estimated that 343,087 children suffering from SAM will need treatment of which 275,848 children were targeted in the 2022 humanitarian response plan (HNO/HRP 2022). Recent food security analyses by the World Food Programme (WFP) and the Food and Agriculture Organization (FAO) have shown that inadequate rainfall led to poor agricultural production and pressures on cereal prices. These pressures are expected to be amplified by the spill-over effects of the war in Ukraine and to significantly increase food insecurity. In 2018, the proportion of wheat coming directly from Ukraine was estimated at 6% - however, the other providers of wheat to Chad also rely on the Ukraine production, so the indirect proportion is much larger. The impacts of rising food prices and shortages of staple crops are already being felt in Chad, with the poorest people most at risk, while the international community is increasingly concerned that the ongoing conflict will increase hunger and poverty. In recent weeks prices for basic necessities such as bread have risen by 50% and the price of oil has doubled in some markets. The pastoral situation is characterized by a significant drop in biomass in the western Sahel provinces due to the poor distribution of rainfall in time and space with ponds drying up earlier than expected.

As a result of the intercommunal conflict that broke in August 2021 out in the Cameroon Far-North region between the Mousgoum (fishermen) and Arab (cattle herders) communities over access to shared water resources, 44,059 refugees

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1 Disaster Risk Management Knowledge Centre, European Union, 2022
3 INSEE/UNICEF. Child poverty study, 2021
4 Humanitarian Needs Overview, March 2022
crossed the border with Chad. As of 1 April 2022, 43,498 people representing 16,395 households have been preregistered by UNHCR and the Chadian Government. Preregistration has confirmed a highly vulnerable population profile. 89% of the pre-registered refugees are women and children, and 19% have specific needs. 2,736 and 9,086 refugees have respectively been relocated in the sites of Guilmey (in the urban area) and Kalambari (in the rural area).

According to the most recently published data, as of 31 March 2022, 1,088,700 people are displaced in the country. Among these displaced persons, 570,369 are refugees, 4,845 asylum seekers and 106,913 Chadian returnees (29,263 from Lac Province and 77,650 from the Central African Republic). 406,573 people are internally displaced in Lac Province, where insecurity continues to limit humanitarian capacity to respond to critical needs.

As of 1 April 2022, a total of 7,343 COVID-19 cases have been confirmed in 22 of the 23 provinces in Chad, including 192 deaths (lethality rate of 2.6%). According to the provisional data of 1 April, the COVID-19 vaccination first round launched on 24 March in 73 districts of 10 provinces has reached 1,648,031 people with their first dose.

A total of 721 suspected measles cases have been reported since the beginning of 2022 in 77 of the 139 health districts. The low coverage of measles vaccine through routine immunisation, the lack of a second dose in the immunisation schedule, the poor implementation of measles monitoring campaigns and the current large epidemic mean that Chad is at very high risk of measles outbreaks during 2022. In January, the country recorded its first outbreak in the district of N'Djamena South in the center of the country.

The district of Goundi in Mandoul Province crossed the alert threshold with an attack rate of 3.7 cases of cerebrospinal meningitis per 100,000 inhabitants. The district recorded 12 cases of cerebrospinal meningitis with 2 deaths (case fatality rate of 16.7%).

A total of 34 suspected and 35 confirmed cases of yellow fever have been reported in 23 health districts of 9 provinces. Eight districts have already benefited from the first response phase that was conducted from 15 to 28 January 2022 and nine are waiting for the 2nd phase, which is currently being prepared.

Summary Analysis of Programme Response

Health
During the reporting period, 7,689 children aged 6-59 months in humanitarian situations were vaccinated against measles in the provinces of Ennedi Est, Ouaddai, Sila, Wadi Fira, Lac, Logone Oriental and Mandoul.

UNICEF supported the organization and supervision of the national vaccination campaign (Block 1) against COVID-19 from 24 March to 2 April 2022. According to the provisional data of 1 April, 1,648,031 people in the provinces of Mayo Kebbi Est, Mayo Kebbi Ouest, Chari Baguirmi, Logone Oriental, Logone Occidental, Tandjile, Mandoul, Sila and Salamat received at least one dose of COVID-19 vaccine out of a target of 3,106,702, or 53%.

Nutrition
In the first quarter of 2022, UNICEF supported the treatment of 38,886 children (21,388 girls and 17,498 boys) suffering from severe acute malnutrition with a cure rate at 91.3% (320 children on the sites of Cameroonian refugees). The capacities of 233 health workers were reinforced to apply the new integrated management of acute malnutrition directives from the evaluation of the COVID-19 adjusted protocol. To strengthen the capacity on nutritional emergency preparedness and response, four workshops were supported targeting the provinces of Chari Baguirmi, Tandjilé, Logone Occidental and Lac. The target participants were skilled on humanitarian principles, emergency norms and standards, the emergency nutrition interventions, the targeting process and calculation of the caseload, the analysis of the most common crisis in their respective province and potential responses.

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5 UNHCR, 2022
6 UNHCR, 2022
7 UNHCR, 2022
8 UNHCR, 2022
9 WHO, Sitrep No 460 COVID-19 Chad 1 April 2022
10 WHO, Sitrep-Chad, Measle week 11 of 2022
11 WHO, Epidemiological situation, week 11 of 2022
12 WHO, Sitrep-Chad, Yellow fever week 12 of 2022
To strengthen the nutrition service delivery using the existing contacts at health facility level, 150 health workers were trained on infant and young child feeding (IYCF) counselling. In addition, to scale the preventive nutrition intervention, 891 Community Health Workers (CHWs) were skilled and equipped to support malnutrition screening and awareness raising activities. This allowed to reach 49,579 women on essential nutrition actions including optimal IYCF practices. In addition, a social mobilization activity was organized in Chari Baguirmi Province to promote the optimal IYCF practices through community radio and public conferences. As part of UNICEF support to implement at scale the Family-led-Upper Arm Circumference (MUAC) approach for early detection of malnutrition among children aged 6 - 59 months, 28,946 mothers were trained on MUAC screening. This allowed to screen 71,456 children aged 6 to 59 months at community level and to ensure reference of 3,417 of them for treatment.

As part of the implementation of the RUTF risk management strategy, UNICEF has supported the development of an accountability framework through a national workshop under the leadership of the Department of Nutrition and Food Technology (DNTA) of the Ministry of Public Health and National Solidarity (MPHNS). Through this accountability framework, which is currently being finalized, UNICEF intends to better engage all stakeholders through the assignment of specific roles to strengthen governance of RUTF supply chain management. UNICEF completed in January 2022 a second End User monitoring (EUM) exercise in five additional provinces to assess the current capacity of the national supply chain in terms of availability and use of RUTF at the last mile (Batha, Ouaddai, Kanem, Salamat and Logone Oriental Provinces). This followed a first EUM exercise that targeted three provinces in October 2021 (N'Djamena, Lac, Guera). In order to better understand the use of these nutritional inputs and to improve the management and supply systems at all levels, UNICEF, in collaboration with the MPHNS, plans to organize an assessment of the supply chain of these inputs. This assessment should make it possible to appreciate the shortcomings reported through the monitoring system in place, to measure the extent of losses recorded in the management of RUTF and to propose a plan for improving the supply and distribution chain of inputs related to the care of children suffering from SAM in Chad.

A Simplified Lot Quality Assurance Sampling Evaluation of Access and Coverage (SLEAC) survey was organized in 10 districts to identify barriers and boosters of access to SAM services. UNICEF continues to align the distribution plan with the annual targets of severely malnourished children and not with previous admissions to rationalize the RUTF stocks and improve the quality of reporting data. In addition, the report for the rescaling exercise of the coverage of Outpatient Therapeutic Programme has been finalized. The participatory analysis of the data collected, based on well-defined criteria, made it possible to identify the possibility of optimizing UNICEF support for the treatment of severe acute malnutrition through a reduction of 20% of UNICEF assistance coverage. This will allow a better monitoring of activities and strengthen quality of service delivery in the target nutritional units. To operationalize the recommendations from the rescaling exercise, a road map has been developed in discussion with the MPHNS.

**Child Protection**

During the first quarter of 2022, UNICEF and its partners, including the Ministry of Women, Family and Child Protection, the Red Cross of Chad, the provincial delegations of social action in Lac, Chari Baguirmi, Ouaddai and Borkou continued to provide a package of services to children including psychosocial, medical, family-based alternative care for unaccompanied and separated children (UASC) in refugee, internally displaced, and conflict-affected host communities. A total of 16,103 children (8,150 girls and 7,953 boys) received psychosocial support in the provinces of Chari Baguirmi, Ouaddai, Borkou and Lac.

As part of the prevention and mitigation of risks related to gender-based violence (GBV), awareness-raising activities were organized by the partners through community-based child protection mechanisms (CBCPM) and reached a total of 10,990 people (7,272 women, 2,098 girls and 1,620 boys) in the provinces of Borkou, Ouaddai, Lac and Chari Baguirmi. In addition, a training session on GBV including case management and the referral system was organized by the Ministry of Women, Family and Child Protection with the support of UNICEF for the benefit of 28 service providers (10 women and 18 men) working in the 2 camps of Cameroonians refugees. As co-lead of the sub-working group on Child Protection for the response for the Cameroonian refugees, UNICEF and UNHCR ensured a better coordination of interventions as well as the harmonised implementation of child protection activities by all service providers.

UNICEF and its partners provided alternative care to 410 unaccompanied and separated children (UASC) (192 girls and 218 boys) mainly to refugees in the provinces of Chari Baguirmi (Kalambari and Guilmey camps) and Lac (Dar Es Salaam camp). The process of tracing the families of these children is ongoing.

**Education**

Throughout the first quarter of 2022, UNICEF reinforced its action to improve basic learning conditions for refugee, returnee, internally displaced and host community children. In Lac and Logone Oriental Provinces, distribution of school
supplies, construction of 40 new classrooms and school feeding programmes contributed to improve access to learning opportunities for 13,788 primary school students (6,322 girls and 7,466 boys). In Wadi Fira Province, 13,015 Sudanese refugee children (5,748 girls and 7,267 boys) attending classes in Amnabak, Touloum, Irdimi, Milé and Kounoungou refugee camps received school kits consisting of notebooks, pens, pencils and erasers.

In Lac Province, a series of trainings were rolled out for both teachers and Parent-Teacher Associations (PTAs) to increase school enrolment of children with disabilities. 40 teachers (2 women and 38 men) were trained on developing pedagogical approaches adapted to children with disabilities, and further on their effective monitoring in classroom. A similar training took place with 185 members of PTAs (71 women and 114 men) with emphasis on assessing the existing barriers against schooling of children with disabilities and their right to education.

In Lac, Logone Oriental and Salamat provinces, trainings targeting PTAs and School Management Committees aimed at reinforcing their roles in creating a protective and enabling environment for students. A total of 1,314 participants (356 women and 958 men) were trained on key modules such as monitoring teacher absenteeism, responsible management of school finances and reinforcing protection and gender sensitivity in school.

In Lac Province, as part of the effort to promote the culture of peace, 75 administrative, religious and traditional leaders and authorities (0 women and 75 men) attended a workshop on peaceful resolution of conflicts. 750 community members (225 women and 525 boys) participated in awareness-raising campaigns advocating for increased vaccination against COVID-19, peaceful resolution and prevention of conflicts.

UNICEF has procured school supplies for Cameroonian refugee students whose distribution began on 30 March in Kalambari camp, a community located in Koundoul, south of N’Djamena. This operation aims to provide school materials to 18,000 students in Kalambari and Guilmey camps and 360 refugee teachers.

**WASH**

During the reporting period, 11,500 people (5,980 women and 5,520 men) benefited from new sources of drinking water to improve good sanitary and nutritional practices in the displaced sites of Fourkoulom, Amma and Koudoukol in Lac Province. To ensure the sustainability of these structures, 23 water point management committees were set up and trained to maintain the proper functioning of the water equipments. To improve the sanitary conditions of the populations displaced by the inter-community conflicts from Far-North Cameroon to Chad (N’Djamena Province) and those living in the displaced sites of Fourkoulom, Amma and Koudoukole (Lac Province), 6,600 (3,927 women and 2,673 men) people had access to emergency latrines.

On the refugee sites of N’Djamena, 75 emergency latrines were built, which allowed to reduce open defecation and to decrease the risks of transmission of cholera. In addition, 1,000 households received dignity and GBV kits and benefited from information and awareness sessions on good hygiene practices and prevention measures against COVID-19.

Emergency interventions in the water, hygiene and sanitation sector have enabled 93,641 people in Lac Province to protect themselves from the risk of transmission of diarrheal diseases, particularly cholera, and COVID-19 through the use of 16,066 WASH kits provided to them. UNICEF and its partner INTERSOS promoted good hygiene practices including measures to prevent COVID-19, to 64,500 people in the of Fourkoulom, Amma 3 and Koudoukole refugee sites.

In support of the MPHNS, UNICEF organised a national workshop to capitalize on the achievements of the WASH response to the COVID-19 epidemic, including infection prevention and control (IPC/WASH) in health facilities. The workshop highlighted the need to strengthen multi-sectoral collaboration to reinforce IPC in Chad. In addition, the development of a national strategy on IPC was the main recommendation of this national workshop.

**Social and Behavior Change / Communications for Development (SBC/C4D)**

During the first quarter of 2022, UNICEF supported the MPHNS in the preparation and organisation of the COVID-19 vaccination campaign in the 23 provinces of Chad divided into two blocks, of which Block 1 covering the period from 24 March 2022 to 2 April 2022. Technical support was given to the MPHNS for the development of the COVID-19 risk communication and vaccination plan, as well as the micro-planning of 10 provinces in Block 1 (Chari Baguirmi, Moyen Chari, Mandoul, Logone Oriental, Logone Occidental, Tandjilé, Salamat, Sila, Mayo Kebbi Est, Mayo Kebbi Ouest). Microplanning considered the specific aspect of the vulnerable populations of the refugee camps located in the provinces targeted by Block 1 (Logone Oriental Province: Gondje, Danadja, Dossey, Amboko, and Diba camps) for their involvement and participation in the vaccination campaign against COVID-19.
In addition, UNICEF is currently exploring partnerships with Non-Governmental Organizations (NGOs) and the Union of private radio stations in Chad for more participatory engagement of vulnerable populations in interventions that affect them; and for better communication through participation in interactive broadcasts and the recognition of local ‘champions’ by community radio for behavioural change.

**Accountability to Affected Population**

To improve the participation of vulnerable populations in the interventions that affect them, UNICEF is working with NGOs to set up warning and accountability mechanisms in the refugee camps in the East, Lac and the South, as well as in IDPs and returnee sites. During the reporting period, UNICEF has developed its Accountability to Affected Populations (AAP) action plan in line with the new headquarters AAP action plan and the inter-agency AAP strategy 2021-2023 was adopted by the Humanitarian Country Team during its retreat held in Abéché from 21 to 23 March 2022. As part of the establishment of these mechanisms in the coming months, UNICEF plans to organize trainings for UNICEF staff and key partners on Core Commitments for Children (CCC) that include the AAP aspect. UNICEF also plans to integrate specific AAP related activities into its partnerships.

**PSEA**

During the reporting period, UNICEF validated its Prevention of Sexual Exploitation and Abuse (PSEA) action plan and initiated the first actions to set up a system to prevent SEA and for all beneficiaries to have access to channels to report SEA.

The development of the PSEA Action Plan has been cross-sectoral and aligned with the commitments of the Interagency PSEA action plan. Thus, the first steps of the action plan were implemented with the designation of UNICEF PSEA focal points and the organisation of a PSEA training for UNICEF staff. The training of implementing partners and the establishment of reporting channels for beneficiaries are being developed and prepared to be effective by mid-year.

**Humanitarian Cash Transfer**

In response for the Cameroonian refugee crisis, Lutheran World Federation (LWF), in collaboration with UNICEF, is implementing cash transfer activities associated with awareness-raising interventions on COVID-19 prevention measures including vaccination as well as other themes related to the overall protection of people. Promotion of community dialogue is also part of the interventions.

During the reporting period, LWF launched a rapid real-time survey at Guilmey and Kalambari sites of refugees to obtain information on existing risks that could occur in cash distributions, and to identify mitigation measures to limit risks during cash operations. The first distribution of cash to 4,000 vulnerable households will begin in April 2022.

**Humanitarian Leadership, Coordination and Strategy**

During the reporting period, UNICEF actively participated in the humanitarian coordination activity. A delegation led by the Country Representative participated in the Humanitarian Country Team retreat and all Cluster coordinators participated in the various Inter Cluster Coordination platform meetings as well as at the launch of the 2022 HRP.

The three clusters under the responsibility of UNICEF (Nutrition, WASH and Education) and the Child Protection area of responsibility have actively participated in the mobilization of resources for the Chadian humanitarian community by contributing to the development of the Central Emergency Response Fund (CERF) 2022 strategy and the definition of priority humanitarian needs for the first half of the year carried by OCHA.

During the reporting period, the Child Protection area of responsibility (AoR), in collaboration with the GBV AoR and the Protection cluster, participated in a joint mission to assess child protection needs in Lac Province. This assessment revealed low compliance with standards in the implementation of child-friendly spaces and the need to revitalize child protection and GBV working groups, to strengthen sustainable solutions for the resilience of affected populations as well as to strengthen child protection capacities in humanitarian action, especially in response coordination and case management. During this mission, the Child Protection AoR trained 56 UNHCR protection monitors on child protection in emergencies in order to collect child protection incidents.
In response to abuse, violence and exploitation of girls and boys in humanitarian situations, AoR member NGOs and public structures have implemented psychosocial support activities for 16,503 children and alternative care and reunification for 560 separated and unaccompanied children.

The Child Protection AoR also contributed to the development of the Humanitarian Country Team’s 2022-2025 protection strategy focusing on strengthening the protection environment, community-based approach and accountability, and strengthening prevention, mitigation and response measures for GBV and child protection.

The protection sub-cluster trained 15 members of the UNHCR child protection working group established under the child refugee response on the conditions for the implementation of Child-Friendly Spaces meeting the standards. In addition, Child Protection AoR trained 12 field staff of the NGO INTERSOS on the process of identification, documentation, tracing and reunification of UASC.

A working session between the Education cluster, UNICEF and the Global Cluster on challenges and priorities allowed to identify three areas of work to be integrated in the cluster strategy in 2022: the issue of quality of education and the commitment of community teachers; girls' education and their retention in school; capacity building of partners in coordination and data management.

In view of the drop in its funding level in 2021 and the increased educational needs due to the insecurity in Lac Province, which is causing new population displacements, the Education cluster has benefited from an amount of US$700,000 from the CERF-U 2022, channelled through UNICEF. The strategic priorities for the use of this funding concern the setting up of temporary learning spaces, the payment of subsidies and training of teachers, the purchase of teaching materials and school supplies, the strengthening of pedagogical monitoring and the collection of quality data.

The Education cluster carried out a field mission in the provinces of Logone Oriental and Moyen-Chari. The main challenge is related to the difficulties faced by PTAs in ensuring the payment of subsidies to community teachers, due to lack of resources. As a result, several teachers have stopped teaching in the two provinces and at least three schools have been closed. The Education Cluster will undertake advocacy with partners to find sustainable solutions to the issue of subsidies.

To ensure ownership of the HRP and to fulfil its sector coordination mission, the WASH Cluster organized a workshop from 16 to 18 March to develop an operational action plan (OAP) for implementation of the HRP Chad 2022. The workshop was inclusive, participatory and attended by 42 people from N’Djamena and the provinces representing all types of Cluster member organizations (INGO-N and UN). Following the successful development of the OAP, it is currently being validated by the strategic orientation committee before dissemination. The WASH cluster held 6 coordination meetings at the national level. At the provincial level, the Lac sub cluster and the working group of Ouaddai held a regular monthly coordination meeting.

The Nutrition cluster held three coordination meetings at the national level. At the provincial level, the Lac sub cluster and the working group of Ouaddai held regular coordination meetings. Stakeholders discussed the humanitarian situation and coordination of their actions for better synergy. The discussions concerned recent population movements, climatic hazards, and their implications in acute malnutrition management programmes. Also, coordination addressed the need to harmonize prioritization of provinces for severe and moderate case management to ensure continuity of care. An update was made to the data collection matrix to identify possible duplicates as well as gaps. An update of the availability of contingency stocks with partners was carried out to ensure bilateral agreements with UNICEF on their use. In addition, the thematic working group on the effective management of RUTF met to discuss new methods for estimating the needs of health centers.

To improve the management of RUTF, a workshop was organized with all the Nutrition Cluster’s partners that allowed to review the RUTF management system. Further work should allow the finalization of the accountability framework for all stakeholders for better management of RUTF.

With the aim of producing a guide for implementing the Community-Based Management of Acute Malnutrition (CMAM) SURGE approach in Chad, a workshop involving all the actors was organized to share the lessons learnt from the CMAM Surge approach implementation in Chad. The work made it possible to review the different stages of the approach implementation. Step 1 consists in the analysis of trends and risks, step 2, the evaluation of capacities, step 3, the establishment of thresholds, step 4, the definition and the costing of actions in SURGE, step 5, formalizing the actions, step 6, monitoring of thresholds, step 7, scaling up and step 8, which is a transversal step, allows the follow-up and evaluation of the CMAM surge approach. The review revealed that there were discrepancies in steps 3 and 4 between the different organizations, which motivated group work for harmonization. The capitalization of these lessons
made it possible to identify the necessary orientations for the process of developing the guide, in particular that the guide should take into account these differences, which were mainly related to the local context.

As part of capacity building, the Nutrition Cluster participated in two training sessions on the coordination mechanism. The training involved the national partners of Lac and Logone Oriental provinces.

**Human Interest Stories and External Media**

During the reporting period, priority was given to the topic of malnutrition, with a photo essay portraying children treated for SAM throughout the country, as well as a photo essay focusing on the results achieved with ECHO support, published during the reporting period.

The Japan Supplementary budget contribution was acknowledged through a press release, and the French version got picked up in several national media, notably TchadInfos, Le Tropical, Le ThermometreActu and l'Opinion.

UNICEF Representative to Chad, Jacques Boyer, gave an interview to “Le Progrès”, one of the main newspapers in Chad, about the Cameroonian refugees crisis and UNICEF Education an Protection response.

UNICEF global social media published photos of UNICEF Chad response to the Cameroonian refugees crises, on Facebook (12K likes, 365 shares), Twitter (53 retweets, 220 likes) and Instagram (19K likes), which also led to good pick up from National Committees.

**Next SitRep: 15 July 2022**

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<tr>
<th>Sector Indicator</th>
<th>Total needs</th>
<th>UNICEF and IPs Response</th>
<th>Cluster/Sector Response</th>
<th>Change* ▲▼</th>
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<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children aged 6-59 months vaccinated against measles</td>
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<td>420,000</td>
<td>7,689</td>
<td>7,689 ▲</td>
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<tr>
<td><strong>Nutrition</strong></td>
<td></td>
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<tr>
<td>Number of children aged 6-59 months with SAM admitted for treatment</td>
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<td>166,241</td>
<td>38,886</td>
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<td>Number of children 6-59 months receiving Vitamin A supplementation</td>
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<tr>
<td><strong>Child Protection</strong></td>
<td></td>
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<tr>
<td>Number of children and caregivers accessing mental health and psychosocial support</td>
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<td>32,000</td>
<td>16,103</td>
<td>16,103 ▲</td>
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<td>Number of women, girls and boys accessing GBV risk mitigation, prevention and/or response interventions</td>
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<td>31,000</td>
<td>10,990</td>
<td>10,990 ▲</td>
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<td>Number of people with safe and accessible channels to report sexual exploitation and abuse by aid workers</td>
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<td>840,848</td>
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<tr>
<td>Number of unaccompanied and separated children provided with alternative care or reunified</td>
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<td>2,800</td>
<td>410</td>
<td>410 ▲</td>
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<tr>
<td><strong>Education</strong></td>
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<tr>
<td>Number of children accessing formal or non-formal education, including early learning</td>
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<td>435,800</td>
<td>13,788</td>
<td>13,788 ▲</td>
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<td>Number of children receiving individual learning materials</td>
<td>435,800</td>
<td>214,092</td>
<td>13,015</td>
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<td><strong>WASH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Number of people accessing a sufficient quantity of safe water for drinking and domestic needs</td>
<td>1,278,906</td>
<td>140,000</td>
<td>11,500</td>
<td>11,500 ▲</td>
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<tr>
<td>Number of people using safe and appropriate sanitation facilities</td>
<td>40,000</td>
<td>6,600</td>
<td>6,600</td>
<td>6,600 ▲</td>
</tr>
<tr>
<td><strong>Social Protection and Cash Transfer</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of households reached with UNICEF-funded humanitarian cash transfers across sectors</td>
<td></td>
<td>9,900</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>C4D, community engagement and AAP</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people engaged in RCCE actions</td>
<td>487,980</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Number of people with access to established accountability mechanisms</td>
<td>406,650</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td><strong>Non-food items</strong></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>95,600</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

* Change since last report.
Annex B

Funding Status*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Funds available</th>
<th></th>
<th>Funding gap</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Humanitarian</td>
<td>Resources</td>
<td>$</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>resources</td>
<td>available from</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>received in</td>
<td>2021 (Carry-over)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>2,363,899</td>
<td>1,587,412</td>
<td>3,444,494</td>
<td>-2,668,007</td>
<td>-113%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>22,398,030</td>
<td>1,904,880</td>
<td>2,623,206</td>
<td>17,869,944</td>
<td>80%</td>
</tr>
<tr>
<td>Child protection, GBVIE and PSEA</td>
<td>7,250,360</td>
<td>1,212,158</td>
<td>630,653</td>
<td>5,407,549</td>
<td>75%</td>
</tr>
<tr>
<td>Education</td>
<td>6,246,432</td>
<td>700,086</td>
<td>54,527</td>
<td>5,491,819</td>
<td>88%</td>
</tr>
<tr>
<td>WASH</td>
<td>11,689,164</td>
<td>2,492,462</td>
<td>853,179</td>
<td>8,343,523</td>
<td>71%</td>
</tr>
<tr>
<td>Social Protection (HCT)</td>
<td>4,066,087</td>
<td>0</td>
<td>0</td>
<td>4,066,087</td>
<td>100%</td>
</tr>
<tr>
<td>C4D (RCCE, AAP)</td>
<td>4,096,436</td>
<td>1,431,294</td>
<td>1,585,816</td>
<td>1,079,326</td>
<td>26%</td>
</tr>
<tr>
<td>Emergency Response (NFI)</td>
<td>4,318,147</td>
<td>1,510,891</td>
<td>713,269</td>
<td>2,093,987</td>
<td>48%</td>
</tr>
<tr>
<td>Total</td>
<td>62,428,555</td>
<td>10,839,183</td>
<td>9,905,144</td>
<td>41,684,228</td>
<td>67%</td>
</tr>
</tbody>
</table>