Chad faces a combination of rapid-onset and protracted humanitarian crises that have been exacerbated by the coronavirus disease 2019 (COVID-19) pandemic. Some 6.1 million people, including 3 million children, will require humanitarian assistance in 2023. Armed conflict and intercommunal violence have led to increased population displacements, primarily of women and children, both within the country and from neighbouring countries. Chad remains highly vulnerable to epidemics and climatic events, including floods and droughts. It also faces a protracted food and nutritional crisis. Access to essential services remains limited.

UNICEF will provide a timely, coordinated, life-saving multisectoral humanitarian response in provinces facing recurrent population displacement and other crises.

UNICEF requires US$88.7 million to provide assistance to vulnerable children and women affected by humanitarian crises, with a focus on nutrition, health, WASH and protection from violence, preventing further erosion of Chad’s fragile service provision systems. A systematic gender lens will be used in analysis and programme design.

**KEY PLANNED TARGETS**

- 381,000 children with severe wasting admitted for treatment
- 32,000 children/caregivers accessing community-based mental health and psychosocial support
- 214,092 children receiving individual learning materials
- 140,000 people accessing a sufficient quantity and quality of water

**FUNDING REQUIREMENTS**

- US$88.7 million

Figures are provisional and subject to change upon finalization of the 2023 inter-agency planning documents.
HUMANITARIAN SITUATION AND NEEDS

The humanitarian situation in Chad can be described as a prolonged multidimensional crisis caused by continued population displacements due to conflict, natural disasters, persistent food insecurity, high malnutrition, economic crisis and political instability. Chad ranks 190 out of 191 countries on the Human Development Index, and an estimated 6.4 million Chadians live in poverty. Following the death of the Head of State and unconstitutional transfer of power in April 2021, the country entered an 18-month transitional period expected to result in the adoption of a new constitution and presidential elections.

In 2022, there has been an increase in people fleeing conflict in the Lake Chad Basin and seeking refuge in neighbouring countries. Nearly 568,919 refugees reside in Chad and 381,289 Chadians are internally displaced. Armed conflict in the Lake Chad Basin is also limiting humanitarian actors’ ability to reach affected populations.

The nutritional situation remains alarming. The prevalence of global acute malnutrition in children under five is 10.9 per cent, including 2 per cent who suffer from severe wasting. It is estimated that 1.9 million children aged 6-59 months who are wasted will require treatment. Inadequate rainfall has led to poor agricultural production, with nearly 5.3 million people food insecure. These pressures are further exacerbated by the effect of the war in Ukraine on food prices.

The government declared a state of food and nutrition emergency in June 2022. Despite progress, enormous challenges remain for vulnerable children to access quality education services across Chad, with 56.8 per cent of primary school-age children missing out on education. The number of displaced children needing access to education increased by 8 per cent between 2021 and 2022, stressing an already struggling education system.

The fragile health system is under severe pressure from outbreaks of measles and the COVID-19 pandemic and remains vulnerable to such epidemics as yellow fever, cholera and chikungunya, and to the spread of HIV/AIDS.

Climate change continues to impact Chad, increasing WASH needs across the country. The mortality rate attributable to unsafe WASH in Chad is 101/100,000, the highest in the world. In 2022, increased rainfall countrywide reached 30-year highs, with floods impacting 622,550 people. Loss of livelihoods due to flooding could worsen food insecurity and malnutrition in 2023.

More than 360,000 displaced children remain extremely vulnerable to physical and sexual violence, psychosocial distress and exploitation as well as recruitment by non-state armed groups.

STORY FROM THE FIELD

“My father was killed during the December 2021 events in northern Cameroon. I live here in the refugee camp. When I started attending classes, I had nothing to write on. Now I will be able to write,” says Abdullah Jackson, after receiving a bag of school supplies.

Abdullah, 10, lives with his grandmother at the Kalambari refugee site in Chad, with more than 8,000 people who fled intercommunal conflict in Cameroon.

Abdullah and other refugee children attend a temporary school in the camp, where Cameroonian teachers, refugees themselves, help prepare them for the transition to the Chadian school system.

Read more about this story here
UNICEF's humanitarian response in Chad aligns with the 2017-2023 country programme document, the Humanitarian Response Plan, and the Core Commitments for Children in Humanitarian Action. UNICEF will focus on facilitating access to essential social services (including health, nutrition, education and child protection) and strengthening national and subnational capacities to plan and respond to emergencies. Reinforcing complementariness of the humanitarian response and development programmes will remain priorities. UNICEF aims to protect children and populations affected by crises and strengthen prevention of sexual exploitation and abuse. Responses to disease outbreaks and the prevention, treatment and care of HIV/AIDS will remain crucial in 2023. UNICEF will support integrated vaccination campaigns to ensure that children are protected against measles and other vaccine-preventable diseases.

UNICEF will provide access to quality treatment for children suffering from severe wasting. To reduce malnutrition in the long-term, UNICEF’s response in Chad aims to increase the proportion of infants aged 0-5 months who are exclusively breastfed to 27 per cent and the proportion of children aged 6-23 months who are receiving the minimum dietary diversity to 20 per cent (by 2025).

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

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

UNICEF will identify solutions that address the needs of women and girls, including gender-based violence prevention and response; and engage them as agents of change. The response will prioritize mental health services and community-based child protection, and support referral mechanisms for quality interventions for children released from armed groups, unaccompanied and separated children and survivors of gender-based violence and mine hazards.

UNICEF will reinforce risk communication and community engagement involving community platforms including youth and adolescents. Established feedback and complaints mechanisms will address community concerns and misinformation, informing decision-making for age-, gender- and disability-sensitive responses and enhancing accountability to affected populations.

UNICEF’s humanitarian action is coordinated with national and local authorities, United Nations agencies and humanitarian partners, and will reinforce national emergency preparedness and response, including inter-cluster coordination. UNICEF will continue to lead the WASH, Nutrition and Education Clusters and the Child Protection Area of Responsibility.

Activities will focus on provinces affected by population displacements in the Lake Chad Basin, in eastern and southern Chad, while addressing disease outbreaks and natural disasters wherever they occur.

Progress against the latest programme targets is available in the humanitarian situation.

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

Figures are provisional and subject to change upon finalization of the 2023 inter-agency planning documents.
In 2023, UNICEF is requesting US$88.7 million to meet the urgent needs of 987,000 children in Chad. Rising levels of food insecurity, as well as heightened prices driven by the war in Ukraine, have led to an increase in the overall funding requirements compared with last year. Through community engagement, social and behavioural change and sexual exploitation and abuse prevention and response, UNICEF shapes its programming to best respond to the needs of vulnerable communities. More than 54 per cent of the funding in this appeal will go towards emergency nutritional support, which includes the provision of ready-to-use therapeutic food for children who are severely wasted (UNICEF being the main provider) and the delivery of preventive interventions through a variety of platforms, leveraging the health, food, WASH and social protection systems. Moreover, in 2023, UNICEF aims to reach vulnerable households with humanitarian cash transfers, efficiently maintaining its cross-sectoral and social protection programming. Finally, considering that the number of displaced people is likely to remain high, UNICEF appeals for flexible funding to support emergency responses in the areas of WASH, health, HIV/AIDS, child protection and education.

Without sufficient and timely funding, UNICEF will be unable to support the national response to the country’s continuing crises. This could result in 3 million children being denied access to essential services.

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1. COVID-19 remains a Public Health Emergency of International Concern as declared by the World Health Organization in January 2020. On 1 July 2022, UNICEF deactivated its Level 3 Sustained Phase for the global COVID-19 pandemic response. All activities related to COVID-19 pandemic response, including programme targets and funding requirements, have been shifted into regular development programming and operations. While UNICEF’s Level 3 emergency response phase of the COVID-19 pandemic was deactivated, the organization is continuing to respond to the COVID-19 pandemic and its impact on children, their families and their communities and on the social systems they rely on.


4. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has sectoral programme budgets.


6. UNICEF deactivated its Level 3 Sustained Phase for the global COVID-19 pandemic response. All activities related to COVID-19 pandemic response, including programme targets and funding requirements, have been shifted into regular development programming and operations. While UNICEF’s Level 3 emergency response phase of the COVID-19 pandemic was deactivated, the organization is continuing to respond to the COVID-19 pandemic and its impact on children, their families and their communities and on the social systems they rely on.

7. The 46 per cent increase in the number of people to be reached compared with the 2022 Humanitarian Action for Children appeal is mainly due to the inclusion of the infant and young child feeding indicator, which focuses on primary caregivers of children aged 0-23 months. The number of children to be reached has increased by 7 per cent compared with the 2022 appeal (987,247 instead of 919,392).

8. The total figure is calculated based on the number of children aged 6-59 months suffering from severe wasting admitted for treatment (381,003); children aged 6-59 months to be reached with vaccination against measles (420,000); children older than 5 years to be reached with individual learning material kits (179,538); children under 6 months to be reached with access to safe water (respectively 3,906; adjusted to avoid double-counting of children aged 6 months to 17 years already counted in nutrition/health and education targets); women to be reached with access to gender-based violence risk mitigation, prevention and/or response interventions (10,333 as one-third of the 31,000 target; adjusted to avoid double-counting of girls/boys already counted in previous targets); unaccompanied and separated children provided with alternative care or reunified (2,800; we consider there is no overlap with other targets for this specific group) and 442,294 primary caregivers of children aged 0-23 months receiving infant and young child feeding counselling. The total figure includes 729,392 women/girls (50.3 per cent) and an estimated 31,101 people with disabilities (2.2 per cent). UNICEF is committed to a needs-based approach, which means covering the unmet needs of children; and will serve as the provider of last resort where it has sectoral programme budgets.


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


22. OCHA, Chad: 2022 Humanitarian Needs Overview.

23. Ibid.

24. Calculated using data from the 2022 Humanitarian Needs Overview, adjusted to show only children in need of protection services.

25. OCHA, Chad: 2022 Humanitarian Needs Overview.

26. Ibid.

27. UNICEF is committed to empowering local responders in humanitarian crises in a variety of ways. The revised Core Commitments made investing in strengthening the capacities of local actors in the humanitarian response a mandatory benchmark for UNICEF action. A more localized response will improve humanitarian action and is fundamental to achieving better accountability to affected populations.

28. UNICEF is committed to supporting the leadership and coordination of humanitarian response through its leadership or co-leadership of cluster coordination for the WASH, Nutrition and Education Clusters and the Child Protection Area of Responsibility. All cluster coordinator costs are included in sectoral programme budgets.

29. UNICEF leads cluster coordination for the WASH, Nutrition and Education Clusters and the Child Protection Area of Responsibility.


31. Figure calculated on the basis of the seroprevalence rate (1.2 per cent) among expected pregnancies (5.51 per cent) in the displaced population (1,056,602). It should be noted that the target for this indicator is the result of a continuum that includes awareness-raising and screening of HIV status and provision of antiretroviral therapy and care for the targeted population.

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

33. Includes US$2,914,940 for prevention of sexual exploitation and abuse.

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

35. This includes US$3,622,996 for social and behavioural change.

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