



# Chad

# 2012

**Consolidated Appeal**





## SAMPLE OF ORGANIZATIONS PARTICIPATING IN CONSOLIDATED APPEALS

AARREC	CRS	Humedica	MENTOR	TGH
ACF	CWS	IA	MERLIN	UMCOR
ACTED	DanChurchAid	ILO	Muslim Aid	UNAIDS
ADRA	DDG	IMC	NCA	UNDP
Africare	Diakonie Emerg. Aid	INTERMON	NPA	UNDSS
AMI-France	DRC	Internews	NRC	UNEP
ARC	EM-DH	INTERMOS	OCHA	UNESCO
ASB	FAO	IOM	OHCHR	UNFPA
ASI	FAR	IPHD	OXFAM	UN-HABITAT
AVSI	FHI	IR	PA	UNHCR
CARE	FinnChurchAid	IRC	PACT	UNICEF
CARITAS	FSD	IRD	PAI	UNIFEM
CEMIR International	GAA	IRIN	Plan	UNJLC
CESVI	GOAL	IRW	PMU-I	UNMAS
CFA	GTZ	Islamic Relief	<i>Première Urgence</i>	UNOPS
CHF	GVC	JOIN	RC/Germany	UNRWA
CHFI	Handicap International	JRS	RCO	VIS
CISV	HealthNet TPO	LWF	Samaritan's Purse	WFP
CMA	HELP	Malaria Consortium	Save the Children	WHO
CONCERN	HelpAge International	Malteser	SECADEV	World Concern
COOPI	HKI	Mercy Corps	<i>Solidarités</i>	World Relief
CORDAID	Horn Relief	MDA	SUDO	WV
COSV	HT	MDM	TEARFUND	ZOA
		MEDIAIR		

# Table of Contents

<b>1. EXECUTIVE SUMMARY</b> .....	<b>1</b>
<i>Humanitarian Dashboard – Chad</i> .....	3
<i>Table I. Requirements per cluster</i> .....	6
<i>Table II. Requirements per priority</i> .....	6
<i>Table III. Requirements per appealing organization</i> .....	7
<b>2. 2011 IN REVIEW</b> .....	<b>8</b>
2.1 Changes in the context.....	8
2.2 Achievement of 2011 strategic objectives and lessons learned .....	9
2.3 Summary of 2011 cluster targets, achievements and lessons learned.....	10
2.4 Review of humanitarian funding .....	42
2.5 Review of humanitarian coordination.....	42
<b>3. NEEDS ANALYSIS</b> .....	<b>44</b>
<b>4. THE 2012 COMMON HUMANITARIAN ACTION PLAN</b> .....	<b>46</b>
4.1 Scenarios.....	46
4.2 The humanitarian strategy.....	48
4.3 Strategic objectives and indicators for humanitarian action in 2012 .....	48
4.4 Criteria for selection and prioritization of projects.....	49
4.5 Cluster response plans .....	51
4.5.1 <i>Protection Cluster</i> .....	51
4.5.2 <i>Food Security Cluster</i> .....	59
4.5.3 <i>Health Cluster</i> .....	66
4.5.4 <i>Education Cluster</i> .....	70
4.5.5 <i>Nutrition Cluster</i> .....	74
4.5.6 <i>Multi-Sector Assistance To Refugees</i> .....	80
4.5.7 <i>Coordination and Support Services Sector</i> .....	86
4.5.8 <i>WASH Cluster</i> .....	89
4.5.9 <i>Early Recovery Cluster</i> .....	95
4.6 Logical framework of humanitarian action plan.....	99
4.7 Cross-cutting issue: gender .....	102
4.8 Roles and responsibilities .....	103
<b>5. CONCLUSION</b> .....	<b>104</b>
<b>ANNEX I: LIST OF PROJECTS</b> .....	<b>105</b>
<i>Table IV. List of Appeal projects (grouped by cluster/sector)</i> .....	105
<i>Table V. Requirements per location</i> .....	110
<i>Table VI. Requirements by gender marker score</i> .....	110
<b>ANNEX II: NEEDS ASSESSMENT REFERENCE LIST</b> .....	<b>111</b>
<b>ANNEX III: DONOR RESPONSE TO THE 2011 APPEAL</b> .....	<b>114</b>
<i>Table VII. Summary of requirements and funding by cluster</i> .....	114
<i>Table VIII. Summary of requirements and funding by appealing organization</i> .....	115
<i>Table IX. Total funding per donor (to projects listed in the Appeal)</i> .....	116
<i>Table X. Non-Appeal funding (per IASC standard sector)</i> .....	117
<i>Table XI. Total humanitarian aid per donor (Appeal plus other*)</i> .....	118
<b>ANNEX IV : ACRONYMS AND ABBREVIATIONS</b> .....	<b>119</b>

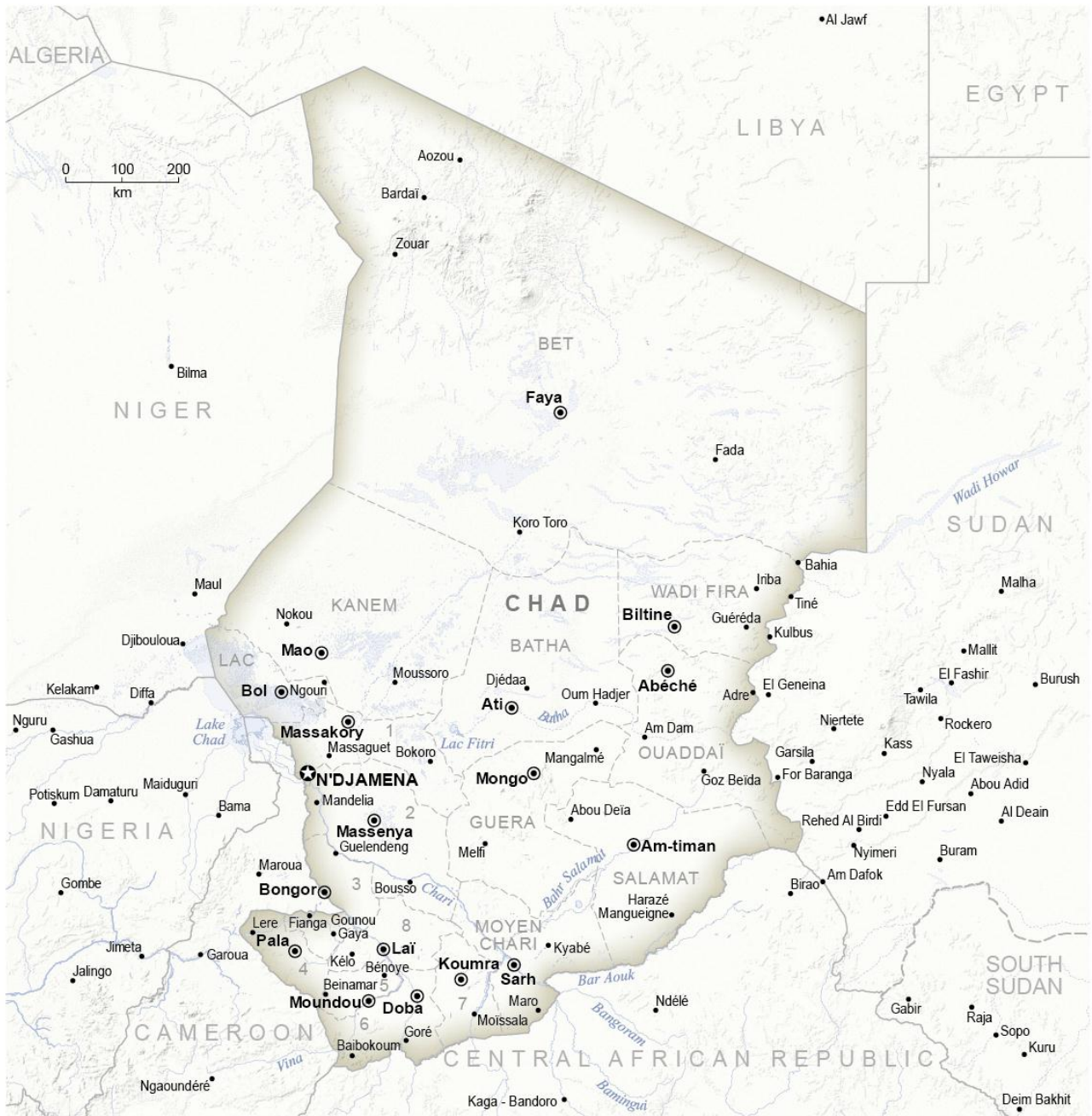
Please note that appeals are revised regularly. The latest version of this document is available on <http://www.humanitarianappeal.net>. Full project details, continually updated, can be viewed, downloaded and printed from <http://fts.unocha.org>.



- ✳ National capital
- ⊙ Regional capital
- Populated place
- International boundary
- - - Regional boundary
- - - Indeterminate boundary<sup>1</sup>

Regions: 1. Hadjer Lamis, 2. Chari Baguirmi, 3. Mayo Kebbi East, 4. Mayo Kebbi Ouest, 5. Logone Occidental, 6. Logone Oriental, 7. Mandoul, 8. Tandjile

**Disclaimers:** The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. 1. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.  
**Map data sources:** CGIAR, United Nations Cartographic Section, ESRI, Europa Technologies, UN OCHA.



# 1. Executive Summary

Due to erratic rainfall, the 2011 harvests in Chad are expected to be below average with alarming trends. Despite better rains in August and September, the *Comité d'Action pour la Sécurité Alimentaire et la Gestion des Catastrophes* (Action Committee for Food Security and Disaster Management) has raised serious concerns about risks of famine, which threatens an estimated 1.6 million people already suffering from food insecurity and malnutrition following the previous agricultural plight. In the Sahel belt the rate of acute malnutrition has been above the acceptable threshold for several years (the average in Greater Kanem region is above 22%). After two years of continued shocks, the pastoralist communities will face difficulties in overcoming additional exacerbations.

Chad has also been experiencing one of the worst cholera epidemics in recent history with some 17,000 cases reported, including 455 deaths, since the beginning of 2011, in 37 of the 61 health districts. Chad is also experiencing a resurgence of other diseases such as poliomyelitis, measles and Guinea worm.

Displacement and population movements remain an important cause of concern: with the Libyan crisis, more than 83,244 Chadian migrant workers returned to regions of origin, mostly in and around N'Djamena and the Sahel belt, an area already vulnerable to food crisis. There are still 288,000 Sudanese refugees in eastern Chad and 75,000 Central African refugees in the southeast of the country. Chad also has 131,000 internally displaced people (IDPs) and 50,000 former IDPs who have returned to their areas of origin. The civilian and humanitarian nature of the refugee camps and IDP sites remains a concern to the humanitarian community. Even though the Government estimates that another 30,000 IDPs are ready to return to their homes soon, lack of basic social services, the absence of rule of law and the lack of a functioning justice in return areas prevent many IDPs from returning. A joint effort of the Chadian authorities, United Nations agencies and the humanitarian community was launched through the Early Recovery cluster that resulted in a common strategy for durable solutions for IDPs that focuses on return, local integration and relocation.

In addition, communities suffer a lack of livelihoods, worsened by price inflation and the degradation of the environment (deforestation, over-exploitation of groundwater and pressure on scarce natural resources).

Survival strategies of host communities are often dependant on climate conditions with frequent natural disasters such as floods and droughts that greatly affect their vulnerability.

The Government of Chad has assumed full responsibility for the protection of civilians and the safety and security of humanitarian actors in the country since the withdrawal of *Mission des Nations Unies en République Centrafricaine et au Tchad* (United Nations Mission in the Central African Republic and Chad) at the end of 2010. Arrangements have been implemented to reinforce security conditions in eastern and southern Chad, with the additional deployment of the national police and gendarmerie, the *Garde Nationale et Nomade du Tchad* (National and Nomadic Guard of Chad) and *Détachement Intégré de Sécurité* (Integrated Security Unit) plus as the joint Chado-Sudanese Force. As the situation in eastern Chad has steadily improved this year, administrative constraints linked to

2012 Consolidated Appeal for Chad: Key parameters	
<b>Duration:</b>	12 months (January-December 2012)
<b>Looking ahead to 2012:</b>	Security of operations by DIS, ANT, GNNT, national Police and Chado-Sudanese Mixed Force  Humanitarian consequences of erratic rainfall on 2011-2012 farming campaign and harvests  Persisting epidemic of cholera since 2010
<b>Target beneficiaries:</b>	IDPs: 131,000 Returnees: 50,000 Refugees: 363,400 Returnees from Libya: 83,000 Food-insecurity-affected populations: 1.6 million Population affected by outbreaks: 3.3 million Total beneficiaries: 3,811,000
<b>Total funding request:</b>	<b>Funding request per beneficiary:</b>
<b>\$455,173,291</b>	<b>\$119</b>

## 1. Executive Summary

---

circulation of humanitarian actors have been more flexible, although the judicial system is still weak and impunity prevails.

The rise in banditry in conjunction with the Libyan crisis will be a security challenge in 2012. This increased threat of criminality affects both civilians and humanitarian actors. The presence of unexploded ordnance in the north and east of the country and the proliferation of small arms amongst the civilian population are further security threats impeding the effective delivery of humanitarian aid.

In 2012, the strategic objectives of the humanitarian community will focus on the search for and consolidation of durable solutions, while continuing with life-saving assistance to the most vulnerable of those affected by crises (IDPs, refugees, returnees and local populations). Transition from emergency assistance towards early recovery is a key issue for the humanitarian community, especially in the light of the absence so far of financial resources dedicated to early recovery actions and the limitation of development actors to implement medium- to longer-term development projects.

Strengthening the capacity of national actors and local communities to prevent, respond and manage the crisis situations and the humanitarian consequences remains an important strategic priority for the humanitarian community. Through the consolidated appeal process, the humanitarian community supports the Government of Chad in its efforts to respond to emergencies. For instance, this year the Government disbursed 400 million CFA francs (US\$<sup>1</sup>889,000) to fight the cholera epidemic.

As of 15 November 2011, the 2011 Chad Consolidated Appeal has received 57% of its required funding. However, some sectors are largely underfunded. Protection has only been 10% funded, education 9% and early recovery has received no funding at all. A balanced funding level among the different sectors of humanitarian action is essential to ensure durable solutions and acceptable living conditions for vulnerable communities and provide an opportunity to return to self-sufficiency.

This consolidated appeal identifies as priorities the humanitarian needs in four areas: malnutrition/food insecurity, epidemics, population movements and the impact of the Libyan crisis.

To implement the projects submitted in this Consolidated Appeal for Chad for 2012, nine United Nations agencies, the International Organization for Migration (IOM) and 15 non-governmental organizations in consultation with the Chadian Government and local actors are appealing for \$455,173,291.

---

<sup>1</sup> All dollar signs in this document denote United States dollars. CFA = *Communauté financière d'Afrique*; \$1 = 450 francs CFA currently. Funding for this appeal should be reported to the [Financial Tracking Service](mailto:fts@un.org) (FTS, [fts@un.org](mailto:fts@un.org)), which will display its requirements and funding on the current appeals page.



# Humanitarian Dashboard – Chad

(as of 18 November)

## SITUATION OVERVIEW

**Outlook:** Chad continues to face challenges related to protection and assistance for refugees, the repatriation and reintegration of migrants from Libya, and assistance to people affected by malnutrition, food insecurity, epidemics and natural disasters. Eastern Chad is further stabilizing, allowing an increased emphasis on early recovery.

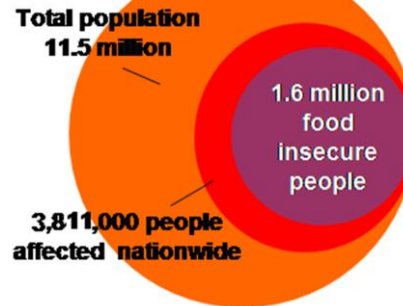
**Most-affected groups:** People affected by conflict including refugees and IDPs, migrants returning from Libya.

**Most-affected areas:**

- **West and centre:** Large-scale severe malnutrition and food insecurity.
- **Border areas in south and east:** High levels of insecurity due to banditry and organised crime.

**Main drivers of the crisis:** Insecurity from rebel groups and bandits operating around and across borders with Sudan and Central African Republic. Erratic climate conditions with frequent natural disasters such as floods or droughts affecting vulnerable populations.

## PEOPLE IN NEED



## KEY FIGURES

- **1.6 million people at risk of food insecurity**
- **83,000 Chadian workers returned from Libya** with a further 40,000 expected in the near future.
- **363,400 refugees** (288,000 from Sudan, 75,000 from CAR, 400 urban)
- 131,000 IDPs and 50,000 returnees

## PRIORITY NEEDS

**Cross-sectoral priorities:** Access to water, health and education services, especially in areas destabilized by years of conflict.

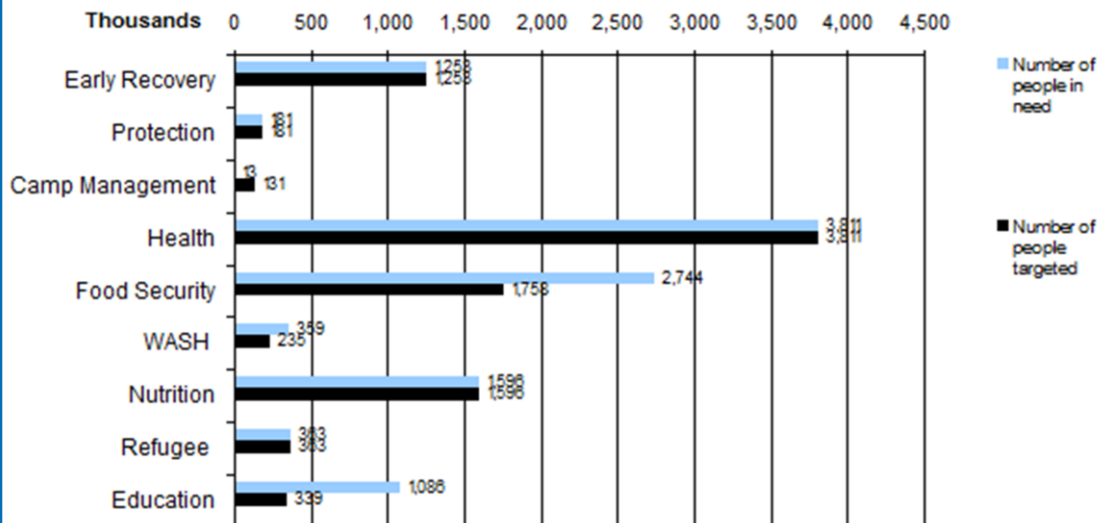
- 1. Protection:** Insecurity and fear of banditry prevents many IDPs from returning to their homes.
- 2. Health:** Poor performance of the health system places populations at high risk of recurrent diseases and epidemics (meningitis 5,856 cases/264 deaths; measles: 7,507/97 deaths; cholera: 17,030/455 deaths; polio 116 cases – figures as of September 2011)
- 3. Food Security:** High rates of food insecurity (69% refugees, 47% IDPs, 25% returnees, 30% host population affected), lack of livelihood opportunities and eroded coping capacities of host communities. 2011 harvest is expected to be below average due to erratic rainfall.
- 4. WASH:** Most IDP return sites lack potable water sources and improved sanitation. Risk of cholera epidemics due to poor hygiene and sanitation.
- 5. Nutrition:** global acute malnutrition (GAM) levels are above threshold: 15.2% to 24.9% of the population in six regions is acutely malnourished.
- 6. Returnees:** Returnees face limited access to basic services and livelihood opportunities, insecurity and the absence of the rule of law

## RESPONSE OVERVIEW

- **Early Recovery:** Support to self-reliance of beneficiaries, capacity-building of national actors and local communities to prevent and manage crisis situations.
- **Protection:** Setting-up of a legal and operational framework in conformity with international standards; monitoring and continuous improvement of basic services (especially for people with special needs); and access to durable solutions and sustainable (re)integration.
- **Camp Management:** Continue activities in IDP and refugee sites.
- **Health:** Continued support to health authorities for deployment of qualified personnel in remote health facilities in return areas. Monitoring of epidemiology situation for rapid response, reduction of crude fatality rate during epidemics (<10% for meningitis and < 1% for cholera).
- **Food Security:** strengthen livelihoods and reinforce households and communities self-sufficiency and resilience.
- **WASH:** Focus on return area for water supply and continue hygiene/sanitation activities to improve social mobilization against cholera and water-borne diseases
- **Nutrition:** Reduce GAM in critical Sahel regions and improve data collection for a better analysis.
- **Refugees:** Focus on protection and civilian character of refugees' camps; continue transitional approach to increase self-sufficiency to gradually reduce refugee's dependence on aid
- **Education:** Continued education interventions, including return areas and with special attention to girls, early childhood development activities and development at the community level.

(CAP 2012)

Number of People in Need and Targeted - Planning Figures 2012



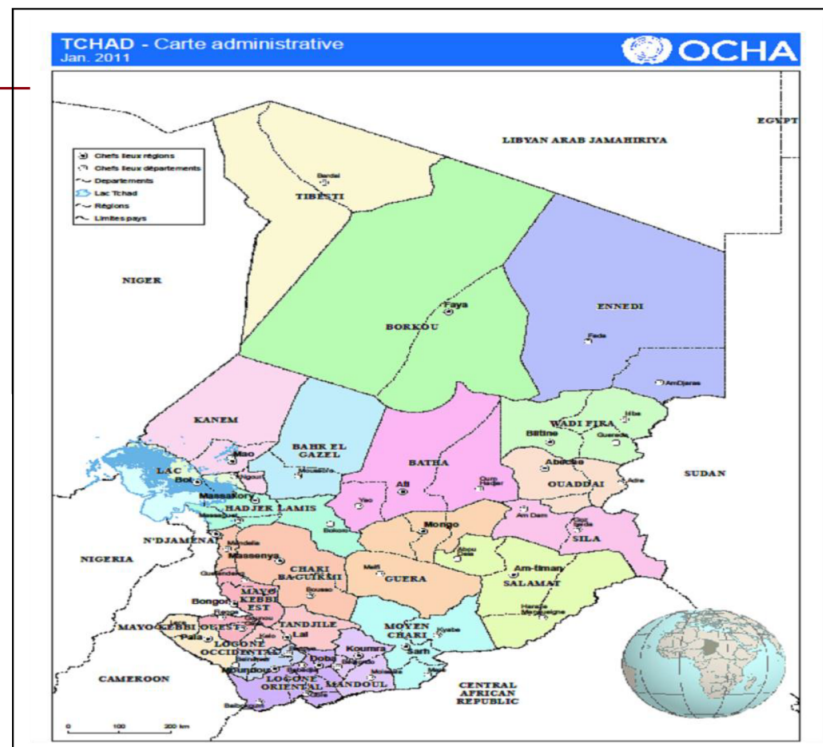
## 1. Executive Summary

### TREND ANALYSIS

- **Shift from emergency assistance to ER** underway.
- **Increase in threat of food insecurity** due to more than 83,000 migrant workers returning from Libya since March, increasing the caseload and interrupting trade flows and remittances which supported vulnerable populations.
- **Reduction by 35%** of cultivated surfaces due to erratic rainfall, affecting 2011/2012 harvests.
- **Long-term decrease in crops yields** due to deteriorating soil fertility.
- **Continued deterioration of the food security situation** for the poorest households in pastoral areas which have lost most of their livestock after two years of shocks.
- **Improvement in the security situation in eastern Chad** due to improved Sudan/Chad relations including a joint border force and deployment/enforcement of national security (DIS, ANT, GNNT, Gendarmerie, Police)
- **Continuation of high risk from unexploded ordnances (UXO)** and the proliferation of small arms among civilian populations. (CAP 2012)

	INDICATOR	MOST RECENT DATA	Pre-crisis baseline	Trend
Demographic	Population	11.5 million (UNFPA 2010)	NA	NA
Population movements	IDPs	131,000 (CAP MYR 2012)	180,000 (UNHCR 2010)	↘
	Refugees (m/f)	In-country: 363,400 (UNHCR 2012) Abroad: 21,583 (UNHCR 2010)	294,017 (UNHCR 2007)	↗
Health	Crude mortality rate m/f	379 / 323 (WB 2008)	383 / 327 (WB 2007)	↘ / ↗
	Maternal mortality	1500 (UNICEF 2010)	1200 (WHO 2005)	↗
	U5 mortality m/f	173 (UNICEF 2010)	181 (UNICEF 2005)	↘
	Life expectancy m/f	49.6 (UNDP HDR 2011)	48.6 (UNDP HDR 2009)	↗
	Measles vaccination rate (among one year olds)	75% (WHO 2011)	23 (WHO 2005)	→
Food Security	Percentage of households according to food consumption score	Lac 40; Kanem region 66.3; Bahr El Ghazal 63.2; Guera 57.7; Batha 49 (EFSA 2011)	NA	NA
Nutrition	Percentage of global acute malnutrition rate among six to 59 month children	Lac 13.5; Ouaddai 12.4; Sila 13; Kanem 20.5; Batha 16.4; Wadi Fira 15.3; Salamat 13.7; Guera 14.0; Bahr-El-Ghazal 24.3. Data source: UNICEF, March 2011 and ACF 2011 for Bahr-El-Ghazal	Lac 13.1; Ouaddai 12.7; Sila 12.8; Kanem 20.1; Batha 16.2; Wadi Fira 18; Salamat 15.4; Guera 13.3; Bahr-El-Gazal 17.8. Data source: UNICEF, Aug 2011	→
		Hadjer-Lamis 9.6 (UNICEF, March 2011)	Hadjer-Lamis 15.7 (UNICEF, August 2011)	↗
		-N'Djamena : 13.3 (MSF, 2010)	N'djamena 14 (UNICEF 11)	→
WASH	Percentage of population with access to improved water source	50 (UNDP 2010)	48 (UNDP 2009)	→
	Percentage of population with access to improved sanitation	NA	9 (UNDP 2010)	NA
Other vulnerability indices	ECHO Vulnerability and Crisis Index score	3 (ECHO 2011)	NA	NA
	Human Development Index	0.328 (UNDP 2011)	0.295 (UNDP 2005)	→

↗ Increasing Indicator ↘ Decreasing Indicator → no significant change



### OPERATIONAL CONSTRAINTS

- **Access - Movement Restriction:** Over the past year and a half humanitarian access has been granted to all areas except close to the borders with Sudan and the Central African Republic (CAR).
- **Access - Security:** UN agencies and implementing partners have to use armed escorts for their movements in eastern and southern Chad. The security situation remains relatively safe in the south and east compared with previous years. Security incidents include carjacking; banditry and kidnapping continue to affect civilians and humanitarian workers.
- **Capacity:** Emphasis is placed on strengthening the capacity of national actors and local communities to prevent, respond to, and manage crisis situations.
- **Funding:** 56% funded of the \$535,276,140 CAP requested. Some sectors are largely underfunded: education 6%, and ER 0%. (CAP 2012)

### INFORMATION GAPS AND ASSESSMENT PLANNING

#### CURRENT GAPS IN INFORMATION

Cluster/sector	Geographic areas and population groups targeted	Title/Subject
Inter cluster	Chadian repatriated from Libya, and autochthons of origin villages	Livelihoods, food security, nutrition
Inter cluster	IDPs return / origin areas, border areas	Basic social services, return conditions
Coordination	CRA in countrywide	Coordination, Information / data collection



Additional basic humanitarian and development indicators for Chad

		Most recent data	Previous data or pre-crisis baseline	Trend
<b>Economic status</b>	Gross domestic product per capita (PPP \$)	\$1,330 (United Nations Development Programme (UNDP) Human Development Report (HDR) 2011)	\$1,477 (UNDP HDR 2009)	↓
	Percentage of population below income poverty line PPP \$1.25/per/day	n/a	61.9% (UNDP HDR 2009)	
<b>Health</b>	Maternal mortality	1,500/100,000 live births (United Nations Children's Fund/UNICEF 2010)	1,200/100,000 live births (UNICEF/ World Health Organization (WHO) / United Nations Population Fund (UNFPA)/WB: 2008)	↓
	Life expectancy at birth	49.6 at birth (UNDP HDR 2011)	49.216 at birth (UNDP HDR 2010)	↔
	Number of health workforce (MD+nurse+midwife) per 10,000 population	2011 One MD/27,000* One nurse/5,000 One midwife/5,000	2010 One MD/27,000* (0,33/10,000) One nurse/5,000 One midwife/5,000	↔
	Measles vaccination rate (six months to 15 years).	2011: 75%	2010: 82%	↓
	Number of cases or incidence rate for selected diseases relevant to the crisis	2011 Meningitis: 5,862 Measles: 7,507 Cholera: 17,030 Polio: 115	2010 Meningitis: 2,729 Measles: 10,284 Cholera: 6,100 Polio: 26	↓
<b>Food Security</b>	Percentage of households according to food consumption score (Poor: FCS<28, Borderline: FCS 28.5-42, Acceptable: FCS >42)	Poor=21.7%, Borderline =27% Acceptable=51.2% (emergency food security assessment (EFSA) Sahel, 2011)	Poor=16.4%, Borderline =25% Acceptable=58.6% (CFSVA 2009)	
<b>Water, sanitation and hygiene (WASH)</b>	Proportion of population without sustainable access to an improved drinking water source	48.2%	57%	↓
	Number of litres potable water consumed per person per day in affected population	15 litres/person/day	7.5-10 l/p/d	↑

\* Even though ten to 12 medical doctors (MDs) are trained per year, the ratio to 11 million inhabitants doesn't show improvement. There is one MD for almost 30,000 inhabitants (0.33/10,000 inhabitants)

**Table I. Requirements per cluster**

Consolidated Appeal for Chad 2012 as of 15 November 2011 <a href="http://fts.unocha.org">http://fts.unocha.org</a>
--

Compiled by OCHA on the basis of information provided by appealing organizations.

<b>Cluster</b>	<b>Requirements (\$)</b>
AGRICULTURE AND LIVELIHOODS	23,217,011
COORDINATION AND SUPPORT SERVICES	22,236,086
EARLY RECOVERY	4,462,934
EDUCATION	8,192,462
FOOD ASSISTANCE	132,290,772
HEALTH	22,969,612
MULTI-SECTOR ACTIVITIES FOR REFUGEES	159,394,146
NUTRITION	33,114,892
PROTECTION	22,254,765
WATER AND SANITATION	27,040,611
<b>Grand Total</b>	<b>455,173,291</b>

**Table II. Requirements per priority**

<b>Priority</b>	<b>Requirements (\$)</b>
A. VERY HIGH	436,174,973
B. HIGH	16,105,411
C. MEDIUM	2,892,907
<b>Grand Total</b>	<b>455,173,291</b>

**Table III. Requirements per appealing organization**

Consolidated Appeal for Chad 2012 as of 15 November 2011 <a href="http://fts.unocha.org">http://fts.unocha.org</a>
--

Compiled by OCHA on the basis of information provided by appealing organizations.

Appealing Organization	Requirements (\$)
ACF - France	4,875,387
ACRA	1,226,220
ACTED	8,875,372
CCO	300,000
FAO	17,898,223
IAS	1,068,500
IMC	2,100,000
INTERSOS	2,335,742
IOM	660,190
IRC	133,750
IRW	675,800
MDM France	850,000
Mines Advisory Group	459,600
OCHA	4,319,394
OXFAM GB	4,242,587
Secours Islamique	510,614
Solidarités	1,522,641
UNAIDS	1,500,000
UNDP	2,255,934
UNFPA	950,000
UNHCR	176,945,767
UNICEF	45,248,279
WFP	160,708,104
WHO	12,276,187
<b>Grand Total:</b>	<b>455,173,291</b>



## 2. 2011 in review

### 2.1 Changes in the context

Since the departure of *Mission des Nations Unies en République Centrafricaine et au Tchad* (United Nations Mission in the Central African Republic (CAR) and Chad/MINURCAT) and the peace agreement between Chad and Sudan in 2010, Chad has experienced a period of relative stability with the absence of armed conflict within its borders. While humanitarian actors still face criminal attacks and therefore move with armed escorts, these incidents remain isolated and humanitarian access is generally available. However, security in the border areas between Sudan and Chad are fragile. Following the crisis in Libya concerns have also been raised regarding the security situation in the north, although at this stage, exact data as regards increased criminality is not available.

On 11 January 2011, the country celebrated 50 years of independence and held legislative and presidential elections in February and August respectively in line with the 2007 Political Accord. The two polls were carried out peacefully, yet technical and political challenges remained including with regard to the wider electoral environment. Idriss Deby Itno was re-elected with 83.59% of the votes following the withdrawal of three major opposition candidates. The ability of remaining elements of Chadian armed opposition groups (CAOGs) to launch a strong military operation from Sudanese territory was significantly reduced, in part due to improved relations between Chad and Sudan, as well as significant improvements in Chadian military operational capabilities.

The Government has reinforced security arrangements in eastern and southern Chad, with the additional deployment of national police and gendarmerie, *Garde Nationale et Nomade du Tchad* (National and Nomadic Guard of Chad/GNNT) and *Détachement Intégré de Sécurité* (Integrated Security Unit/DIS). Administrative constraints impairing the movement of humanitarian actors have been relaxed as the situation in eastern Chad has improved. Diplomatic relations between Sudan and Chad have been re-established since the signature of the peace agreement in January 2010. Even though the Chadian Government has shown signs of openness to reconstruction in conflict- and disaster-affected areas, including areas of return, capacity—especially at the local level—remains weak across all sectors. This includes the judicial system, which is practically absent outside the capital, enabling impunity to pose serious protection concerns.

Since the withdrawal of MINURCAT at the end of 2010, the Chadian Government has assumed full responsibility for the protection of civilians and humanitarian workers operating in the country. This includes the recent finalization of a joint UN (United Nations)-Government Protection of Civilians Strategy. The DIS expanded its operational area from the east of the country to provide coverage in the southern and south-eastern part of Chad. Although the UN introduced a new security-level system in January 2011, UN agencies and implementing partners continue to use armed escorts for their movements in eastern and southern Chad. Coordination of protection remains a challenge as more humanitarian organizations are currently running operations in the northern and western regions in response to the malnutrition crisis, and for the returning migrant workers from Libya.

The rise in banditry in conjunction with the Libyan crisis will be a security challenge in 2012. This increased threat of criminality affects both civilians and humanitarian actors. The presence of unexploded ordnance (UXO) in the north and east of the country and the proliferation of small arms amongst the civilian population are further security threats impairing the delivery of humanitarian aid.

At the sub-regional level the security situation remains fragile. The Chadian-Sudanese Joint Border Forces have been in place since April 2010 and are operational. The situation in Darfur remains relatively stable. Nonetheless, the proliferation of small arms in the region may encourage increased activities by some Darfur armed opposition groups. The Republic of South Sudan has been created and the longer-term impact of this new state in the sub-region is yet to be seen.

On Chad's southern border, the trilateral agreement between Chad, CAR and Sudan has been ratified. Although it is still of major concern, the political and security situation in northern CAR shows signs of improvement. Finally, the effects of the Libyan crisis in Chad have been significant with the return of some 83,000 migrant workers, the interruption of commercial links between the two countries and the loss of remittances from Chadians working in Libya. The latter is particularly impacting the northern and eastern parts of the country, compounding the already high levels of malnutrition and food insecurity. For the time being, the terrorist threat from Al Qaeda in the Islamic Maghreb (AQIM) or fundamentalist groups such as the Nigerian Boko Haram is considered low in Chad but should be monitored.

At the global level, the financial crisis and the increase in food prices will have serious consequences on Chad's ability to raise the necessary resources to meet its humanitarian challenges. It is further affected by the deterioration of the environment and climate changes with an expected dramatic food crisis in the Sahel belt.

Although humanitarian aid remains an important form of support to Chad, there is an increased push by the government and its international partners for transition and early recovery (ER). The Government has articulated its priorities in the *Programme Global de relance de l'Est du Tchad* (Government of Chad-led Multi-sector Recovery Programme for Eastern Chad/PGRET). The programme's goal is to assist people affected by humanitarian crisis in eastern Chad by providing sustainable solutions to their security and socio-economic challenges. It also aims to strengthen the capacity of national authorities and local communities to promote sustainable development, and to prevent and respond to crisis. The PGRET is consistent with the national strategy for growth and poverty reduction, the United Nations Development Assistance Framework (UNDAF) and the consolidated appeal process (CAP).

## 2.2 Achievement of 2011 strategic objectives and lessons learned

Strategic Objective 1: Ensure access to protection and assistance for individuals affected by the humanitarian crises, with an emphasis on identifying and implementing durable solutions, aiming to support the self-reliance of beneficiaries.

Indicator	2011 Target	Achieved
Percentage of refugees, IDPs, returnees, host population assisted	100%	100% for refugees 80% for IDPs 50% for returnees 80% returnees from Libya
Percentage of food insecurity and malnutrition victims assisted	100%	80%
% of natural disaster victims assisted	100%	100% (no further change this year)

Strategic Objective 2: Reinforce advocacy and other actions aimed at improving humanitarian space.

Indicator	2011 Target	Achieved
Free movement of humanitarian actors	100%	80% considering border areas
Uninterrupted humanitarian aid to beneficiaries	100%	100%

Strategic Objective 3: Strengthen the capacity of national actors and local communities to prevent, respond to and manage crisis situations and their humanitarian consequences.

Indicator	2011 Target	Achieved
Advisory to justice officers (Magistrates)	50%	100% (Achieved)
Preparedness training for natural disasters in most affected areas	100%	60%
Support to prevent epidemics		Achieved

## 2.3 Summary of 2011 cluster targets, achievements and lessons learned

Education Cluster			
Cluster Objectives	Indicator	2011 Target	Achieved
1. Provide quality basic education for all preschool and school age children affected by natural disasters and crises in Chad in a school environment protection (IDPs, returnees and host communities in the south)	50% of teachers trained	3,075 teachers trained	1,135 teachers in the east and the south and 518 from the Sahel Belt trained in pedagogical issues.
2. Ensure equity in education by encouraging the primary access and retention of all school age girls including children with special needs (children with disabilities, children and child soldiers).	80% of school aged children, especially girls (IDPs, returnees, host communities in east, south and Sahel belt) have access to quality primary education delivery 40% of school age girls attend and maintained until the end of primary cycle	561,121 pre- and primary school aged children (refugees, IDPs, returnees and host communities) affected by crisis and children with specific needs are ensured in eastern and southern Chad including the Sahel belt. 1,650 schools	301,691 pre- and primary school aged children (53,530 from IDPs and returnees, 67,499 refugees children in the east, 156,720 from Sahel belt and 23,479 refugees and host communities in southern Chad) and 32,942 pre-school children from refugees camps have access to basic education. 1,379 have benefited from school supplies and equipment. 100,878 school-age girls have access to education
3. Strengthen the capacity for monitoring / management of the education system by the school authorities in collaboration with the PTAs in crisis zones to ensure sustainability of activities.	80% of parents sensitized on the importance of education in general and girls particularly  70% of existing parent-teacher associations (PTAs) function and participate in school management system	952 PTAs and AMEs	About 8,000 parents are aware of the importance of girls' education 291 AMEs in the east and 381 PTAs in the east and south are made operational and are involved in the management and operation of the education system in the IDP sites and returnees in eastern Chad. 300 AMEs, EPAs members in Assoungaha, 422 in Abdi and 408 in Sila were trained in income-generating activities (IGA) management
Successes and challenges	<p><b>Successes:</b> Approximately 1,135 teachers were trained in the sites of displaced people, returnees and host community schools and 1,130 members of the Parents Associations and Mothers of Students Associations (EPA and EMA) have received training and inputs for the establishment of IGAs.</p> <p><b>Challenges:</b> Unmet needs due to the low level of financing learning infrastructures, gap in the recruitment and training of teachers. Building parent associations and development of IGAs to support education activities call humanitarian actors to focus on advocacy for more funding.</p>		



Coordination and Support Services Cluster			
Cluster objectives	Indicator	2011 Target	Achieved as of end of year
1. Facilitate the coordination of humanitarian actors to ensure the appropriate, adequate and timely delivery of humanitarian aid to the most affected populations.	Coordination mechanisms in place and functioning.	12 clusters functioning in the east.  Cluster approach in the response to crises (floods, epidemics, malnutrition).  Regular coordination meetings: general coordination, HCT, inter-cluster coordination (ICC).	Number of functioning clusters: Seven Protection, Food Security, Nutrition, Health, Education, Water and Sanitation, Early Recovery. . With the redeployment of the United Nations High Commissioner for Refugees (UNHCR), cluster coordinator for Camp Management and non-food item (NFI) in the east effective January 2011, propositions are made to integrate the two sectors into the Protection Cluster.  Food security, malnutrition, floods, epidemics (cholera, meningitis, measles) Libyan crisis have been addressed through cluster approach.  Five monthly general coordination meetings held at field (Abeche, Goz Beida, Koukou, Farchana) and N'Djamena level.  Five monthly HCT meetings held in N'Djamena Inter-cluster coordination meetings held in the west (Food security, nutrition, health) and in N'Djamena (Water/sanitation and health). . The global ICC needs to be re-activated.
2. Promote humanitarian principles and access by facilitating common assessments, information management services and advocacy efforts.	Civil – military coordination. Information management. Public information. Advocacy	Workshops targeting armed bodies in humanitarian operations zones.  Repository for humanitarian information.  Regular information products for public on humanitarian issues.  Key messages for advocacy.	Workshops and training sessions organized, targeting the new DIS troopers and at the occasion of <i>Bureau de Sécurisation et Mouvement</i> (Security and Motion Office/BSM) installation in the East and in the South.  Humanitarian information (Maps, matrixes, reports and website) Elaborated and/or regularly updated, with the implication of national information managers  Humanitarian bulletins, sitreps regularly produced and shared within humanitarian community. Key messages identified for advocacy at the occasion of donors meetings (February 2011 in N'Djamena, March 2001 in Yaounde, HoO and Humanitarian Coordinator (HC) missions in Geneva and New York.

**Chad 2012 Consolidated Appeal**

<b>Coordination and Support Services Cluster</b>			
<b>Cluster objectives</b>	<b>Indicator</b>	<b>2011 Target</b>	<b>Achieved as of end of year</b>
3. Facilitate and coordinate humanitarian funding processes.	Resources mobilization processes.	CAP CAP  Central Emergency Response Fund (CERF)  Sensitizations of In country, regional and international donors.	CAP 2011 MYR held on 18 and 19 May CAP 2012 workshop held on 1 and 2 September 2011 and process completed  CERF proposals submitted under Rapid Response and under-funded grants windows. \$11,482,232 and \$8,039,204 received, respectively for the two windows.  In country Donors meetings held in February 2011 in N'Djamena, Visit to Yaounde based donors in March 2011.  Office for the Coordination of Humanitarian Affairs (OCHA) HoO and HC missions in Geneva and New York during the first and second semesters 2011.
4. Provide support services to the humanitarian and wider international community.	Humanitarian air services in operations areas.	Provide efficient air services to more than 100 humanitarian agencies and donors.  Carry out of medical and security evacuations.	3,974 hours flown 49,095 passengers transported 141 metric ton (MT) carried 72 medical/security evacuation operated
5. Successes and challenges	<ul style="list-style-type: none"> <li>• Inter-cluster coordination still needs to be reinforced.</li> <li>• Emergency support enabled humanitarian coordination in the Sahel and better coverage of areas out of eastern Chad.</li> <li>• Despite disruption in deployment of dedicated staff, civil – military coordination have been maintained and collaboration with BSM effective.</li> <li>• Humanitarian flights in the new routing of Sahel and North operated in support to aid actors working in those areas.</li> </ul>		

Protection Cluster			
Cluster Objectives	Indicator	2011 Target	Achieved
1. To promote the development of a national legal and policy framework in support of protection, assistance and durable solutions for IDPs	Meetings, workshops, seminars organized	100% of relevant national institutions advocated and involved in protection activities.	50% of relevant national institutions advocated and involved in protection activities. Chad signed the Kampala Convention for the protection and assistance to internally displaced in June 2010 and the Head of State received parliament's authorization to ratify the Convention in December 2010. Through formal and informal meetings, UNHCR continued its advocacy for the ratification of the Kampala Convention. This provides an important opportunity to ensure protection of IDPs and identify durable solutions in compliance with international standards.
	Expert and technical assistance in drafting of legislation provided	One capacity-building seminar for civil society on Kampala Convention.	One capacity-building seminar for civil society on Kampala Convention was conducted in Koukou.
		Three capacity-building seminars for local authorities on Kampala Convention.	One capacity-building seminar for local authorities on Kampala Convention.
		One working group established.	One working group was established in Ndjamenia in order to set up a protection strategy in IDP areas.
2. To promote the protection of IDPs through protection monitoring and the implementation of an effective referral mechanism.	Advocacy for access to national legal services conducted	One legal evaluation produced.	UNHCR through its implementing partner ( <i>Association pour la promotion des libertés fondamentales au Tchad</i> (Association for the Promotion of Fundamental Liberties in Chad/APLFT) provided legal assistance to IDPs and returnees. IDPs, like local population, face injustice and are faced with the imposition of significant fines by local administrators acting as magistrates. Sporadically IDPs reportedly are facing discriminatory treatment by local administrative authorities. Access to justice remains a major obstacle in the fight against impunity, no mobile courts sessions have taken place and there are still some cases involving IDPs pending with the judiciary. The lack of access to modern justices continues to encourage traditional leaders to resolve conflicts often in violation of the law
	Special services provided	70% of vulnerable IDPs receive basic assistance items	70% of vulnerable IDPs receive basic assistance items Relations between the local population and the IDPs remained in general good; it is to be noted that the host community also benefits from certain services which are available on site (access to water and health care). 3651 children (39% girls) benefited from psycho-social support activities in 12 child-friendly spaces in Assoungha and Sila IDP sites.



Protection Cluster			
Cluster Objectives	Indicator	2011 Target	Achieved
	Advocacy for provision of civil status documentation and administrative assistance to people of concerned conducted	100% civil status documents are issued.	40% civil status documents are issued. Concerning documentation, the majority of people of concern (IDPs and returnees) lack any sort of IDP and civil status documents like their fellow citizens. IDPs on site only hold a token which is mainly used for distribution purposes. The IDPs, as other citizens of Chad, can be issued a national identity card upon presentation of proof of their nationality (e.g.birth certificate). In case the individual does not possess a birth certificate, the court, on the basis of a witness statement, can issue a birth certificate. In particularly for women it is rare to have ID documents. UNICEF in collaboration with Social Delegation of Dar Sila continued the registration of all children born in the sites in preparation for the issuance of births certificates. As a result 10,000 children in IDP sites in Assoungaha and Dar Sila received free of charge birth certificates. Other 5000 children in return villages and host communities also received birth certificates.
	Community and agency capacity to prevent and respond to gender-based violence (GBV) assessed	Five projects for prevention and mitigation of protection trends implemented.  Capacities of 40 humanitarian actors intervening on GBV issues strengthened through a collaborative GBV project between UNFPA, UNICEF and UNHCR funded by ECHO  100 members of clusters including head of clusters trained on Inter-Agency Standing Committee (IASC) GBV directives, Standard Operating Procedures and GBV Coordination Tools  Communities in IDP sites and return villages mobilized on GBV prevention and response mechanisms	Two projects were submitted but are still unfunded. Protection monitoring on site revealed the persistence of sexual and gender-based violence (SGBV) cases, in particularly domestic violence, FGM and early marriage are frequently reported. Needs of victims, in particularly in SGBV cases, are not or hardly addressed despite UNHCR's efforts through sensitization of the authorities and the displaced and legal awareness raising activities. 87 humanitarian actors in conflict-affected regions in eastern Chad trained on GBV prevention and response coordination tools in July (40 actors trained by UNFPA) and September 2011 (47 trained by UNICEF) 100 members of clusters (WASH, education and health and nutrition) attended awareness raising workshops for mainstreaming of GBV issues. 520 community members trained on GBV prevention and response mechanisms in Sila region 121 cases of GBV against children –Female Genital Mutilation (FGM), forced/ early marriages, rape- documented and followed up At least 500,000 people sensitized through radio programs, posters and documentaries on different types and consequences of GBV

Protection Cluster			
Cluster Objectives	Indicator	2011 Target	Achieved
	Community self-management structures identified/developed and facilitated	95% participation of people of concern in leadership and management structures	70% participation of people of concern in leadership and management structures UNHCR and its partners launched campaigns in sites in the Goz Beida area with a view to increasing the capacity of the IDPs to manage their communities and the infrastructures on a community-based approach.
		50% female participation in leadership and management	50% female participation in leadership and management UNHCR and its partners further organized meetings with leaders and several consultations with the community to discuss ways of strengthening decision-making structures and increase women's representation.
3. To promote durable solutions for IDPs in the form of return, local integration or re-localization	Comprehensive durable solution strategy implemented and progress monitored	100% durable solutions strategy agreed and implemented.	30% durable solutions strategy agreed and implemented. Due to several targeted interventions in the Sila and Assoungba regions, opportunities for the implementation of durable solutions have been enhanced. UNHCR has actively collaborated with UNDP's ER cluster in the design of a durable solutions strategy. Although progress has made, assistance to ensure return in dignity needs to be further developed. There have also been several joint assessment missions in areas of return in partnership with OCHA, WFP, UNICEF, UNFPA, WHO, Food and Agriculture Organization of the United Nations (FAO), NGOs and local authorities in order to determine conditions for return and assess re-integration needs.
		50% of PoC has access to durable solutions.	10% of PoC has access to durable solutions. UNHCR and partners conducted surveys on IDPs' intentions on durable solutions issues probing into their wish to integrate locally, return to their areas of origin or relocate to alternative areas in Koukou. They also held meetings on IDP movements with IDP leaders, local authorities and displaced communities with a view to provide objective information about return areas and to identify assistance needs in support of durable solutions. As of 31 May 2011, 13 convoys have taken place since 21 May for the return of IDPs in eastern Chad, respectively seven convoys in Koukou and six in Farchana for a total of 1,120 IDPs returned to their places of origin to date (respectively 602 from Koukou and 518 from Arkoum/Farchana). IDPs have been mainly assisted with NFIs in areas of return, UNHCR, through the early warning cluster also advocates for investments to ensure access to basic services

Protection Cluster			
Cluster Objectives	Indicator	2011 Target	Achieved
		70% of people of concern have access to agricultural land.	70% of people of concern have access to agricultural land.
Successes and challenges	<ul style="list-style-type: none"> <li>UNHCR's three pronged strategy for IDPs in Eastern Chad had three main objectives: the setting-up of a legal and operational framework that will be in conformity with international standards, monitoring and continuous improvement of basic services (especially for people with special needs) and access to durable solutions and sustainable (re)integration.</li> <li>During the first half of the year, and in view of the Government's commitment to find solutions for all IDPs, UNHCR and its partners focused on return/relocation planning and resource mobilization. In March/April 2011 the remaining displaced population was verified for the purposes of durable solution by CNAR. As a result, accurate data were established and the IDP community's participation was guaranteed and re-affirmed. Key partners operating in the areas of human rights monitoring and promotion, including access to justice as well as in the area of inter-community dialogue conducted a wide range of activities targeting the prefectural, sub-prefectural and canton authorities. To that end, more than 100 field visits were carried out thus reaching out to more than 4,000 people from the IDPs and host communities. All members of the mixed committee were trained, while reception committees were set up in the main zone of return/relocation. A return-committee with a protection-cluster component was also set up at prefecture level in Assounga. As a result close to 4,000 IDPs returned to their canton of origin with UNHCR assistance (transport and NFIs) and without any security problems. Land-plots were accorded to those who decided to relocate close to their villages of origin while UNHCR and partners conducted site-planning, opened four water wells (two in Hilleket and two in Borota), constructed three school hangars in Hilleket (where no school construction existed before), and build shelter for 448 returnee families (Dar-Silla). At the same time, those still living in the sites, including members of the host communities, continued to have access to basic services run in refugee camps by UNHCR partners (e.g. health), thus managing potential risks of social distress.</li> <li>Given that agriculture has always been the only occupation for more than 95% of the IDP households, relevant programmes will need to be implemented in all areas where durable solutions are implemented in order to ensure sustainable (re)integration. Throughout the reporting period, UNHCR mobilized resources and shared information on livelihoods in the return/relocation areas with government and UN agencies as well as other partners and stakeholders. The case was also made by the GoC during the first stage of implementation of its multi-sectoral based Recovery Programme of Eastern Chad (PGRET); this plan was discussed and agreed upon with UN agencies including UNHCR and donors in September 2010. In its protection strategy, UNHCR therefore made provisions for the launching of income-generating activities in the zones of durable solutions in coordination with other partners.</li> <li>While in the second half of the year, the focus will continue to be on assisted return/relocation movements, (re)integration, and relevant projects (e.g. 300 shelters will be built for returnees/relocates in Assounga), UNHCR and partners will also mobilize resources targeting priority sectors, such as water and sanitation. Together with partners, UNHCR will moreover enhance its protection monitoring in the areas of return/relocation as well as work with those wishing to integrate locally. UNHCR will also continue to lobby for the ratification of the Kampala Convention and promote IDP participation in national development planning.</li> </ul>		

Camp Coordination and Management Cluster			
Cluster Objectives	Indicator	2011 Target	Achieved
1. To enhance participation of IDPs and local authorities in camp management and management of services with a view to attain self-reliance.	Leadership training provided	Percentage of management coordination activities in which IDP representatives are fully participating.	Goz Beida and Koukou: 100% IDP participation, local authorities intermittently; Assoungha: 100%; Dogdore and Ade: IDPs and local authorities 100%
	Community self-management structures identified, developed and facilitated	Percentage of women in management coordination activities	Women committees established on all sites, but effective participation remains low (20 %) in the Sila region. In the Assoungha participation of women in higher since the committees have been re-oriented.
	Coordination mechanisms for effective and efficient camp management agreed and implemented	Extend camp coordination mechanisms working effectively	UNHCR and its partners launched campaigns in sites in the Goz Beida area with a view to increasing the capacity of the IDPs to manage their communities and the infrastructures on a community-based approach. In the Assoungha, weekly monitoring and follow-up exercises have been conducted to assess the status and impact of community participation and self-management
	Advocacy for access to agricultural land	Number of people given access to agricultural land	UNHCR and its partners continued the advocacy for access to agricultural land to returns. They provided legal assistance to IDPs/returnees in order to address land or property issues.
2. People with special needs identified in sites, areas of return, local integration and re-localization for assistance purposes (NFI, emergency or durable shelter, transport, IGAs) and in support of durable solutions.	Support to individual families with specific needs provided	100% of people with special needs in the camps receive necessary assistance in NFI and shelter	NFI, distributions to people with specific needs. In the Assoungha, a NFI distribution has taken for some IDPs on site, in Borota partial distribution. The remaining areas will be distributed
		Returnee package agreed and implemented.	NFI distributed in return areas.
		100/% of people who have returned to their villages of origin are assisted with emergency shelter and construction of adequate housing	In some areas of return such as Modeina, the government was encouraging the return of IDPs. However, the other key issues are insecurity link to the very weak and in some places non-existent government and policy structures; and inability to access many of the intended areas of return.
		Basic infrastructure (health, education, water) available in areas of return	UNHCR has expressed concerns that return may not be sustained due to inadequate planning or preparations in the areas of origin (lack of basic services). The lack of basic services has sometimes made it difficult or impossible for UNHCR directly to facilitate such return in areas of return.

Camp Coordination and Management Cluster			
Cluster Objectives	Indicator	2011 Target	Achieved
Successes and challenges	<ul style="list-style-type: none"> <li>• UNHCR's operation in Chad in the first semester of the 2011 catered for the needs of some 330,000 refugees, 130,000 IDPs and 50,000 returned IDPs within a complex context affected by new unexpected operational developments.</li> <li>• The general political situation has been improving since the normalization agreement between Chad and Sudan signed in 2010. The country has undergone without major incidents legislative, presidential and communal elections in the first months of 2011.</li> <li>• In January, the Governments of Chad and Sudan signed in N'Djamena a Memorandum of Understanding which sets out a preliminary, bilateral framework for the repatriation of the Sudanese refugees. UNHCR has offered to both government's technical advice and cooperation on this issue with a view to ensure that any step towards the repatriation of the refugees will be taken on voluntary basis, with safety and dignity.</li> <li>• The signature of the Doha Peace Agreement between the Government of Sudan and the Liberation and Justice Movement (LJM) was concluded in July 2011 with the participation of UNHCR and refugee representatives. This important milestone, if replicated with other parties, could pave the way for a normalization and stabilization of the situation in Darfur, and possibly for future repatriation of Sudanese refugees in Chad.</li> <li>• Prospects for repatriation remained nonetheless bleak both for the Sudanese and Central African caseloads at the beginning of 2011, meaning that protection and assistance activities had to be maintained, with a focus on increased self-reliance.</li> <li>• The GoC has declared 2011 "the year of return" for IDPs. Many IDPs state that the pre-conditions for their return remain security and availability of social services. At the same time, there is a need for government to take the lead, and for development actors to kick-in, in areas of return.</li> <li>• In June 2011, at the request of the Chadian Government and IDP communities, UNHCR engaged in assisting IDPs willing to return to their areas of origin by transporting them with UNHCR or rented trucks.</li> <li>• With MINURCAT's departure at the end of 2010, the government committed to ensuring the safety of civilians and humanitarian operations and proposed a plan for strengthening the DIS, (Détachement Intégré de sécurité), a special police force present in each of the refugee/IDP locations in the East and South. Since January 2011 UNHCR and UNDP support the DIS through a UN joint programme. Despite initial hiccups the efficiency of the DIS in areas of operations has generally been rated as good.</li> <li>• Given the deterioration of the situation in northern CAR at the beginning of 2011, the Minister of Interior suddenly asked UNHCR to relocate some 12,000 refugees accommodated in camps in Daha area (Selamat South-Eastern region of Chad) given the security concerns posed by their proximity to the border.</li> <li>• The Government pressed UNHCR to complete the operation before the beginning of the rainy season at the end of April. Although the relocation was not planned, UNHCR Chad carried out the operation transferring the refugees to a new site, Moyo, developed in the Haraze area, located further north in the Selamat region.</li> <li>• The development in the Libyan crisis affected the operation in Chad. As of June, International Organization for Migration (IOM) estimated that 70,000 Chadians fled Libya and were repatriated by air or by road.</li> <li>• First agency present in Faya and Mourdi at the early days of the crisis, UNHCR initiated the registration of returnees, distributed emergency assistance and mobilized the local authorities and humanitarian actors. In close coordination with local authorities and IOM, protection and monitoring activities continue in Faya and Mourdi where new arrivals of concern to UNHCR remain likely. A contingency plan was elaborated in the event of an arrival of 10,000 Libyans.</li> <li>• The costs related to the operations resulting from the Libyan crisis were covered through the current IBT, adding additional pressure on already limited resources.</li> </ul>		



2. 2011 in review

Multi sector Refugees			
Sudanese Refugees			
Cluster Objectives	Indicator	2011 Target	Achieved
1. Favourable protection environment	Reduction of armed presence in camps	Zero presence	No cases of presence of armed elements in camps were reported
	Support and coordination with DIS and all IPs in the camps	Training of refugees, IPs and national authority on International protection , refugees right and UNHCR mandate	124 DIS staff trained
	Reduce tensions between refugees and host communities	Inter-community dialogue and conflict resolution	Sensitization campaign organized monthly
2. Fair Protection Processes and Documentation	Distribute ID cards	100% of refugees receive ID cards	2,137 birth registered and received birth certificate
	Individual documentation provided for all adults of concern	100% Sudanese refugees registered database updated regularly	Food security assessment(s) conducted (JAM April)
3. Basic needs and essential services		Food security assessment(s) conducted	JAM conducted in April 2011
	Coordination with WFP enhanced on food reduction matters	100% of refugees in camps have received food distribution	100% of refugees in camps have received food distribution 1One food store constructed in Bredjing
	Integration of health services	80% refugee and 15 % local population use the common health centre	80% of local population are enjoying access to health facilities and 15 % of local population use the common health centre
	Immunization/ cold chain services provided	Measles vaccination coverage among children of nine to 9-59 months	Measles vaccination coverage among nine 9-to 59 is 100%. . BCG= 100%; Polio=100% and DTC=100%
	Pre and post-natal care provided	90% CPN, 95% births in centre, 75% deliveries assisted	90% of pregnant women are reached by preventing mother-to-child transmission (PMTCT) services Coverage of complete antenatal care (ANC): 64% Coverage of complete postnatal care: 87% Proportion of deliveries at health facilities: 99%
	Good referral systems	100% refugees provided with good referrals	Referral rate: 0.7 referrals/1,000/year
	Control of mortality and Health facility utilization	Remain within standards	Crude mortality rate: 0.2 deaths/1,000/month Under-5 mortality rate: 0.6 deaths/1,000/month Health facility utilization rate: 1.2 visits/ refugee/year 100% of malaria patients received ACT
	Health facilities equipped/ constructed/ rehabilitated	80% of health facilities equipped/constructed/rehabilitated	50% of health facilities are well equipped and maintained with only 1one heath centre in construction in Amnabak
	Primary education for refugee children	85% children access primary education	85% children enrolled in primary education however attendance still low (70%)

**Chad 2012 Consolidated Appeal**

<b>Multi sector Refugees</b>			
<b>Sudanese Refugees</b>			
<b>Cluster Objectives</b>	<b>Indicator</b>	<b>2011 Target</b>	<b>Achieved</b>
3. Basic needs and essential services		100% enrolled children receive school material	40% of enrolled children received school material school material
	Access to secondary education	50% of children enrolled in secondary education	2% of children are enrolled in secondary education
	Recognition of diplomas	Diplomas recognized in country of origin	Significant efforts were made with the Sudanese MoE over the past year, and in 2010-2011, over 150 students successfully sat for their Grade 8 and Grade 11 exams. Thus far, the only students to benefit from this agreement have been those enrolled in RET programs, but efforts are currently underway to include the non-RET students (over 400 for 2010 and a projected 6,000 for 2012) in examinations, through an MoU between the MoE, UNHCR and UNICEF.
	Measures to increase the percentage of female teachers implemented	30% of female teachers	20% female teachers The quality of teaching continues to improve through the training of 3,457 teachers, including 12 teachers through a pilot professional training institute in Chad
	Vocational/ skills training provided	30% of youths aged 15-24 in non-formal education/training for 12 months or more	16% of youths aged 15-24 engaged in vocational training
	Educational facilities constructed/rehabilitated	50% of school building constructed / or rehabilitated	40% of the target have been reached, with the construction of 20 classroom
	Hygienic supplies provided	80% of people receiving hygienic supplies	60% of people receiving hygienic supplies Procurement of soap has been launched earlier in the year so that it can be pre-positioned before the beginning of the rainy season.
	Sanitary materials provided	100% of girls and women receiving sanitary materials	90% of girls and women receiving sanitary materials
	Household fuel/ goods provided	100% Of household receiving fuels	100% of refugees received wood or fuel on monthly basis
	Environmental health and hygiene campaigns implemented	100% of people reached by environmental health and hygiene campaigns	100% of refugees in the camp have access to environmental health and hygiene campaigns
	Appropriate infant and young child feeding practices promoted	100% of infant and young child received micronutrients and nutritional support	488 infants and young admitted in Nutrition therapeutic centre (34%). 58.3 % recovery rate in TFP (42 new admissions) and 91% recovery rate in CTC (52 new admissions)
Complementary food commodities provided and monitored	100% of people in needs received supplementary feeding	80 % of people in needs are receiving supplementary feeding	

Multi sector Refugees				
Sudanese Refugees				
Cluster Objectives	Indicator	2011 Target	Achieved	
	Micronutrients and additional nutritional support provided for young children, pregnant and lactating women and people with chronic illness	2,100 kilocalories per person per day provided	2,100 Kcal per person provided	
	HIV Prevention and awareness campaigns implemented	100 % of sites with access to mother-to-child transmission prevention programmes	90% of all camps have access to PMTCT programme	
	Integration of population of concern in national HIV/ AIDS programs organized	100 of people who accessed HIV prevention, care and treatment services	100% of refugees has access to HIV prevention, care and treatment services	
	Treatment of sexually transmitted infections (STIs) implemented	100% of HIV positive PoC receiving antiretroviral therapy	100% HIV positive refugees received antiretroviral therapy	
	Voluntary counselling and testing provided	100% of people voluntarily counselled	100% of people are voluntarily counselled	
	Special services for groups with specific needs provided	100% of refugees with specific needs improved independence	78% people with specific needs with improved independence	
	Individual/ family shelter support provided	50% of PoC with disabilities improved independence	23% of PoC with disabilities with improved independence	
		Shelter maintenance tool kits and materials provided	60% of buildings/ structures are maintained and repaired 5,000 tool kits distributed	
		50% of Individual/ family shelter provided	37% of households living in adequate dwellings	
	Water system developed/ constructed	15 litres of potable water provided per person per day	12 litres average per day and per people	
4. Community participation and self-management	Water system operations maintained and improved	100% of instances of routine maintenance conducted	80% of routine maintenance are conducted 30% active female participants in leadership and management structures	
	Women's participation in camp management	Target 50% women		
	Extent PoC represented in leadership management structures	95% extent PoC represented in leadership management structures	95% extent PoC represented in leadership management structures	
	Involvement of population of concern in programme monitoring and evaluation established and maintained	100% of people from community directly involved in camp management	100% of leadership are involved in camp management	
	Support to agriculture and pastoral activities	At least 50% families in need receive support		10% families in needs are receiving support
		40% of food needs covered by own production		10% of food needs covered by own production
		80% cattle vaccinated		20% cattle vaccinated
500,000 trees planted			Sidling are under production and the plantation will start after the first raining. . Nursery of 350 HA has been put in place: 47,000 in koukou, 80,000 in Iriba, 35,000 Goz beida and 150, 000 in farchana.	

**Chad 2012 Consolidated Appeal**

<b>Multi sector Refugees</b>			
<b>Sudanese Refugees</b>			
<b>Cluster Objectives</b>	<b>Indicator</b>	<b>2011 Target</b>	<b>Achieved</b>
4. Community participation and self-management	Negotiate access to land	100% families involved in agricultural production receive one HA of land average	20,000 refugees have access to agricultural activities (0.5 HA per person)
	Develop income-generating activities	40% have access to income-generating activities	3,500 had benefit to income-generating activities
	Promote energy saving	80% households use environment friendly stoves	Environmentally friendly domestic energy strategy developed and implemented. . Save 80, solar cooker and metallic stove ATRAH
5. Security from violence and exploitation	General awareness campaigns	All camps covered	Awareness campaigns on prevention of SGBV and GBV organized once in 2 two months. . All camps are covered
	Psycho-social, medical and legal support to victims	100% reported cases receive assistance	100 % cases identified and followed-up
	Legal services and clinics established in particular for women and children	100% interventions in court cases undertaken	100 % cases identified and followed-up
		100% of people receiving legal counselling	144 cases of SGBV registered in health centre (0.8%)
		100% of detainees monitored and visited to detention centres	100% of detainees monitored are assisted
	Special arrangements for protection and care of unaccompanied and separated children established	100% of children with specific needs receiving support/ assistance	100 % cases identified and followed-up
		80% of out of school adolescents who participate in targeted programs	40% of adolescents participated in vocational programme
	Measures to ensure respect for child specific rights in context of HIV and AIDS established	80% of children with psycho/ social needs receiving support/ assistance	100 % identified cases are followed-up and assisted
	Access to legal remedies improved	100% of victims/survivors of GBV receiving support	100% of victims/survivors of GBV receiving support
		5% extent GBV a problem in the community	30% extent GBV a problem in the community
90% extent GBV response mechanism effective		75% extent GBV response mechanism effective	
6. Durable Solutions	Group resettlement planned and implemented	Resettlement procedures developed and implemented	100%

Multi sector Refugees			
Sudanese Refugees			
Cluster Objectives	Indicator	2011 Target	Achieved
		100% of identified individuals actually resettled	0.14% Seven CAR refugees have departed on resettlement (to Sweden) so far in 2011. Approximately 200 individuals are expected to depart during 2011 following the US department of Homeland Security interviews in January and February 2011.
	Individual voluntary repatriation support provided	50% of people receiving individual voluntary repatriation support	10% achieved
7. Logistics and Operations Support	Maintenance of vehicle fleet in adequate condition	100% of UNHCR and DIS vehicles repaired and maintained	100% of vehicles are maintained
	Timely procurement of supplies	100% of local and international procurement undertaken	80% of all local and international procurement undertaken
	Warehousing provided, repaired and maintained	100% of warehouses maintained	100% of warehouses are maintained
Successes and challenges	<ul style="list-style-type: none"> <li>Notwithstanding the agreement signed in January between the Governments of Chad and Sudan to set out a preliminary bilateral framework for the repatriation of refugees, concrete prospects for return remained bleak during the first semester of 2011.</li> <li>UNHCR continued to provide protection and assistance to more than 267,000 Sudanese refugees in 12 camps in Eastern Chad.</li> <li>Other durable solutions are unlikely, as the Chadian government put the group resettlement on hold, while efforts are being made to maintain at least some individual resettlement opportunities.</li> <li>The registration exercise in Oure Cassoni camp, halted in 2010 pending the decision on its relocation, is on-going and will conclude the registration in all 12 camps.</li> <li>Regular updates of the database were conducted with a major improvement in the CNAR capacity to assist UNHCR in the registration exercise. An increase in the registered caseload was recorded with more than 267,700 refugees registered in the first quarter.</li> <li>ID cards delivery has already reached 60% of the adult refugees.</li> <li>Given the critical gaps in water available to refugees in previous years, additional funds from the HC special project were allocated to Chad.</li> <li>The additional activities implemented have already proven to be effective in addressing the most critical needs. An average of 15.4 litres/per/day was recorded for the first time in years. The average daily water available varies from 8.9 litres to 20.6 litres with ten camps reaching the minimum standard of 15 litres/per/day.</li> <li>Critical levels of malnutrition and anaemia revealed by the nutritional surveys in 2010 are also being addressed through the special funds. Results of measures being implemented will only be assessed after the surveys are conducted in the second half of the year.</li> <li>The school year finished with approx. 88% of children enrolled in primary education and an attendance rate of 77%, as a result of strengthened monitoring systems and improved quality of education. Pre-primary education continued to expand, with over 23,000 children enrolled. Funding constraints continue limiting the capacity of the office to address critical gaps in infrastructures and secondary education.</li> <li>Through concerted advocacy efforts and interventions sending a clear message of zero tolerance with regard to impunity, in several camps a</li> </ul>		



Multi sector Refugees			
Sudanese Refugees			
Cluster Objectives	Indicator	2011 Target	Achieved
	<p>clear drop of 60% in SGBV cases was observed.</p> <ul style="list-style-type: none"> <li>The quality of primary health care services provided to refugees during the first half of the year contributed to improve or maintain the majority of indicators within internationally acceptable standards.</li> <li>Activities continued to be implemented for the construction of shelters and the provision of domestic energy coupled with measures to mitigate the impact of refugees on a very fragile environment.</li> <li>Following the departure of MINURCAT, UNHCR and UNDP support, since January 2011, the DIS through a Joint Programme. Despite initial hiccups the efficiency of the DIS in areas of operations has generally been rated as good. Out of \$14,6 million CNA, some \$4,5 million have been raised and \$6.5 million are expected in August 2011. The IBT should continue to be increased according to the contributions received.</li> <li>The Libyan crisis affected the operation in Eastern Chad. As of June, IOM, estimated that 70,000 Chadians fled Libya and were repatriated by air or by road.</li> <li>First agency present in Faya and Mourdi at the early days of the crisis, UNHCR initiated the registration of returnees, distributed emergency assistance and mobilized the local authorities and humanitarian actors. In close coordination with local authorities and IOM, protection and monitoring activities continue in Faya and Mourdi where new arrivals of concern to UNHCR remain likely.</li> <li>A contingency plan was elaborated in the event of an arrival of 10,000 Libyans.</li> <li>The costs related to the operations resulting from the Libyan crisis were covered through the current IBT, adding additional pressure on already limited resources.</li> </ul>		

Central African refugees			
Cluster Objectives	Indicators	2011 Target	Achieved
1. Favourable protection environment	1.1.1 Reduction of armed presence in camps	Zero presence	No cases of presence of armed elements in camps were reported
	1.2.1 Support and coordination with DIS and all IPs in the camps Training of CNAR staff	Training of all Protection staffs	87 DIS Staff trained
	1.3.1 Inter-community dialogue and conflict resolution	Inter-community dialogue and conflict resolution	Sensitization campaign organized every month
2. Fair Protection Processes and Documentation	2.2.1 Distribute ID cards	100% of refugees receive ID cards	85 % of refugees in camps has ID cards
	2.2.1 Individual documentation provided for all adults of concern	100% CAR refugees registered database updated regularly	Registration/ verification of refugees on-going
3. Basic needs and essential services	2.1.1 Coordination with WFP enhance on food reduction matters	Food security assessment(s) conducted	Food security assessment(s) conducted (JAM April)
		100% of refugees in camps have received food distribution	60% of refugees in camps have received food distribution ( half )

Central African refugees			
Cluster Objectives	Indicators	2011 Target	Achieved
	2.2.1 Integration of health services	80% of refugee and local population use the common health centre	70% of refugee and local population used the common health centre
	2.2.2 Pre and post-natal care provided	90% CPN, 95% births in centre, 75% deliveries assisted	Coverage of complete antenatal care: 71% Coverage of complete postnatal care: 86% Proportion of deliveries at health facilities: 88%
	2.2.3 Good referral systems	100% refugees provided with good referrals	Referral rate: 0.6 referrals/1,000/year
	2.2.4 Control of mortality and Health facility utilization	Remain within standards	Crude mortality rate= 0.3 deaths /1,000/month; Under 5 mortality rate = 0.6 deaths/1,000/month
	2.2.5 Health facilities equipped/ constructed/ rehabilitated	80% of health facilities equipped/constructed/rehabilitated	50 % of health facilities equipped no construction
	2.3.1 Primary education for refugee children	80% children access primary education 100% enrolled children receive school material	80% of children are enrolled in primary education 40% of enrolled children received school material
	2.3.2 Access to secondary education	50% of children enrolled in secondary education 30% of young receiving vocational/ skills training and literacy classes	12% of children are enrolled in secondary education 10% are receiving vocational/ skills training and literacy classes
	2.3.3 Recognition of diplomas	Diplomas recognized in country of origin	In process
	2.3.4 Measures to increase the percentage of female teachers implemented	50% of female teachers	10% of teachers in camps are women
	2.3.5. Educational facilities constructed/rehabilitated	50% of school building constructed / or rehabilitated	2 Two schools rehabilitated
	Hygienic supplies provided	80% of people receiving hygienic supplies	42,800 refugees received soaps
	Sanitary materials provided	100% of girls and women receiving sanitary materials	Distribution of 9,.462 sanitary materials
	Household fuel/ goods provided	100% of household receiving fuels	100% of refugees received wood or fuel on monthly basis
	Environmental health and hygiene campaigns implemented	100% of people reached by environmental health and hygiene campaigns	100% of refugees are reached by environmental health and hygiene campaigns
	Community management of acute malnutrition scaled up	100% of people with needs receiving nutrition education	Community-based Therapeutic Care: Recovery rate=100%; Death rate=0%; Default rate=0% and Referral rate=0%.

**Chad 2012 Consolidated Appeal**

<b>Central African refugees</b>			
<b>Cluster Objectives</b>	<b>Indicators</b>	<b>2011 Target</b>	<b>Achieved</b>
	Appropriate infant and young child feeding practices promoted	100% of infant and young child received micronutrients and nutritional support	60% of infant and young child received micronutrients and nutritional support
	Micronutrients and additional nutritional support provided for young children, pregnant and lactating women and people with chronic illness	2,100 kilocalories per person per day provided	Half ration for southern camps
	Complementary food commodities provided and monitored	100% of people in needs received supplementary feeding	90.3% recovery rate in SFP (273 under-five (U5) new admissions)
	HIV Prevention and awareness campaigns implemented	100 % of sites with access to mother-to-child transmission prevention programs	100 % of sites have access to mother-to-child transmission prevention programs
	Integration of population of concern in national HIV/ AIDS programs organized	100 of people who accessed HIV prevention, care and treatment services	100 of refugees has accessed HIV prevention, care and treatment services
	Treatment of sexually transmitted infections (STIs) implemented	100% of HIV positive PoC receiving antiretroviral therapy	100% of HIV positive PoC received antiretroviral therapy
	Voluntary counselling and testing provided	100% of people voluntarily counselled	100% of people has access to voluntarily counselled programme
	Special services for groups with specific needs provided	100% of person with specifics needs received social support	25% achieved
		Shelter maintenance tool kits and materials provided	5,000 kits tool kits distributed for shelter maintenance  60% of buildings/ structures are maintained and repaired
	Individual/ family shelter support provided	50% of Individual/ family shelter provided	36% of households living in adequate dwellings
	Water system developed/ constructed	20 litres of potable water provided per person per day	18 litres of potable water provided per person per day
	Water system operations maintained and improved	100% of instances of routine maintenance conducted	80% of routine maintenance are conducted
4. Community participation and self-	Reinforce women representation	Target 50% women	50/145 women leader are leadership in camp community representation

Central African refugees			
Cluster Objectives	Indicators	2011 Target	Achieved
management	Support to agriculture and pastoral activities	At least 50% families in need receive support	50% of smallholders' associations are promoted
		40% of food needs covered by own production	30% of food needs covered by own production
		80% cattle vaccinated	About 60% animals are treated
	Negotiate access to land	100% families involved in agricultural production receive one HA of land average	0.5 HA per person
Develop income-generating activities	40% have access to income-generating activities	5,450 income-generating activities provided	
Promote energy saving	80% households use environment friendly stoves	Environmentally friendly domestic energy strategy developed and implemented. Save 80, solar cooker and metallic stove ATRAH	
5. Security from violence and exploitation	5.1.1 General awareness campaigns	All camps covered	Awareness campaigns on prevention of sexual and GBV organized once in two months. All camps are covered
	5.2.1 Psycho-social, medical and legal support to victims	100% reported cases receive assistance	100% reported cases received assistance
	5.2.2 Judicial system improved, deployment of mobile courts	Cases followed-up	100% reported cases received assistance
6. Durable Solutions	6.3.1 Special arrangements for protection and care of unaccompanied and separated children established	100% of children with specific needs receiving support/ assistance	100% of victims/ survivors of GBV receiving support
		80% of out of school adolescents who participate in targeted programs	
	6.3.2 Measures to ensure respect for child specific rights in context of HIV and AIDS established	80% of children with psycho/ social needs receiving support/ assistance	100 % identified cases are followed-up and assisted
	Group resettlement planned and implemented	Resettlement procedures developed and implemented	In January 2011, all resettlement processing for Sudanese refugees was placed on hold at the request of the Chadian authorities. UNHCR continued high-level advocacy for the resumption of (at least individual) resettlement processing
14% of identified individuals in need of RST submitted for RST		0%	
	4.6% of identified individuals actually	0%	

Central African refugees			
Cluster Objectives	Indicators	2011 Target	Achieved
		resettled	
	Individual voluntary repatriation support provided	100% of people receiving Individual voluntary repatriation support	0 % (no case of voluntary repatriation) The Sudanese Delegation and the Permanent Secretary to the CNAR signed a memorandum describing cooperation between Chad and Sudan with respect to the repatriation of the refugees from Darfur in Chad (27 January 2011)
7. Logistics and Operations Support	Maintenance of vehicle fleet in adequate condition	100% of DIS vehicles repaired and maintained	100% of vehicles are maintained
	Timely procurement of supplies	100% of local and international procurement undertaken	50% of all local and international procurement undertaken
	Warehousing provided, repaired and maintained	100% of warehouses maintained	100% of warehouses are maintained
Successes and challenges	<ul style="list-style-type: none"> <li>• During the first half of the year, the results achieved in favour of CAR refugees have been assessed in relation to the following areas: Protection and Promotion of refugee participation, self-reliance and livelihoods strategy and the relocation of refugees from Daha camps to Moyo, in Haraze.</li> <li>• Refugee committees have been the strategic focal points for ensuring refugee community participation in the camps. It involved restructuring and revitalizing these committees for effective involvement in the diverse sectors of life in the camps. This has been very useful in the camps especially Haraze where in the absence of community services partners in WASH, as the work has been mainly done by the refugee committees. Also, some conflicts between refugees and the host community have been settled through the joint committees of the wise (which consist of both refugee leaders and members of the host community). However, women participation rate in these committees (30%) remains far below the expected standards (50%) due to cultural barriers. For the rest of the year, sensitization efforts will be pursued in order to reach a participation rate of at least 35%</li> <li>• Mechanisms put in place to improve the self-sufficiency and livelihoods for socio-economic integration of the refugees included support in agricultural inputs for the on-going farming season. Up to date, the 79% of planned needs have been covered, that is to say 4,762 leaders/household representatives of approximately 23,810 people. The support consisted of granting productive means (UCA and seeds), strengthening capacity of the refugees and local farmers through training and technical follow ups in the field, recovery of soil fertility, by which 33.6% of land was replenished and improving animal health by which 82% of the livestock were cared for and vaccinated.</li> <li>• Aiming at optimizing the basis of socio-economic integration, a comprehensive and multi-year strategy for central African refugees is under development with the support of the Livelihoods Unit (OSTS/DPSM) of the Headquarters. Activities during the second half of the year will be based on the execution of this strategic plan. Constraints of the strategy include the possibility of unexpected climatic conditions and the absence of development agencies in the regions which can gradually take over the transition process.</li> <li>• Since March 2011, UNHCR initiated to relocate the refugees from Daha, Massambagne and Batimera camps to a new camp in Moyo in Haraze region. Indeed, the proliferation of security incidents in the area of Daha associated with the extreme proximity of the camps to CAR border (less than 100m), the non-respect of civilian and humanitarian character of camps, the armed rebel movements in the area,</li> </ul>		



Central African refugees			
Cluster Objectives	Indicators	2011 Target	Achieved
	<p>the insecurity of UNHCR staff resulting in an attack of the guest house of Daha led to the relocation of refugee camps to Moyo, in Haraze area.</p> <p>This activity was not foreseen in the initial plan for 2011 but for protection of refugees and UNHCR staff, the activity was given a priority. Thus, 3,910 out of 12,000 registered refugees have been relocated. According to broadcast, approximately two of thirds of the population preferred to stay there as many refugees were engaged in fishery at the river in Daha. Nevertheless some of them are now seeking to join the camp of Moyo.</p> <p>The Government gave land to refugees around the camp to enable them to undertake the empowerment and support and UNHCR provide support in agricultural inputs, supervision and monitoring to the extent allowed by the available budget.</p>		

Urban refugees			
Cluster Objectives	Indicator	2011 Target	Achieved as of mid-year
1. Favourable protection environment	Extent national practice conforms to international/ regional instruments	100% of instances of technical advice and support provided	60% of instances of technical advice and support provided
	Extent national legal framework consistent with international protection standards	Advocacy campaigns implemented	UNHCR continued to provide expert advice and guidance pertaining to draft national legislation for the protection of refugees
2. Fair protection and documentation	100% of PoC registered on an individual basis	100% of legal / technical support interventions provided sharing data	Asylum seekers in N'Djamena are registered by CNAR and referred to UNHCR to be added in progress. UNHCR participates in the eligibility committee as an observer, advises the committee on the correct application of the 1951 and 1969 Conventions, and monitors the procedure to ensure fairness. Up today, 62 individual cases were examined by the eligibility committee.
		100% of people reached by advocacy interventions	100% of people reached by advocacy interventions during the detention monitoring, reception hours, formal and unofficial meetings with authorities.
3. Basic needs and essential services	PoC with disabilities improved independence	90% of people with specific needs receiving support	60% of PoC with disabilities with improved independence
	PoC with psycho/ social needs with improved independence	90% of families with specific needs receiving support	50% of families with specific needs receiving support
4. Community participation and self-management	Develop income-generating activities	40% have access to income-generating activities	10% have access to income-generating activities
	More self-reliance opportunities reduce aid dependence	50% of active female participants in leadership/ management structures	9% of active female participants in leadership/ management structures

Urban refugees			
Cluster Objectives	Indicator	2011 Target	Achieved as of mid-year
		85% extent PoC represented in leadership management structures	75% extent PoC represented in leadership management structures
		90% extent participatory assessment informs programme	85% extent participatory assessment informs programme
5. Security from violence and exploitation	5.1.1 General awareness campaigns	All camps covered	Campaigns and sensitization on SGBV are undertaken in all camps, 25% extent GBV a problem in the community
	5.2.1 Psycho-social, medical and legal support to victims	100% reported cases receive assistance	100% of known victims/survivors of GBV receiving support
	5.2.2 Judicial system improved, deployment of mobile courts	Cases followed-up	70% extent GBV response mechanism effective
6. Durable Solutions	Extent durable solutions strategy identified and agreed	Information campaign for people of concern on resettlement programme implemented	No information campaigns conducted
	Identified urgent and emergency cases actually resettled	100% of identified individuals in need of RST submitted for RST	UNHCR continued high-level advocacy for the resumption of (at least individual) resettlement processing (vulnerable cases).
7. Logistics and Operations Support	Extent programme management mechanisms working effectively	General project management services provided	80% of project management services provided
Successes and challenges	<ul style="list-style-type: none"> <li>• There were some 500 refugees and asylum seekers in the capital N'Djamena at the beginning of the year, hailing from DRC, Sudan, CAR, and a handful of other countries in small numbers.</li> <li>• Chad is in principle compliant with most of the provisions of the refugee convention and provides protection in accordance with the Convention to refugees and asylum seekers in urban areas.</li> <li>• UNHCR regularly met with the CNAR registration staff and provided advice on its reception practice, with duly consideration of gender sensitivity and general respect of human rights during the interviews and other administrative procedures.</li> <li>• During the first half of year 2011, CNAR and UNHCR monitored registration practices providing feedback on the shared database on the newly registered cases.</li> <li>• As a result of continuous advocacy, it is estimated that the proportion of those who were finally registered by UNHCR over those already registered by CNAR is improved of 70%.</li> <li>• Since the outset of on-going political crisis in Libya, CNAR has registered so far approximately 20 asylum seekers coming from the country. Their asylum application process was well coordinated between UNHCR, CNAR and the IOM to respond to the crisis.</li> <li>• UNHCR has proactively conducted advocacy interventions to enhance the capacities of CNAR and Eligibility Sub-committee on RSD procedures.</li> <li>• Despite the advocacy for procedural safeguards, efficiency and fairness, the waiting period for asylum seekers to receive the asylum decisions stays unchanged due to the slow procedures.</li> <li>• People with specific needs are identified by UNHCR and partner (<i>Centre de Support en Santé Internationale</i> (Support Centre for</li> </ul>		

Urban refugees			
Cluster Objectives	Indicator	2011 Target	Achieved as of mid-year
	<p>International Health/CSSI) primarily through open reception days as well as through home visits. The situation of people with specific needs was researched through a socio-economic survey as well as through regular participatory assessments (AGDM). These individuals receive social counselling as well as referral for durable solutions, in particular within the framework of local socio-integration.</p> <ul style="list-style-type: none"> <li>In the first half of 2011, INHCR partner provided medical assistance to 34 cases, social assistance to 63 people and special assistance to 60 Sudanese refugees returning from Libya.</li> <li>In the 2010-2011 school year, UNHCR through its partner CSSI provided education assistance to 67 vulnerable children to ensure their enrolling and attendance in school.</li> <li>Further training on specific needs classification and identification, as well as case management, will be provided to the partner during the second semester of 2011.</li> <li>Durable solutions will be pursued in a more targeted and systematic approach using the new urban durable solutions strategy.</li> <li>In the first half of 2011 a refugee committee was established through elections, coordinated by UNHCR in collaboration with CSSI and the CNAR.</li> <li>UNHCR and its partner CSSI continued their efforts to boost self-reliance through increasing the number of refugees receiving professional training, and developing networks with local businesses willing to take on professional refugees as trainees.</li> <li>UNHCR conducted training for its partner CSSI on protection and SGBV in the first half of 2011. Referral mechanisms and SOPs will be developed to ensure that refugees and all service providers implicated know where refugees can go to seek assistance in cases of SGBV.</li> <li>UNHCR assisted two families to repatriate voluntary to DRC.</li> <li>Due to security incidents occurred between some urban refugees and Chadian militaries, more than 100 of them invaded UNHCR premises in Ndjamenia requesting to be sheltered for fear of retaliation if they would return to their neighbourhood.</li> <li>The refugees were first sheltered in a social centre in the capital and then relocated to the camps hosting CAR refugees in Southern Chad.</li> </ul>		

Nutrition Cluster		
Cluster Objectives	2011 Indicator with corresponding target	Achieved (as at end of August)
1. Increase coverage for therapeutic care programmes.	1.1 80% of functional health centres in the Sahel belt zones covered with outpatient TFCs. 1.2 100% of functional hospital in the Sahel belt zones covered with in-patient TFCs. 1.3 At least one mobile clinic set up and functioning in each nomadic region. 1.4 60% coverage rate for nutrition interventions	1.1 56% (224/400)  1.2 71% (17/24)  1.3 75% (3/4)  1.4 No comprehensive data available. . In Mao district, according to <i>Action contre la Faim</i> (Action against Hunger/a ACF), coverage

Nutrition Cluster		
Cluster Objectives	2011 Indicator with corresponding target	Achieved (as at end of August)
		rate was 45%. . Coverage surveys on-going in five5 regions (October 2011).
2. Timely detection and quality management of cases of acute malnutrition in TFCs.	2.1 National guidelines for managing severe acute malnutrition (SAM) correctly used by 90% of health workers. 2.2 No stock out of nutrition supplies in TFCs. 2.3 Therapeutic care cure rate>75%. 2.4 Therapeutic care death rate <10%. 2.5 Therapeutic care defaulter rate<15%.	2.1 No data available as for correct application of protocol. . Trainings are being held in the Sahel belt regions. 2.2 No stock out of nutrition supplies at regional hubs. 2.3, 2.4, 2.5 On average performance indicators are achieved, although data quality needs to be improved.
3. Prevention of maternal and child malnutrition and micronutrient deficiencies through promotion of key family practices and micronutrient supplementation.	3.1 40% of households in the Sahel belt regions use key family practices. 3.2 80% of households in the Sahel belt regions consume iodized salt. 3.3 90% coverage for vitamin A and de-worming. 3.4 New products (plumpy'doz, enriched flour, etc.) introduced for preventing malnutrition.	3.1 No data available. . Last data collected by MICS 2010. . For example exclusive breastfeeding rate in under-six-months 6 month old children was 3.3%. 3.2 No data available. . In 2010 MICS survey found 53,.9% of households consuming iodized salt. 3.3 No coverage data available. . One Vitamin A supplementation campaign realized in 21 regions (over 22) in June 2011 and one due in November. 3.4 Plumpy'Doz and CSB+ are being used for prevention of acute malnutrition.
4. Strengthen nutrition surveillance and emergency preparedness.	4.1 Two Standardize Monitoring Assessment of Relief Transition (SMART) surveys conducted every year in the Sahel belt regions. 4.2 Nutrition data analysed and published for wider dissemination.	4.1 100% 4.2 100% (Nutrition data from programs and surveys are shared during cluster meeting and on the cluster online archive: <a href="http://health.groups.yahoo.com/group/cntchad/files/">http://health.groups.yahoo.com/group/cntchad/files/</a> ).
5. Strengthen coordinated response to reach the neediest on time.	5.1 Nutrition Cluster active in N'djamena, Abeche and in selected regions with active participation of all humanitarian actors. 5.2 Consolidated mapping (who does what where) developed and regularly updated. 5.3 100% of gaps in the sector identified.	5.1 Nutrition Cluster active in N'Djamena with a dedicated coordinator. Coordination meeting held in Sahel belt regions. 5.2 100% (who-does-what-where maps are updated every four months). 5.3 Gaps are presented and addressed monthly at Nutrition Cluster meetings.
Short analysis including challenges:	<ul style="list-style-type: none"> <li>• Coverage (indic.1.1-1.4) is below expectation due to lack of implementing partners and financial resources. Moreover the quality of programmes still has to be improved and more resources have been invested in trainings and supervisions.</li> <li>• Performance indicators for nutrition centres were not uniformly calculated, and different monthly report formats were used.</li> <li>• Some indicators were not easily measurable (e.g.2.1, 3.1). In 2012 they have been changed or removed (even though the activities are important and still present).</li> <li>• Some information are not available at central level because are not included in routine reports or surveys. The Nutrition Cluster has agreed in having an ad hoc evaluation to assess these indicators on a sample of nutrition centres.</li> </ul>	

Food Security Cluster			
Cluster Objectives	Indicator	2011 Target	Achieved
1. Save lives and improve food security of vulnerable population in targeted areas specifically affected by the crisis	1.1.1 Number of beneficiaries receiving food commodities as a percentage of planned beneficiaries (by category, age group, and gender)	80% of planned beneficiaries	<p><b>Number of beneficiaries &amp; Tonnage of Food</b></p> <p>a) Emergency operations (EMOPs) Eastern Chad Beneficiaries planned: 955,500 Beneficiaries reached: 927,113 (93%) of which 509,912 are women. GFD refugees (103%), PLA (89%), MT food planned for: 48,399 MT food distributed as: 40,850 (84%)</p> <p>b) EMOPs Sahel Beneficiaries planned 668,000 Beneficiaries reached: 754,000 (113%) of which 427,000 are women. MT food planned for : 32,241 MT food distributed as 12,679 (39%)</p> <p>c) Protracted relief and recovery operation (PRRO) South Beneficiaries planned 75,500 Beneficiaries reached end: 56,360 (75%) of which 30,687 are women MT food planned: 4,896 MT food distributed as: 4,366 (89%)</p> <p>Libyan returnees (IOM, World Food Programme (WFP), African Care (Africare))</p>
	1.1.2 Quantity of food distributed as a percentage of planned distributions (by project category and commodity types)	80% of planned tonnage	
2. Reinforce livelihoods and support self-reliance activities in the sector of agriculture, food production/ transformation/ diversification & livestock management in emergencies and ER	2.1.1 Number of beneficiaries receiving agricultural or pastoral inputs as percentage of planned beneficiaries by gender (by input type, and gender)	70% of planned beneficiaries	Beneficiaries 300,000 out of 300,000 (100%) 146,680 men, 101,820 women.
		70% of planned tonnage	
	2.1.2 Quantity of agricultural or pastoral inputs distributed as a percentage of planned distributions (by project category and commodity types)	80% of planned beneficiaries	Small ruminants restocking = 10,035 out of 19,000 planned
	2.1.3 Number of beneficiaries receiving		



Food Security Cluster			
Cluster Objectives	Indicator	2011 Target	Achieved
	<p>complementary animal feed as a percentage of planned (by project category and by gender)</p> <p>2.1.4 Quantity of animal feed distributed as a percentage of planned distributions by project category</p> <p>2.1.5 Quantity of improved seeds locally produced</p> <p>2.2.1 Number and type of assets created and beneficiaries of asset-creation (FFA/T or IGA) projects, by category, and as a percentage of planned</p> <p>2.2.2 Quantity of food distributed by types of commodity expressed as a percentage of planned tonnage for asset-creation</p> <p>2.2.3 Number of cereal banks put in place as a percentage of planned</p> <p>2.2.4 Quantity of food stored in cereal banks by types of commodity expressed as a percentage of planned tonnage</p>	<p>80% of planned tonnage</p> <p>70% of planned beneficiaries</p> <p>80% of planned tonnage</p> <p>70% of planned</p> <p>70% of planned tonnage</p>	<p>42 MT distributed in Sila and Wadi Fira</p> <p><u>Assets created</u>                      Kilometres of rural roads built or rehabilitated: 100                      Number of temporary houses constructed: 191 (planned: 410)                      Hectares (HAS) of agricultural land benefiting from specific protection measures: 467 (plan: 800)                      Number of participants in beneficiary training sessions (livelihood-support/agriculture&amp; farming/IGA): 150 (plan: 150)                      Number of trees planted for reforestation: 70,320 (plan: 100,000)                      Number of water points: 108 (Plan: 200)                      Number of classrooms constructed: 14 (Plan: 50)                      Number of food storages constructed in supported SFCs: 15 (Plan: 50)                      Number of improved stoves constructed in schools: 35                      Number of water points constructed/rehabilitated: 852 (Plan : 1,500)</p> <p><u>Number of beneficiaries &amp; Tonnage of Food</u>                      Beneficiaries planned: 206,900                      Beneficiaries reached end March: 109,385 (53%)                      MT food planned for : 10,035                      MT food distributed as of March: 2,187 (22%)</p>
3. Improve food security data collection, analysis and information management	<p>3.1.1 Number of food security assessments conducted and used for programming decisions</p> <p>3.1.2 Number of food security early warning bulletins produced</p> <p>3.1.3 Number of maps and information management products shared</p>	<p>Four assessment reports produced</p> <p>Three early warning bulletins</p> <p>Six 3W (who does what, where) maps</p>	<p>WFP (four assessments- three EFSA, one Market analysis) completed                      One report <i>Première Urgence</i> (First Aid/PU) Assoungha and Inter-Sos in Sila (FAO)                      13 other reports on food security by different NGOs                      Joint Note FAO/WFP/Famine Early Warning System Network (FEWSNET) (HFP)</p> <p>3W map produced and will be updated                      Matrix 2011 is been filled (13 different partners up to date)</p>

Food Security Cluster			
Cluster Objectives	Indicator	2011 Target	Achieved
4. Reinforce coordination and enhance the capacity of field actors and implementing partners	4.1.1 Number of active decentralized food security clusters operational	Four decentralized food security clusters	Food security meetings operational in Mao, Moussoro, Abeche, Goz Beida, Koukou
	4.1.2 Number of food security cluster meetings organized and minutes shared as a percentage of planned	Eight cluster meetings held	Seven meetings already held Cluster coordinator in FAO
	4.1.3 Number of stakeholders (partners or governmental staff, targeted communities) trained in food security assessments or in implementing food-security-related activities (by training and audience category)	50 staff receive relevant knowledge in food-security related activities	20 Staff (DPSA) trained in data collection using PDA, 46 staff non-governmental organization (NGO) (FTP) trained in PDA data collection and PDM activities)  12 staff trained in CaLP (Oxfam GB)
Successes and challenges	<p><b>Successes:</b></p> <ul style="list-style-type: none"> <li>• Achievement of most of actions planned</li> <li>• Regular cluster meetings</li> </ul> <p><b>Challenges:</b></p> <ul style="list-style-type: none"> <li>• Data collection and analysis still an issue</li> <li>• Needs not entirely covered</li> </ul>		

WASH			
Cluster Objectives	Indicator	2011 Target	Achieved
1. Ensure sustainable access to potable, adequate sanitation and improved hygiene services for returnee villages, host communities and communities affected by crises in Chad including IDPs and refugees	<ul style="list-style-type: none"> <li>• % of population including the most vulnerable groups ( IDPs, refugees and host communities) with access to 10 to 15 litres per person per day according to SPHERE standards</li> <li>• % of functioning water points all year round</li> </ul>	Construction of 200 boreholes in collaboration with WASH partners for	67% (135/200)

**Chad 2012 Consolidated Appeal**

<b>WASH</b>			
<b>Cluster Objectives</b>	<b>Indicator</b>	<b>2011 Target</b>	<b>Achieved</b>
2. Reinforced capacity in preparedness and contingency planning (floods, malnutrition, epidermis)	<ul style="list-style-type: none"> <li>% of Water Management Committees /water point repair technicians trained in the targeted areas</li> </ul>	<ul style="list-style-type: none"> <li>Prepare contingency stock for 45,000 people</li> <li>Conduct at least two technical trainings for WASH Cluster partners in DDR</li> </ul>	100% (completion of planned activities)
3. Strengthen water point management committee at the community level	<ul style="list-style-type: none"> <li>% of functioning water committees</li> </ul>	<ul style="list-style-type: none"> <li>120 Water Management Committees /water point repair technicians trained in the targeted areas</li> </ul>	63%
4. Scaling up of ATPC/CLTS in returnee villages, host communities and in the communities in the Sahel belt	<ul style="list-style-type: none"> <li>% of open-defecation-free (ODF) villages</li> <li>% of latrines built according to gender needs in schools and health centres.</li> </ul>	<ul style="list-style-type: none"> <li>Disseminate information on and scale up CLTS in 300 villages</li> </ul>	62%
5. Reinforce /Strengthen Cluster Coordination Capacity	<ul style="list-style-type: none"> <li>Percentage of weekly coordination held</li> <li>Percentage of partners with contingency plans</li> </ul>	<ul style="list-style-type: none"> <li>Weekly cluster meeting conducted</li> <li>At least two training conducted for WASH cluster members</li> </ul>	83%
Successes and challenges:	<ul style="list-style-type: none"> <li>A coordinated response to the current cholera epidemic in 2011</li> <li>Rapid result mobilization for cholera response</li> <li>Pre-positioning of resources (human and material ) for timely response in cholera-affected areas</li> <li>Systematic information shared through WASH/Health weekly cluster meetings.</li> <li>Geographical and sporadic dimension of the cholera epidemic was a great challenge to the Cluster.</li> <li>Inaccessibility of cholera-affected areas due to flooded road.</li> <li>Relocation of some of the key partners from the east left un filled gaps in some areas.</li> </ul>		

Health Cluster				
Cluster Objectives	Outcomes	Target outputs	Indicator with corresponding target	Achieved 2011
1. To ensure to the population the basic and quality health care including HIV/AIDS, reproductive health and psycho-social care (prevention, care and rehabilitation).	Improved accessibility to basic health services in regions affected by crisis	Increased utilization of health services in regions affected by crisis	<ul style="list-style-type: none"> <li>At least one consultation per person per year at health centres.</li> </ul>	<ul style="list-style-type: none"> <li>Provided basic health services in the East of Chad. Repair of fistula and support of general surgical operations.</li> <li>Supply of equipment and medico-surgical material. Set up of Mobile clinic in Goz Beida</li> <li>Staffing of Adre District Hospital and supply of medical equipment and essential drugs</li> </ul>
		Increased immunization coverage for infant diseases	<ul style="list-style-type: none"> <li>More than 80% vaccination coverage rate for expanded programme of immunization (EPI) diseases in the local population (target 90%).</li> <li>95% vaccination coverage with measles and VitA for target age range</li> </ul>	<ul style="list-style-type: none"> <li>Routine immunization coverage for children aged 0-11 months for the first Trimester 2011 is above 57% for all antigens:</li> <li>BCG (69%), VAR (63%), VPO (57%) and PENTA3 (57%)</li> <li>Sensitization of communities on health, hygiene and epidemics</li> </ul>
		Regular supply of Essential drugs to health facilities affected by crisis	<ul style="list-style-type: none"> <li>80% of health facilities without stock out of essential drugs in regions affected by crisis.</li> </ul>	Essential drug supply to health facilities in East of Chad (Abeché Adré, Iriba, Biltine, Goz Beida and hospitals, as well as Am Timan, Magrane, Guereda health centres)
		Increased of births attended by skilled health personnel in regions affected by crisis	<ul style="list-style-type: none"> <li>20% of births assisted by a qualified staff. Knowing that the standard is &gt;90%.</li> </ul>	<ul style="list-style-type: none"> <li>Training of the traditional birth attendants</li> <li>Provision of delivery kits.</li> <li>On-the-job training of Sudanese midwives and nurses in the camps of Ouré Cassoni, Bredjing and Treguine.</li> <li>Training of RCS on PEC, sexual and reproductive health.</li> <li>Sensitization of communities to increase referral of pregnant women and new born children</li> </ul>

Health Cluster				
Cluster Objectives	Outcomes	Target outputs	Indicator with corresponding target	Achieved 2011
	Improved accessibility to basic information of the transmission and the prevention of HIV	Increased knowledge of the transmission and the prevention of HIV in regions affected by crisis.	<ul style="list-style-type: none"> <li>50% people in the emergency zones that has a good knowledge of the transmission and the prevention of HIV.</li> </ul>	<ul style="list-style-type: none"> <li>Education by pairs.</li> <li>Distribution of condoms.</li> <li>Social mobilization in favour of the PMTCT.</li> <li>Campaigns against stigmatization and discrimination.</li> <li>Distribution of material and kits for sensitization</li> </ul>
	Improved accessibility information and health services for GBV victims in regions affected by crisis	Appropriate information on services providers and timely medical care provided to all GBV victims	<ul style="list-style-type: none"> <li>100% of GBV cases receive appropriate and timely medical care, and the clients are informed of existence of other services providers (psycho-social, police, judicial) for case follow up</li> </ul>	<ul style="list-style-type: none"> <li>Supply of post-rape treatment kits to health facilities,</li> <li>Training on the use of the post-rape treatment kits.</li> <li>Training on the medical care of rape survivors.</li> <li>Training on psycho social case management of GBV victims</li> <li>Essential drug supply to health facilities in Bahr El Ghazal (BEG) and Moussoro Hospital for reproductive health services</li> </ul>
2. Improve the medical care of severe acute malnutrition.	<ul style="list-style-type: none"> <li>Referral system to therapeutic nutrition centres improved</li> </ul>	<ul style="list-style-type: none"> <li>Seven mobile clinics in place for improving referral to therapeutic nutrition centres and improving care in nomadic population in Kanem, BEG and Eastern Chad</li> </ul>	<ul style="list-style-type: none"> <li>Less than 10% mortality rate in Therapeutic feeding centres (TFCs).</li> </ul>	<ul style="list-style-type: none"> <li>Technical support and drugs supply for case management of medical complications of acute severe malnutrition in TFC in Kanem and Bahr El Ghazal</li> <li>Seven mobile clinics in place for improving referral to TFCs.</li> <li>Essentials drugs supply in Bahai and in Hadjer Hadid Ouré Cassoni refugee camps Bredjing &amp; Treguine (total covered population: 108,000)</li> </ul>
	<ul style="list-style-type: none"> <li>Medical complication of severe malnutrition management improved</li> </ul>	<ul style="list-style-type: none"> <li>At least one health worker trained in Integrated Management of Child Illness (IMC) in Kanem, BEG, Batha et Guera</li> </ul>		

Health Cluster				
Cluster Objectives	Outcomes	Target outputs	Indicator with corresponding target	Achieved 2011
3. Strengthen capacity of the health system, including early warning, and communities in response to epidemics and natural disasters.	<ul style="list-style-type: none"> <li>100% affected people treated in affected districts</li> </ul>	<ul style="list-style-type: none"> <li>Treatment protocols provided in 100% of health facilities in affected districts</li> <li>Treatment kits provided to 100% of health facilities in affected districts</li> </ul>	<ul style="list-style-type: none"> <li>Case fatality rate during epidemics under acceptable rates (&lt;10% for meningitis and &lt; 1% for cholera).</li> </ul>	<ul style="list-style-type: none"> <li>Meningitis immunization campaigns for 1,846,860 people aged from two to 29 years (96% coverage rate);</li> <li>5,823 people treated for meningitis, (fatality rate of 4.46 %)</li> <li>6,999 treated for measles (fatality rate of 1.3 %);</li> <li>11,345 cases treated for cholera (with a fatality rate of 2.99%)</li> </ul>
	<ul style="list-style-type: none"> <li>At least 90% people vaccinated for meningitis measles in epidemic districts</li> </ul>	<ul style="list-style-type: none"> <li>Vaccines procured for targeted population in affected districts</li> </ul>		
Successes and challenges	<ul style="list-style-type: none"> <li>Delays in funds instalments;</li> <li>Gaps in financial resources</li> <li>Physical access reduced in certain areas during rainy season.</li> <li>Gaps in information about people affected by Libyan crisis</li> </ul>			

Early Recovery Cluster			
Cluster Objectives	Indicator	2011 Target	Achieved
1. Contribute to improve living conditions, return and integration of people affected by displacement - Number of returnees, displaced and resettled with the living conditions improved.	<ul style="list-style-type: none"> <li>Number of water points, SC, schools.....Built.</li> <li>Number of published studies.</li> <li>Number of workshops, activities related to peaceful coexistence organized.</li> </ul>	<ul style="list-style-type: none"> <li>100% of relevant national institutions strengthened and involved in promoting sustainable solutions for communities affected by displacement in eastern Chad</li> <li>100% durable solutions strategies are funded and implemented.</li> <li>50% of beneficiaries have access to income-generating activities.</li> <li>Three local development plans developed and adopted by communities affected by displacement in the Sila region and Ouaddaï.</li> </ul>	<ul style="list-style-type: none"> <li>1.120 IDPs return to their place of origin (respectively 602 and 518 of Koukou Arkoum / Farchana).</li> <li>4.931 families in 93 villages back in three regions of eastern Chad (Assoungaha, Kimiti and Salamat) supported with AGR over 282 groups.</li> <li>Installation of processing equipment and transport to the beneficiaries.</li> <li>Capacity-building for 20% of traditional leaders and local authorities</li> </ul>
2. Contribute to the management of natural	<ul style="list-style-type: none"> <li>Existence of contingency plans.</li> </ul>	<ul style="list-style-type: none"> <li>Training in the use of improved stoves</li> <li>Reforestation in areas of host</li> </ul>	Ten groups trained in the use of improved stoves



Early Recovery Cluster			
Cluster Objectives	Indicator	2011 Target	Achieved
resources and reducing the impact of crises and natural disasters - Existence of contingency plans.	<ul style="list-style-type: none"> <li>Existence of a national strategy to fight against natural disasters</li> <li>Number of households aware</li> <li>Number of households using improved stoves</li> <li>Number of nursery available</li> </ul>	<p>communities</p> <ul style="list-style-type: none"> <li>70% of beneficiaries in areas affected by displacement are improved household stoves.</li> </ul>	20,000 product plans
3. Support capacity-building of national institutions, local and civil society to a post-crisis transition	<ul style="list-style-type: none"> <li>Number of staff trained</li> <li>Number of civil society organizations (CSOs) recognized</li> <li>Number of structures rehabilitated</li> <li>Number of workshops</li> <li>The amount of material provided</li> </ul>	<ul style="list-style-type: none"> <li>Three clinics to justice in the functional areas affected by conflict.</li> </ul>	<p>Support clinical legal NGO</p> <p>Logistical and material support to local institutions (computers, motor bikes, office supply) provided</p> <p>32 judges and court officers trained</p>
4. Facilitate the empowerment of people affected by crises in particular women, youth and vulnerable people	<ul style="list-style-type: none"> <li>Number of published studies and analysis</li> <li>Number of AGR created or supported</li> <li>Number of vulnerable beneficiaries trained</li> <li>Number of micro-credit agencies created or supported.</li> </ul>	<ul style="list-style-type: none"> <li>50% participation of women in leadership and management of all ER initiatives</li> </ul>	<p>50 women leaders of associations of ADRs and management of local development..</p> <p>20 girls from the Faculty of Law at the University of Abeche Adam Barka and legal advisors selected from 20 women's groups formed on the rights of children.</p> <p>Three capacity-building workshops organized.</p>

Early Recovery Cluster			
Cluster Objectives	Indicator	2011 Target	Achieved
5. Ensure that the RP clusters include in their response plans in a coordinated manner	<ul style="list-style-type: none"> <li>• Existence of inter-cluster meeting</li> <li>• Existence of an instrument of coordination between the clusters</li> <li>• Number of meetings organized early recovery (ER) clustered</li> <li>• Frequency of participation in meetings of other clusters by the cluster lead ER</li> <li>• Frequency of participation in the cluster lead meetings of the ER cluster</li> </ul>	<ul style="list-style-type: none"> <li>• Agencies, NGOs and clusters lead</li> </ul>	
Successes and challenges	Involvement of the local community, or beneficiary, or local institutions in implementing the actions is the main success, however, the main challenge is the mobilization of financial resources.		

## 2.4 Review of humanitarian funding

### Funding analysis

As of 15 November 2011, the overall CAP funding amounted to 57% of the revised requirements of \$535,276,140 leaving unmet requirements at \$232,187,407. This continues the trend in the funding pattern; 2009 funding was at 91% and 2010 funding at 60%, indicating that Chad has started to slide down from the global humanitarian agenda, possibly due to the stabilization in country and the slow transition into the development sphere.

Original requirements:	Revised requirements:	Funding received:	57% funded	Unmet requirements:
\$506,429, 849	\$535,276,140	\$303,088,733		\$232,187,407

Source: donors and recipient organizations as reported to the Financial Tracking Service (FTS) as of 15 November 2011

However, sectoral funding is very uneven: Food Assistance was funded at 84% , and Coordination and Support Services was fully funded. Health was funded at 51%; Agriculture and Livelihoods received 34% of requirements, WASH and Nutrition received 36%. Funding for Multi-Sector Support to Refugees and IDPs reached 10% of requirements (though much of the \$61 million received without earmarking to sector must be counted against this), Protection 10%, Education 9% while Early Recovery has not received any funding to date in 2011. This funding pattern calls for an urgent re-evaluation in terms of donor funding decisions, as populations require a holistic approach to covering their basic humanitarian needs.

To address the most urgent inequalities in funding, CERF allocated \$8 million from the under-funded window and \$11 million from the rapid response window in 2011. CERF allocations helped to facilitate a rapid response to the cholera crisis, logistics needs of humanitarian actors (United Nations Humanitarian Air Service/UNHAS), while the under-funded window supported projects in the nutrition, health, agriculture, protection, WASH and education sectors.

## 2.5 Review of humanitarian coordination

The cluster approach has been formalized and seven clusters are currently operational in the Chad CAP response: Protection, Health, Nutrition, Food-Security, WASH, Education, and Early Recovery. In addition there is the Coordination and Support Services sector and Multi-Sector Refugees being coordinated by UNHCR.

The overall humanitarian coordination architecture has been effective through the implementation of relevant mechanisms at field and central level: Cluster and inter-cluster meetings, Humanitarian Country Team (HCT) meetings, general coordination meetings, regular donor consultations and high-level fora with the Government (*Coordination Nationale de Soutien aux Activités Humanitaires et au Détachement intégré de Sécurité* (National Coordination of Humanitarian Activities and Support for the Integrated Security Detachment/CONSAHDIS). Despite disruption in deployment of dedicated staff, civil-military coordination has been maintained and collaboration with BSM has been effective.

The cluster approach has worked effectively and efficiently in the response to rapid-onset crisis situations, particularly the cholera outbreak and the recurrent annual floods. The WASH and Health clusters worked well in a strategic partnership to jointly respond to the cholera outbreak, while the Food-Security, Nutrition, WASH and Health clusters worked in strong complementarity in supporting the population affected by the malnutrition and food insecurity situation.

Notwithstanding, inter-cluster coordination still needs to be further strengthened to improve synergies, strategic and operational linkages, information-sharing and cross-cutting issues among the clusters.

The Early Recovery Cluster needs to be strengthened both in terms of capacity and funding, particularly at this point when the Chadian authorities are pushing for transition and recovery.

Overall, coordination mechanisms have been strengthened at the N'djamena level to support those areas with high vulnerabilities (Sahel belt, malnutrition in northern Chad and returning migrant workers). Information flows regularly from coordination structures in the east and from the existing Security and Movement Offices (*Bureaux de Sécurisation et Mouvement*, BSMs) in 12 regions, and is centralized at capital level for information, evaluation and decision-making.

This coordination architecture remains essential to optimize the flow of assistance resources and to prevent any gaps and duplication in funding pipelines and ensure the effective and timely delivery of humanitarian aid.

### 3. Needs analysis

Four elements have been identified as humanitarian priorities:

- Malnutrition/food insecurity.
- Epidemics.
- Population movements.
- Impact of the Libyan crisis.

Since early March 2011, some 83,000 Chadian nationals working in Libya have returned to their regions of origin, mostly in and around N'Djamena and the Sahel belt, areas already weakened by the food crisis. A reintegration programme for returnees is currently being implemented and humanitarian organizations are mobilized to address the needs of the most vulnerable returnees. Following the end of the conflict, more Chadian nationals are expected to return by the end of 2011 with a possible increase in other nationals from sub-Saharan Africa.

In addition, an estimated 1.6 million people continue to be affected by food insecurity and malnutrition, especially in the Sahel belt where the rate of acute malnutrition has been above the emergency threshold for many years (the average in Greater Kanem is above 22%). Even though the food security situation in the Chadian part of Sahel improved after good harvests in 2010, the increase in prices, the indebtedness of small-scale farmers and the weak rainfall in 2011 may have dire consequences in the coming year. After two years of continued shocks, the pastoralist communities will also have difficulties to overcome additional stresses. In addition, communities suffer a lack of livelihoods, worsened by the degradation of the environment (deforestation, over-exploitation of groundwater and pressure on scarce natural resources). Survival strategies of host communities are extremely fragile.

Erratic climate conditions with frequent natural disasters such as floods and droughts increase the vulnerability of the population. Chad has also been experiencing one of the worst cholera epidemics of its history, with some 17,000 cases reported. Cholera cases registered so far have a case fatality rate of 2.86%; 37 out of 61 sanitary districts are affected.

The humanitarian community is addressing the issue with a multi-pronged strategy including the use of emergency funding like CERF, cross-border interventions and integrated approaches (health, WASH, nutrition). Likewise, Chad has one of the highest incidences of polio in the world (25 health districts out of 61 are affected). People affected by meningitis or measles (especially those who are malnourished) remain a priority for the humanitarian agencies. Epidemics such as cholera need also be tackled regionally.

Displacement and refugee issues are key concerns for humanitarian actors in Chad. Improved access to basic social services such as health and education is needed for the displaced in camp settings and host communities around these camps. There are still some 288,000 Sudanese refugees in eastern Chad and some 75,000 refugees from the CAR the southeast part of the country. Chad also has around 131,000 IDPs and 50,000 former IDPs who have returned to their areas of origin. Although the Government estimates that another 30,000 IDPs are ready to return to their homes soon, lack of basic services in return areas and the absence of state authority prevent many IDPs from returning to their homes. The absence of rule of law and the lack of a functioning justice system also influence on the decision-making of IDPs. Protection issues like sexual and gender-based violence (SGBV), HIV/AIDS, and child soldier recruitment have to be addressed as a matter of priority in order to make return a sustainable option. Furthermore, achieving durable solutions for IDPs will require the reinforcement of communities' capacities to develop IGAs that would ensure self-reliance. A joint effort of the Chadian authorities, UN agencies and the humanitarian community was launched through the Early Recovery cluster that resulted in a common strategy for durable solutions for IDPs that focuses on return, local integration and relocation.

### 3. Needs analysis

It is important to mention that structural discrimination against women in Chad is widespread. The country ranks 152 out of 157 on the scale of the gender-related development index. Girls suffer from a lack of access to education: in 2009-2010, five out of ten children (55.3% of boys and 48.2% of girls) were enrolled in primary education while women make up the vast majority of illiterates. Women also have a lower economic status. Gender mainstreaming in the humanitarian response is an area of concern: the asymmetric impact of the humanitarian crisis on the lives of women, girls and boys has to be further analysed and integrated in the response.

#### A short overview of the expected needs in 2012 in comparison to 2011

Crises	2011	2012	Tendency (up arrow means better)
<b>Food-insecure population</b>	1.6 million	1.6 – 2.2 million	↓
<b>Refugees</b>	288,000 Sudanese refugees 75,000 CAR Refugees 500 Urban refugees 5,000 Sudanese refugees willing to return 5,000 CAR refugees willing to return	281,000 Sudanese refugees 79,000 CAR refugees 500 urban refugees 20,000 Sudanese refugees willing to return, 5,000 CAR refugees willing to return	↔
<b>IDPs</b>	131,000	Zero	↑
<b>IDP returnees</b>	50,000	181,000 (returned, integrated, and re-located)	↑
<b>Flood victims</b>	0	20,000 (contingency plan)	
<b>Epidemics</b>	Total population at risk: 11,679,976 Meningitis: 5,856 cases with 264 deaths Measles: 7,507, with 97 deaths Cholera: 17,030 with 455 deaths Poliomyelitis: 116 cases, zero death	With the planned immunization and sensitization campaigns, it is expected that figures will drop down in 2012	↑
<b>Libya-related vulnerabilities</b>	90,000 Chadian 900 third-country nationals 500 refugees	Zero Zero 500	↑



## 4. The 2012 Common Humanitarian Action Plan

### 4.1 Scenarios

For 2012, the HCT has identified three scenarios for the planning of humanitarian activities. The objectives and actions proposed for each sector in the Appeal corresponds with the scenario that humanitarian actors believe is most likely to develop during 2012, while the worst-case scenario is the basis of the inter-agency contingency plan.

#### Most likely scenario:

Core elements	Trigger	Effects	Impact on humanitarian operations
<b>Sudanese and CAR refugee populations in the east and south</b>	Although improving, insecurity still prevails in Sudan and northern CAR Referendum in Darfur	Limited number of returning Sudanese and CAR refugees in 2012	Need for continued protection and assistance to refugees in the east and south
<b>Chadian returnees</b>	Libya crisis	Effect on economic situation on Sahel belt region	Provide humanitarian aid to vulnerable returnees – Reintegration programme in place.
<b>IDP return movements</b>	Observed IDP return movement; increased number of go and see visits by IDPs; government engagement in return process	IDP return movement observed in Assoungba and Dar Sila (east), but number of IDPs opt for local integration and relocation	IDP returns/local integration needs to be supported to enable durable return (mainstreaming of Early Recovery in programming) Provision of assistance and protection to IDPs remaining in site.
<b>Increased banditry (north and east)</b>	Continuation or upsurge in attacks against DIS and humanitarian staff and facilities	Security-related incidents keep occurring (with potential increase in the north linked to increased presence of humanitarian actors) against DIS and humanitarian staff and facilities	Impact on fluidity of humanitarian space: operational and security constraints; reduction of delivery of aid which is not directly life-saving
<b>Circulation of small arms and proliferation of UXO</b>	Continuation or upsurge in the use of small arms		
<b>Continuing protection concerns</b>	Number of GBV cases is steady or increased Forced recruitment of young men and boys by armed groups	Continuous or increased demand on health services for management of GBV cases Sustainable solutions are not provided, hampering returns to areas of origin. Civilian and humanitarian character of camps not established. Violation of international law and regional/local peace deals Further displacement of young men and boys targeted for recruitment	Need for continued advocacy in international protection to refugees and respect of human right of IDPs. Increased need in terms of SBGV and gender-sensitive programming.

#### 4. The 2012 Common Humanitarian Action Plan

Core elements	Trigger	Effects	Impact on humanitarian operations
<b>Malnutrition/food security</b>	Increase of food prices; weak rainfall. Consequences of the Libya crisis on the Sahel region; degradation of natural resources	Increase of acute malnutrition rate (especially in the Sahel region). Conflict over access to limited natural resources.	Assistance in terms of nutrition, food security, water delivery to be provided to most vulnerable populations in areas affected by bad harvests and chronic food insecurity. Need to mainstream environmental considerations in all projects
<b>Epidemics</b>	Cholera and polio crisis affects most of the territory	Increase of cholera and polio cases	Adequate assistance to be provided by health and WASH actors to prevent further spread of the epidemics
<b>Natural disasters</b>	Floods/droughts	Destruction of infrastructures Aid delivery is hampered New displacements Increase in food insecurity due to loss of harvests/livestock Government request international assistance	New populations require humanitarian aid. Access to populations rendered difficult before of damage/flooding to infrastructures.

#### Worst-case/ best-case scenarios:

	Worst case	Best case
<b>Core elements</b>	Quick and massive withdrawal of all UN humanitarian agencies. Limited presence of other humanitarian actors. Restricted humanitarian space (suspension, reduction or relocation of humanitarian interventions). Evacuation of humanitarian aid workers. Serious abuse and violations of human rights. Severe looting and destruction of humanitarian infrastructures and materials. Discontinuity in public services (communications, banking system, trade, transports etc.)	Start of Sudanese and Central African refugees return process. Return of all IDPs to villages of origin. Continuity in humanitarian activities and increase of humanitarian space. The structural problems of the cholera epidemic are tackled. Malnutrition rate is reduced. All ER activities are financed and initiated.
<b>Impact on needs and response</b>	Humanitarian operations are reduced or suspended. Degradation of nutritional, food access and sanitary situations. Protection problems significantly worsen (increase in GBV, UXO, light arms circulation, etc.). Extensive psycho-social trauma. Issues linked to institutional continuity. Increased number of IDPs due to increased insecurity. Increased number of refugees in neighbouring countries (CAR, Cameroon, and Sudan).	Access to beneficiary improves. Organized return movement takes places for IDPs and refugees, while some others integrate with local communities or relocate. Development partners initiate programmes.

## 4.2 The humanitarian strategy

The agreed humanitarian strategic objectives continue to focus on protection and assistance for individuals affected by protracted humanitarian crises. The emphasis will be on identifying and implementing durable solutions for the IDP/refugee/returnee populations (over 500,000 people), and for the approximately 1.6 million people that remain critically affected by food insecurity. This strategy aims to facilitate a transition from humanitarian action to lasting recovery and long-term development.

Support for the self-reliance of targeted beneficiaries, further securing humanitarian space and strengthening the capacity of national actors and local communities to prevent, respond and manage crisis situations will be at the centre of programme/project delivery. Advocacy aiming at mobilizing additional development actors will reinforce the transitional nature of this CAP.

This strategic outlook aligns the Chad 2012 CAP more closely to the new UNDAF process, which is currently being finalized (result 2: “coordination of the preparedness and implementation of response to crises”). The focus on durable solutions for all target populations addressed through the CAP aims at enhancing the link between humanitarian action and development-oriented programmes. These strategic objectives meet the priorities that the Government of Chad has articulated in its PGRET.

The HCT will continue focusing on building inter-agency and inter-sector synergies to improve effective coordinated response and outcomes.

## 4.3 Strategic objectives and indicators for humanitarian action in 2012

### Strategic objectives:

- Ensure access to protection and assistance for the most vulnerable individuals affected by humanitarian crisis, with an emphasis on identifying /reinforcing durable solutions.
- Increase and reinforce humanitarian space, by also strengthening government capacity to enforce the rule of law and provide effective basic services to the population.
- Strengthen the capacities of and improve the coordination among actors (governmental bodies, NGOs, UN, civil society) and local communities to improve their resilience, reducing the impact of future shocks through multi-stakeholders crisis prevention and response management.
- Sensitize and mobilize key development actors (donors, technical agencies, and NGO) to invest more consequently into community and national development priorities.

### Strategic monitoring plan:

Strategic objective	Indicator(s)	Baseline	Target for end of 2012	Monitoring method
S.O. 1: Ensure access to protection and assistance for the most vulnerable individuals affected by humanitarian crisis, with an emphasis on identifying /reinforcing durable solutions	Number of IDPs assisted in origin areas	56,000	181,000	Evaluations, joint assessments missions, registration
	Number of IDPs assisted for integration in displacement areas			
	Number of IDPs relocated			
	Number of refugees engaged in self-reliance activities			

#### 4. The 2012 Common Humanitarian Action Plan

	Number of victims of epidemics cured and affected populations assisted	16,000 (2011) – 10,000 (2010)	80%	Inter-agency assessments, evaluation missions
	Number of victims of areas of natural disasters			
	Number of cases of malnutrition addressed	1.6 million (2011) – 2.2 million (2010)	80%	Vulnerability assessment mapping (VAM), evaluation missions, survey, nutrition database
	Number of household supported with food security and livelihoods activities (in line with sustainability strategy)	food-insecure		
S.O. 2: Increase and reinforce humanitarian space	Safe movements of humanitarian actors in security assessed areas	Border, desert and forest areas	100% of planned field missions achieved	Security incidents against humanitarian actors' reports.
	Uninterrupted humanitarian aid to beneficiaries		100%	Humanitarian access database and maps.
S.O. 3: Strengthen the capacities/ coordination of actors (governmental bodies, NGOs, UN, civil society) and local communities to prevent, respond to and manage crisis situations and their humanitarian consequences.	Disaster risk reduction strategy implemented	Countrywide	Affected areas	Evaluation missions
	Number of community and local authorities trained	60% of affected population and local authorities	Floods: NDJ, Bongor, Goz Beida	Evaluation missions
	Number of crises addressed by local crisis committees	Epidemics, Floods, etc.		
S.O. 4. Sensitize and mobilize key development actors (donors, technical agencies, and NGO) to invest more consequently into community and national development priorities.	Engagement of new funding streams/donors	Number of multi-dimensional programmes by actors	Shift in focus of key players	Development funding envelop for projects

## 4.4 Criteria for selection and prioritization of projects

### Eligibility criteria

When considering projects for inclusion, participating agencies agreed they should meet the following criteria:

- The cluster concerned for the relevant sector has approved the project.
- The project can lead to a result that is measurable in 2012 and is designed based on an in-depth evaluation of needs.
- The project fits into the CAP, insofar as it meets at least one sector objective which in turn contributes to progress towards at least one strategic priority.

- The appealing organization locally has the technical expertise and capacity to implement the project.
- The project uses the gender marker and reaches at least the score of one.
- The project does not duplicate other efforts, within or outside the Consolidated Appeal.

**Prioritization criteria**

- The project is directly life-saving.
- The project is for a priority sector, as defined by the HCT.
- The project targets highly vulnerable beneficiaries.
- The project is urgent in terms of time.
- The project is complementary to other efforts already underway.
- Some funding has already been received, committed or pledged for the project.
- The project advances gender equality through gender mainstreaming or targeted actions, reaching the score of 2a or 2b on the gender marker scale.
- The project is based on a participatory-approach.
- The project takes into account ER components.
- Specific needs of vulnerable groups affected by HIV/AIDS are included in the project.

**Projects are grouped according to the following categories:**

- Very High: meeting five/six criteria.
- High: Meeting three to four criteria.
- Medium: meeting one/two criteria.

## 4.5 Cluster response plans

### 4.5.1 Protection Cluster

#### *Summary of cluster response plan*

<b>Cluster lead agency</b>	<b>UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES</b>
<b>Cluster member organizations</b>	UNFPA, UNICEF, OCHA, UNDP, WFP, IOM, ECHO, CNARR, CONSHADIS, DIS, Human Rights Ministry, APLFT, LWF/ACT Alliance, INTERSOS, Intermón Oxfam, OXFAM GB
<b>Number of projects</b>	5
<b>Cluster objectives</b>	<ul style="list-style-type: none"> <li>Promote the national legal framework for IDPs in accordance with international law.</li> <li>Ensure the protection of IDPs and returnees as well as humanitarian space through the strengthening of national institutions and the community.</li> <li>Promote and strengthen durable solutions in areas of return, re-localization and local integration.</li> <li>Promote and strengthen a protective environment for children affected by crises through the community approach reducing the risk of violations and promoting their well-being.</li> <li>Reinforce mechanisms for prevention, protection and response to GBV particularly sexual violence in areas of return, re-localization and local integration origin.</li> </ul>
<b>Number of beneficiaries</b>	181,000 (IDPs and returnees)
<b>Funds required</b>	\$22,254,765
<b>Funds required per priority level</b>	Very High: \$22,254,765
<b>Contact information</b>	Honorinet Sommet Lange, Yvette Muhimpundu

#### *Categories and disaggregated numbers of affected population and beneficiaries*

Category of affected people	Number of people in need			Targeted beneficiaries		
	female	male	total	female	male	total
IDPs	68,695	56,305	125,000	68,695	56,305	125,000
Returnees (2010-2011)	30,776	25,224	56,000	30,776	25,224	56,000
Host communities	-	-	-	-	-	-
<b>Totals</b>	<b>99,471</b>	<b>81,529</b>	<b>181,000</b>	<b>99,471</b>	<b>81,529</b>	<b>181,000</b>

#### Needs analysis

- Due to the improvement of security and in line with Government policy, the return movements of IDPs continue to take place in their origin areas, local integration and re-localization areas.
- The impact of the crisis in Libya due to the large-scale return of Chadian nationals from Libya.
- Population affected by drought and floods.
- Adequate attention has not been devoted to the absorption capacity in areas of return (lack/insufficient basic services such as water, primary health care services, school infrastructure in terms of qualified human resources and material).
- Reconstruction in the sense of the creation of adequate social and economic conditions is particularly a significant challenge in areas of return, local integration and re-localization.
- The return is assessed as voluntary, but the transport assistance from the sites to the return areas as well as the return package is insufficient. The food ration for few months (three months) is also insufficient until the resumption of agricultural and/or income-generating activities.
- Inaccessibility of some return areas due to the lack of security.
- Property and land issues remain concerns for some returnees.
- The absence of the rule of law in many areas; as well as inter- and intra-communal conflicts over access to land and other issues, contribute to tension between IDPs, returnees and host communities.



- Law enforcement is limited, and in some locations, police and local authorities are either not present at all, or unable to leave their offices in town centres because of a lack of transport.
- The judicial system is also largely dysfunctional. Arbitrary detention and taxing illegal fees/fines and impunity remain a challenge.
- Protection issues including sex- and GBV, child protection incidents, birth registration issues and other civil documentation.
- Insufficient availability of GBV prevention and response mechanisms for IDP returnees, relocation sites and host communities.
- GBV data collection, analysis and reporting issues.
- Capacity-building of local authorities, civil society, community-based organizations, and affected population and beneficiaries.

**Sector objectives:**

- Promote the national legal framework for IDPs in accordance with international law.
- Ensure the protection of IDPs and returnees as well as the humanitarian space through the strengthening of national institutions and the community.
- Promote and strengthen durable solutions in various forms (return to areas of origin, re-localization and local integration).
- Promote and strengthen a protective environment for children affected by crises through the community approach reducing the risk of violations and promoting their well-being.
- Reinforce mechanisms for prevention, protection and response to GBV particularly sexual violence in areas of return, re-localization and local integration origin.
- Strengthen peaceful coexistence and social cohesion among returnees, IDPs and host communities.

**Proposed activities:**

**Objective 1: Promote the national legal framework for the IDPs in accordance with international law.**

Activities:

- Provide support for the drafting and adoption of national legislation on the status of IDPs, incorporating the Kampala Convention provision.
- Identify target groups (parliamentarians /Supreme Court, media) for advocacy and adoption of national legislation.
- Capacity-building seminars for the target groups.
- Disseminate various legal instruments on the status of IDPs, policy documents and guiding principles for the beneficiaries, local communities, civil and military authorities for awareness raising activities on their rights and duties.
- Establish mechanism for monitoring of Convention Kampala's implementation.

**Objective 2: Ensure the protection of IDPs and returnees as well as the humanitarian space through the strengthening of national institutions and the community.**

Activities:

- Conduct protection monitoring (human rights violations related to the displacement /IDPs/ returnees) on a community base focusing on the full reinstatement of citizenship rights, access to land, basic services, and self-reliance opportunities.
- Provide further institutional support for access to justice, reinforcement of administrative and security structures with a view to promote law enforcement and eradicate impunity.
- Reinforce inter-community dialogue programs, which will aim at strengthening the weakened capacity of traditional leaders and mixed committees to resolve conflicts (land, property...) in a peaceful manner and to promote cohabitation.

#### 4. The 2012 Common Humanitarian Action Plan

---

- Create within the protection cluster a working group in order to support the issuance of documentation (e.g. national identity card, birth certificate, other relevant documents) to any person and in particular children.
- Maintain database in coordination with *Commission Nationale d'Accueil et de Réinsertion des Réfugiés et Rapatriés* (Chadian National Refugee and Repatriated Authority/CNARR) by monitoring movement on site and in areas of durable solutions.

#### **Objective 3: Promote and strengthen durable solutions in various forms (return to areas of origin, re-localization and local integration).**

##### Activities:

- Gather information on intentions related to durable solutions, i.e. return, local integration or re-localization.
- Conduct profiling and village assessment in IDP sites and return villages to ascertain the voluntary character and sustainability of such returns.
- Reinforce advocacy for government to take the lead in reintegration efforts, consisting of enhancing security and ensuring basic social services are available in areas of return, local integration or re-localization.
- Enhance cooperation with UNDP and other development agencies to ensure a smooth take-over and reinforcement of the local development strategy, in coherence with the government PGRET socio-economic recovery plan for eastern Chad (reflected in UNDP's PGRET and the work of the Early Recovery Cluster).
- Coordinate activities on the sites with a view to enhance the self-reliance of the IDPs and to support of the transition of sites into local integration.

#### **Objective 4: Promote and strengthen a protective environment for children affected by crises through the community approach reducing the risk of violations and promoting their well-being.**

##### Activities:

- Strengthen psycho-social support through the child-friendly spaces in the sites and return areas.
- Support children's civil status registration through capacity-building of civil centres and Regional Delegations of Social Action
- Strengthen inter-agency coordination on Implementing the Monitoring and Reporting Mechanism in accordance with 1612 Resolution to stop recruitment and use of children by armed forces/armed groups.
- Strengthen mass awareness and mine risk education/REG and support for victims.

#### **Objective 5: Reinforce mechanisms for prevention, protection and response to GBV particularly sexual violence in areas of return, re-localization and local integration.**

##### Activities:

##### **Prevention**

- Ensure monitoring on security, risk analysis and / or threats related to protection issue in areas of return, local integration or re-localization in order to prevent violation of women and children rights.
- Organize mass mobilization activities to enhance community awareness on the harmful effects of GBV (large groups, community radio, and development of IEC/CCC materials/CCC).
- Set up committees to protect women and girls in return, local integration or re-localization areas.
- Strengthen women/girls' economic empowerment through IGA.
- Strengthen capacity of humanitarian actors to prevent and respond to GBV.

## Response

- Support medical care, legal and psycho-social services.
- Establish effective referral and monitoring mechanisms of GBV in the sites and in the return, local integration or re-localization areas.

## Coordination

- Support action plan related to national coordination and regional coordination on zero tolerance towards violence.
- Strengthen activities of GBV sub-clusters in return, local integration or re-localization areas.

## Objective 6: Strengthen peaceful coexistence and social cohesion among returnees, IDPs and host communities

### Activities:

- Establish dialogue spaces and committees for the peaceful resolution of disputes (mixed committees, traditional leaders, and local authorities).
- Identify disputes and facilitate dialogue between disputant parties; establish referral mechanisms to.
- Train committees on legal frameworks and non-violent resolution of disputes.
- Facilitate peace agreements between disputant parties/committees and implement community development projects.
- Undertake campaign on culture of peace.

## Risks and challenges

- Renewed displacement linked to regional conflicts.
- Lack/insufficient of support structures (infrastructures and basic services) in areas of durables solutions.
- Lack/insufficient of humanitarian/development actors in areas of durables solutions.
- Lack/insufficient of cooperation from local authorities in some areas of durables solutions.
- Access to the beneficiary population not assured.
- Culture and traditional challenges.

## Inter-Relations of Needs with Others Sectors

- Protection activities are cross and cutting issues. The Protection cluster will ensure mainstreaming of protection issues and policies in other clusters (Early Recovery, Education, Health, WASH, and Nutrition).
- The priorities of the protection sector are carefully formulated to contribute to the transition from humanitarian to development, while reducing risk and preventing renewed conflict.

## Cluster monitoring plan

- Monthly Protection Cluster meetings.
- Monthly Sub Clusters (GBV and Child Protection) meetings.
- Coordination meeting with other sectors and information/ reports sharing.
- Quarterly national Protection Cluster meetings.
- Quarterly Protection Cluster Reports.
- Two joint missions (Protection Cluster and government) to the field.
- Mapping of protection stakeholders in areas of durable solutions.
- Investigation on human rights' violation.

C. Objectives, outcomes, outputs, and indicators

Cluster Objectives	Outcomes	Target outputs	Indicator with corresponding target
<b>1. Promote the national legal framework for IDPs in accordance with international law.</b>	National legal framework developed in accordance with Kampala Convention provision.	Expert and technical assistance in drafting and adoption of IDP national legislation provided.	<ul style="list-style-type: none"> <li>• One expert recruited.</li> <li>• Legal assessment and analysis undertaken (gaps in the national legal framework for IDPs).</li> <li>• Number of instances of technical assistance provided.</li> <li>• Number of consultations / technical meetings conducted at the central and field levels.</li> <li>• Number of proposal for legislative amendment proposed.</li> </ul>
		Capacity-building undertaken for the target groups.	<ul style="list-style-type: none"> <li>• Two target groups established.</li> <li>• Two capacity-building seminars for parliamentarians /Supreme Court, media on legal instruments on the IDPs.</li> <li>• Government officials lobbies.</li> </ul>
		Advocacy conducted.	<ul style="list-style-type: none"> <li>• Number of capacity-building seminars for local authorities, civil society, including traditional leaders, security forces and IDP communities, beneficiaries on Kampala Convention, guiding principles.</li> <li>• Number of material produced and disseminated.</li> </ul>
		Monitoring mechanism on implementation of Kampala Convention established.	<ul style="list-style-type: none"> <li>• One working group established.</li> <li>• Number of meetings and assessments conducted.</li> </ul>
<b>2. Ensure the protection of IDPs and returnees as well as the humanitarian space through the strengthening of national institutions and the community.</b>	Protection environment strengthened.	Special mechanisms for monitoring and protection established and sustained.	<ul style="list-style-type: none"> <li>• Monthly confidential protection reports.</li> <li>• Referral system coordinated.</li> <li>• Protection network established.</li> </ul>
		Involvement of key stakeholders promoted.	<ul style="list-style-type: none"> <li>• 100% of protection cases identified are assisted.</li> <li>• 60% of vulnerable people assisted.</li> <li>• 6 of advocacy campaigns on human rights for beneficiaries, conducted by UNHCR in collaboration with implementing partners or external stakeholders.</li> </ul>
		Access of individual to human rights mechanisms enabled.	<ul style="list-style-type: none"> <li>• 60% of people for who access to human rights mechanisms enabled.</li> <li>• Number of interventions for access to national justice system conducted.</li> </ul>
		Positions or interventions in judicial and quasi-judicial proceedings provided. Legal services and clinics established or provided. Capacity-building undertaken.	<ul style="list-style-type: none"> <li>• Legal services and clinics established.</li> <li>• Number of people receiving legal assistance.</li> <li>• Number of people trained (judicial, GNNT, Gendarmerie, police, DIS, local authorities, including traditional leaders, IDP communities).</li> </ul>

Cluster Objectives	Outcomes	Target outputs	Indicator with corresponding target
<b>3. Promote and strengthen durable solutions in various forms (return to areas of origin, re-localization and local integration).</b>	Durable solutions strategy developed, strengthened or updated.	Strategy developed or implemented. Assessment and analysis undertaken.	<ul style="list-style-type: none"> <li>Comprehensive solutions strategy implemented and monitored.</li> <li>Assessment of conditions of return established or updated.</li> <li>Number of go and see visits conducted.</li> <li>Number of return committees established.</li> <li>85% of PoC for who volunteer to return have been verified.</li> <li>Advocacy for creation of conducive conditions for solutions conducted.</li> </ul>
	Potential for voluntary return realized	Individual volunteer to return verified. Advocacy conducted.	
	Reintegration made more sustainable	Comprehensive solutions profiling of population conducted. Village assessments conducted. Situation of people of concern monitored. Land, housing, property and documentation rights of PoCs are upheld.	<ul style="list-style-type: none"> <li>Percentage of population profiled.</li> <li>Assessment of protection gaps undertaken.</li> <li>Reintegration monitoring system established.</li> <li>Area or sector based monitoring system providing disaggregated data established.</li> <li>Number of decision of administrative or judicial bodies leading to re-appropriation of land, housing, property or documentation to PoCs.</li> </ul>
		Coordination mechanism reinforced. Partnership with developments actors established.	<ul style="list-style-type: none"> <li>Number Coordination meetings held with other cluster (Early recovery, Health...).</li> <li>Number of joint assessments/programs that cluster protection participated in with development actors.</li> <li>Number of developments projects that benefit PoCs.</li> </ul>
		Safe and dignified returnee transport provided. Return assistance provided Special assistance for people with special needs provided. Self-reliance programmes with Development Government and other actors promoted. Long term/permanent shelter provided and sustained for residual vulnerable cases/local integration areas	<ul style="list-style-type: none"> <li>Number of people provided with safe and dignified returnee transport.</li> <li>Number of people receiving returns packages.</li> <li>Percentage of people with access to services for their specific needs.</li> <li>Number of self-reliance programs implemented by UNHCR in the sites/local integration areas.</li> <li>Number of self-reliance programs implemented by other actors.</li> <li>Number of shelters provided.</li> <li>Number of shelter maintenance tool kits provided.</li> </ul>

#### 4. The 2012 Common Humanitarian Action Plan

Cluster Objectives	Outcomes	Target outputs	Indicator with corresponding target
<b>4. Promote and strengthen a protective environment for children affected by crises through the community approach reducing the risk of violations and promoting their well-being.</b>	Protection of Children strengthened	Psycho-social support through the child-friendly spaces in the existing sites and returns areas enhanced.	<ul style="list-style-type: none"> <li>At least 20,000 children benefit from psycho-social support, 30 committees for child welfare established, and 120 community leaders trained.</li> </ul>
		Birth registration and certificates provided.	<ul style="list-style-type: none"> <li>30,000 birth certificates issued (free of charge).</li> <li>Number of workshops and training conducted.</li> <li>22 centres supported with birth registration records and computers.</li> </ul>
		Capacity-building undertaken.	
		Situation of children monitored.	<ul style="list-style-type: none"> <li>Number of children associated with armed forces/ groups demobilized and reintegrated.</li> <li>Actions and measures undertaken by the Government to stop recruitment and use of children by armed groups/ forces.</li> </ul>
		Advocacy conducted on mines/UXO risks.	<ul style="list-style-type: none"> <li>Number of children protected against anti-personnel mines</li> <li>Number of survival assisted.</li> </ul>
<b>5. Reinforce mechanisms for prevention and response to GBV particularly sexual violence in areas of return, re-localization and local integration.</b>	Risk of GBV is reduced and quality of response improved.	Increased awareness of GBV (community mobilization at all levels, promoting women and girls rights and prevention against GBV especially sexual violence).	<ul style="list-style-type: none"> <li>600,000 people sensitized on human rights and the protection of women, girls and boys.</li> <li>Commitment of Governors and other local authorities including religious and traditional leaders.</li> <li>Number of Protection committees established.</li> <li>100% of the cases identified have access to medical, psycho-social, legal and judicial support as well as shelter for vulnerable cases.</li> <li>Multi-sector interventions on GBV coordinated.</li> <li>Number of clusters leads which integrate prevention and response to GBV in their programs.</li> <li>Number of implementing partners performing well in term of prevention and response to GBV.</li> </ul>
		GBV response mechanisms reinforced (health, psycho-social, legal responses).  Coordination for prevention and response to GBV reinforced.	
<b>6: Strengthen peaceful coexistence and social cohesion among returnees, IDPs and host communities</b>		Peaceful co-existence between returnees, IDPs and local communities promoted.  Community sensitization campaign on non-violence implemented.	<ul style="list-style-type: none"> <li>Number of inter- and intra-community dialogue conferences and discussions established.</li> <li>Number of mixed committees and/or dialogue structures established or strengthened.</li> <li>Two capacity-building seminars for mixed committees on conflict resolution skills and non-violence.</li> <li>65% of conflicts are resolved.</li> <li>Two projects of peaceful coexistence.</li> <li>Number of campaigns conducted.</li> <li>Peace agreement concluded between disputant communities.</li> </ul>



Cluster Objectives	Outcomes	Target outputs	Indicator with corresponding target
<b>6: Strengthen peaceful coexistence and social cohesion among returnees, IDPs and host communities</b>		Civil status documentations strengthened. Advocacy for provision of civil status documentation and administrative assistance to people of concerned conducted.	<ul style="list-style-type: none"> <li>• One working group established.</li> <li>• Types of civil status documents issued.</li> <li>• 50% of civil status documents are issued.</li> </ul>
		Profiling and sharing information mechanisms improved.  Outreach registration, targeting IDPs, returnees conducted.  Information and data shared in line with protection framework.	<ul style="list-style-type: none"> <li>• Number of people registered through registration outreach methods.</li> <li>• Data collection methodology for profiling/ village assessments defined.</li> <li>• Data sharing framework established.</li> <li>• 100% of clusters using common profiling data and information.</li> </ul>

## 4.5.2 Food Security Cluster

### Summary of cluster response plan

<b>Cluster lead agency</b>	<b>WORLD FOOD PROGRAMME and FOOD AGRICULTURAL ORGANIZATION</b> <b>Facilitator: ACTION CONTRE LA FAIM</b>
<b>Cluster member organizations</b>	ACF, ACORD, ACRA, ACTED, Africare, CARE, CCO, COOPI, Concern, CRF, CRS, CRT, FAO, FEWSNET, GIZ, Groupe URD, IMC, Intermón Oxfam, INTERSOS, MDM, MSF Suisse, MSF France, MSF Hollande, OHD, OXFAM GB, Première Urgence, SIF, Solidarités, WFP
<b>Number of projects</b>	10
<b>Cluster objectives</b>	<ul style="list-style-type: none"> <li>• Save lives and improve food security of vulnerable population (men and women) affected by crisis.</li> <li>• Reinforce and diversify livelihoods to strengthen resilience of vulnerable population (men and women) and communities in emergencies and ER.</li> <li>• Improve food security analysis and information management while ensuring the availability of gender disaggregated information.</li> <li>• Reinforce coordination and enhance the capacity of field actors.</li> </ul>
<b>Number of beneficiaries</b>	1,757,850
<b>Funds required</b>	\$155,507,783
<b>Funds required per priority level</b>	Very High: \$154,030,703 High: \$1,477,080
<b>Contact information</b>	Alice Martin-Dahirou – <a href="mailto:Alice.Martin-Dahirou@wfp.org">Alice.Martin-Dahirou@wfp.org</a> Rémy Courcier – <a href="mailto:Remy.Courcier@fao.org">Remy.Courcier@fao.org</a>

### Categories and disaggregated numbers of affected population and beneficiaries

Category of affected people	Number of people in need			Targeted beneficiaries		
	female	male	total	female	male	total
Vulnerable households affected by crisis (droughts, malnutrition, floods).	750,000 to 1,100,000	750,000 to 1,100,000	1,500,000 to 2,200,000	241,401	1,129,899	1,371,300
Returnees and IDPs	90,500	90,500	181,000	9,188	47,562	56,750
Refugees	203,451	159,549	363,000	164,900	164,900	329,800
<b>Totals</b>	<b>1,043,951 to 1,393,951</b>	<b>1,000,049 to 1,350,049</b>	<b>2,044,000 to 2,744,000</b>	<b>415,489</b>	<b>1,342,361</b>	<b>1,757,850</b>

### A. Needs analysis: identification of priority needs, populations and locations based on key indicators

The food insecurity in Chad originates from a combination of prolonged insecurity, widespread poverty and recurrent natural disasters that have resulted in poor yields, limited food availability and poor access at household level. Crises in neighbouring countries have spilled over into Chad and the country is hosting over 288,000 refugees from Sudan and 75,000 refugees from the CAR. As a result, the country continues to depend on food and related assistance to feed the deprived as well as reinforce the livelihoods of the vulnerable population.

In addition, eastern Chad (Wadi Fira, Ouaddai and Sila) is located in the Sahel belt, which is very exposed to climatic shocks (irregular and below-average rainfall and floods) that further increase the population's vulnerability to food insecurity. WFP Emergency Food Security Assessment (EFSA) in eastern Chad released in February 2011 noted that the food security situation of the Sudanese refugees remains an issue of concern. About 69% of refugees and 47% of IDPs are food-insecure. Some 25% of returnees and 30% of the host populations are food-insecure. These findings confirm that the populations in eastern Chad are not in a position to adequately meeting their basic food consumption

needs throughout the year 2011 and 2012. More attention will also have to be paid to the needs of returnees so as to encourage their permanent settlement in their original villages or their local integration in areas of displacement sites. Recent studies by UNHCR/INTERSOS (*Organizzazione Umanitaria per l'Emergenza / Emergency Humanitarian Organization*) in Sila and PU/FAO in Assoungaha indicate that more IDPs have returned and more are willing to return to their original villages. The numbers of returnees are estimated at around 50,000. More IDPs are expected to return to their hometowns in 2012. Therefore, basic community infrastructure needs to be built and their livelihoods reinforced, in order to strengthen their resilience to shocks.

In the southern part of the country, the food-security situation for CAR refugee is not as stable as expected. The EFSA released in February 2011 indicated that 32% of the refugees were severely food-insecure. Albeit having received food assistance since 2003, the lack of food-security continues due to the reduction of rations from the camps, the absence of income-generating activities. A drop in crops yield is also a factor due to deteriorating soil fertility, as confirmed by the April 2011 WFP/UNHCR Joint Assessment Mission (JAM).

In the western and central Sahel part of the country, the results of WFP EFSA (May 2011) shows that 29.5% and 21.7% of households are severely and moderately food-insecure with very high food insecurity proportions in Kanem (66.3%), Bahr el Ghazal (63.2%), Guera (57.7%), Batha (49%) and Lac (40%). Furthermore, the results of the February/March 2011 UNICEF/ACF)/WFP/Ministry of Health nutritional surveys conducted in the Sahel belt shows very high prevalence of GAM rates (above 15%) in Bahr-El-Ghazal (24.7%), Kanem (20.5%), Batha (16.4%), Wadi- Fira (16.3%) and high (between ten and 14%) in Guera (14%), Lac (13.5%), Ouaddai (12.4%), Salamat (13.7%) and Sila (13.9%).

The Libyan crisis has also worsened the food security status of the returnees and their families. The number of Chadian returnees was estimated in May 2011 at over 70,000 according to IOM. It is estimated that more than 300,000 Chadian nationals live in Libya as migrant workers. An ACF/OXFAM assessment from April 2011 indicates that the Libyan crisis has negatively impacted on the importation of basic foodstuff and fuel. The crisis has also negatively affected household food economy of populations in the Sahel who were depending on trade in-flow and remittances from Libya. The returnees and their families' household food security situations remain worrying, as their livelihood base (money transfer and commerce) has been eroded.

Harvests from the 2011/2012 agricultural campaigns in Chad are expected to decrease comparatively to last year's level. Recent analysis and early warning reports (FEWSNET, WFP, FAO) indicates a prospect of crop production deficit in 2012 due to the late start of the 2011/2012 agricultural campaigns. In all the agro-climatic zones of the country (Sudan-belt and the Sahel), the on-going (2011/2012) agricultural campaigns has been characterized by insufficient and irregular rainfalls. In the Sudanese zone, rains that had started on time in May were interrupted in June with a series of dry spells. Compared to its long term average, rainfalls in May, June, July and August 2011 were below average especially in the southern part of the country (Sudanese zone) which is the main grain producing area of the country. In addition, these spatial and temporal rainfall irregularities have led to about 30 to 35% reduction in cultivated surface.

Since February 2011, prices of basic foodstuffs (cereals) have continuously increased throughout the country. There was an early and unusual increase in the price of cereals in February and March, which stabilized in April and May, and an increase from the month of June through July that corresponds to the lean season price hikes. It should be noted that the June 2011 price levels were already above the five years' average and that of June 2010 in the southern part of the country. High food prices, coupled with an expected local cereal production deficit from the 2011/2012 agricultural campaigns, endanger the food security status of vulnerable households who are highly dependent on markets, especially during lean seasons.

The major challenges that need to be addressed in the area of food security in 2012 will be:

- The low self-sufficiency capacity of refugees, IDPs/returnees and local populations' which needs to be addressed through direct food distributions, cash transfers, improving access to

land, provision of agricultural and pastoral inputs as well as to creation of Income-generating Activities (IGAs) .

- The need to adopt sustainable agricultural and pastoral practices in order to conserve and/or limit environmental degradation and to ensure sustainable livelihoods.
- The limited markets and absence of post-harvest storage capacity.
- The need to strengthen livelihoods and to create community assets so as to reinforce households and communities self-sufficiency and resilience to shocks and disasters in face of high frequency of natural and human disasters.
- The limited presence and weak technical capacity of the Government and other implementing partners, which needs to be addressed through enhancing and building capacities of government local services, as well as communities and farmers.
- The need to ensure timely data collection, analysis and sharing of consolidated information for decision-making.
- The need to increase funding for livelihood, ER and transitional activities to respond to the above mentioned challenges.

#### **Sector Objectives**

- Save lives and improve food security of vulnerable populations (men and women) affected by crisis.
- Reinforce and diversify livelihoods to strengthen resilience of vulnerable population (men and women) and communities in emergencies and ER.
- Improve food security analysis and information management while ensuring the availability of gender disaggregated information.
- Reinforce coordination and enhance the capacity of field actors.

#### **Proposed activities**

- Implementing targeted distribution of food commodities to vulnerable groups in affected areas.
- Piloting cash and voucher based interventions to vulnerable households.
- Supporting the agricultural sector through improving affected populations' access to agricultural inputs & tools through targeted distributions and cash transfers.
- Enhancing agricultural production through yield management, farmers' capacity-building and provision of technical services.
- Supporting livestock sector through improving access to livestock, animal feed, and animal health, strengthening livestock owners' capacity and supply of technical services.
- Assisting in reconstruction and rehabilitation of community infrastructure.
- Supporting income-generating activities.
- Provision of technical training (data collection and analysis in food security sector) to government stakeholders and implementing partners.
- Reinforcing food security assessments, monitoring and information sharing.
- Coordinating food security cluster at national and regional level, including elaboration of cluster contingency plan.
- Liaising with humanitarian/development actors and national crisis management bodies.

#### **Indicators**

- Number of beneficiaries receiving food commodities as a percentage of planned beneficiaries within a given timeframe (by category, age group, and gender).
- Quantity of food distributed and vouchers/cash as a percentage of planned distributions within a given timeframe (by project category and commodity types).
- Number of beneficiaries receiving agricultural or pastoral inputs as percentage of planned beneficiaries (by input type, and gender).
- Quantity of agricultural or pastoral inputs, equipment, infrastructure, etc. distributed as a percentage of planned distributions (by project category and commodity types).
- Number of beneficiaries receiving complementary animal feed as a percentage of planned (by project category and by gender).

- Quantity of animal feed distributed as a percentage of planned distributions by project category;
- Number and type of assets created and beneficiaries of asset-creation (FFA/T or IGA) projects, by category, and as a percentage of planned.
- Quantity of food distributed by types of commodity expressed as a percentage of planned tonnage for asset-creation.
- Number of food security assessments conducted, early warning bulletins, and maps or reports produced as a percentage of planned.
- Number of active decentralized food security clusters operational.
- Number of food security cluster meetings organized and minutes shared as a percentage of planned.
- Number of stakeholders (partners or governmental staff, targeted communities) trained in food security assessments or in implementing food-security related activities (by training and audience category).

### **Risks**

- Climate-related natural disasters (floods or drought) and unfavourable harvest during 2012.
- Insecurity that may disrupt livelihood activities, and inhibit access to the targeted communities;
- Insufficient funding.
- Limited presence of technical implementing partners in the field.

### **Consequences if activities are not implemented**

- Deterioration of food security conditions for populations affected by crisis.
- Increased malnutrition and mortality.
- Deterioration of livelihood and decrease in food and livestock production.
- Increased number of conflicts linked to the use of natural resources.
- Lack of reliable information on food security to design, implement and monitor projects.

### **Inter-relations of needs with other sectors**

The Food Security cluster is interconnected to Early Recovery cluster, as in eastern Chad post-crisis intervention aims to help to rebuild sustainable livelihoods for vulnerable populations. As a cross-cutting cluster, the Early Recovery cluster deals with natural resources and disaster risk management issues that are also included in food security responses.

The Food Security cluster also coordinates with the Nutrition cluster, as food insecurity is one of the causes of malnutrition. The Food Security and Nutrition clusters will share information to complement responses and improve the impact of projects on the nutritional status.

### **B: Coverage of needs by actors not in the cluster or CAP**

In addition to its project in the CAP, ACF is implementing a mid-term project to support herders in western Chad. In 2012, SIF is starting a mid-term integrated project including food security, WASH and nutrition activities in western Chad.

The PNSA (National Food Security Programme) supporting agricultural production and food security and funded by Chadian Government is implemented all over the country.

C. Objectives, outcomes, outputs, and indicators

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
<p><b>1. Saves lives and improve food security of vulnerable population (men and women) affected by crisis.</b></p>	<p>Reduced level of acute malnutrition and mortality among children U5 below emergency threshold.</p>	<p>Targeted distribution of food commodities to vulnerable groups in affected areas implemented.</p> <p>Cash and voucher-based interventions to vulnerable poor households piloted.</p>	<p>80% of planned beneficiaries receiving food commodities within a given timeframe (by category, age group, and gender).</p> <p>80% of planned quantity of food distributed within a given timeframe (by project category and commodity types).</p> <p>80% of planned beneficiaries receiving vouchers/cash within a given timeframe (by category, age group, and gender).</p> <p>80% of planned quantity of vouchers/cash within a given timeframe (by project category and commodity types).</p>



Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
<p><b>2. Reinforce and diversify livelihoods to strengthen resilience of vulnerable population (men and women) and communities in emergencies and ER.</b></p>	<p>2.1. Improved and diversified food production and consumption over assistance period of targeted households.</p> <p>2.2. Enhanced IGAs and build social assets through construction/rehabilitation.</p>	<p>Agricultural sector is supported and affected populations have improved access to agricultural inputs &amp; tools through targeted distributions and cash transfers.</p> <p>Livestock sector is supported through improved access to livestock, animal feed and animal health, and livestock owners' capacity and supply of technical services is strengthened.</p> <p>Agricultural production is enhanced through yield management, farmers' capacity-building and provision of technical services;</p> <p>Reconstruction and rehabilitation of community infrastructure is assisted;</p> <p>Income-generating activities supported.</p>	<p>Number of beneficiaries receiving agricultural or pastoral inputs as a percentage of planned beneficiaries (by input type, and gender).</p> <p>Quantity of agricultural or pastoral inputs, equipment, infrastructure, etc. distributed as a percentage of planned distributions (by project category and commodity types).</p> <p>Number of households benefiting from improved infrastructures wells, water pumps, storage facilities, animal traction equipment...</p> <p>Number of beneficiaries receiving complementary animal feed as a percentage of planned (by project category and by gender)</p> <p>Quantity of animal feed distributed as a percentage of planned distributions by project category.</p> <p>Number and type of assets created and beneficiaries of asset-creation (food for work (FFW)/T or IGA) projects, by category, and as a percentage of planned (70%).</p> <p>Quantity of food distributed by types of commodity expressed as a percentage of planned tonnage for asset-creation (70%).</p>
<p><b>3. Improve food security analysis and information management while ensuring the availability of gender disaggregated information.</b></p>	<p>Credible assessments implemented and timely reports produced to inform programme decisions.</p>	<p>Food security assessments, monitoring and information sharing reinforced.</p> <p>Technical training (data collection and analysis in food security sector) to government stakeholders and implementing partners provided.</p>	<p>Number of food security assessments conducted, early warning bulletins, and maps or reports produced as a percentage of planned.</p>

#### 4. The 2012 Common Humanitarian Action Plan

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
<b>4. Reinforce coordination and enhance the capacity of field actors.</b>	Partnership and coordination of food security actors are enhanced and relevant knowledge and best practices are transferred to partners at national and regional levels.	<p>Food Security cluster meetings at national and regional level coordinated;</p> <p>Liaising with humanitarian/development actors and national crisis management bodies.</p> <p>Food security cluster contingency plan elaborated.</p>	<p>Number of Food Security cluster meetings organized and minutes shared as a percentage of planned (12 planned).</p> <p>Number of active decentralized Food Security clusters operational.</p> <p>Number of stakeholders (partners or governmental staff, targeted communities) trained in food security assessments or in implementing food security related activities (by training and audience category).</p>

#### D. Cluster monitoring plan

Activities will be monitored through:

- Food Security cluster meetings
- A “Who What Where” matrix filled by organizations
- Reports and evaluations made by cluster members.

#### E. Map or table of proposed coverage per site

SITE / AREA	ORGANIZATIONS
Ouaddaï	PU, FAO
Sila	ACTED, FAO
Kanem	FAO, WFP
Bahr el Gazal	FAO, WFP, OXFAM GB
Moyen Chari, Logone Oriental	ACTED
Salamat	Solidarités, ACTED
Batha	ACTED
National (crisis affected zones)	FAO, WFP

### 4.5.3 Health Cluster

#### Summary of cluster response plan

<b>Cluster lead agency</b>	<b>WORLD HEALTH ORGANIZATION</b>
<b>Cluster member organizations</b>	UNFPA, UNAIDS, UNICEF, FAO, MSP/DSR, MSF, COOPI, MDM, IRC, IMC, CSSI, BASE
<b>Number of projects</b>	13
<b>Cluster objectives</b>	To reduce morbidity and mortality.
<b>Number of beneficiaries</b>	3,811,000
<b>Funds required</b>	\$22,969,612
<b>Funds required per priority level</b>	Very High: \$22,426,187 High: \$543,425
<b>Contact information</b>	Dr Barry Saidou Pathé – <a href="mailto:barrys@td.afro.who.int">barrys@td.afro.who.int</a>

#### Categories and disaggregated numbers of affected population and beneficiaries

Category of affected people	Number of people in need			Targeted beneficiaries		
	female	male	total	female	male	total
Population affected by outbreaks	1,722,408	1,615,592	3,338,000	1,722,408	1,615,592	3,338,000
Sudanese +CAR refugees	203,451	159,549	363,000	203,451	159,549	363,000
U5 malnourished	56,760	53,240	110,000	56,760	53,240	110,000
<b>Totals</b>	<b>1,982,619</b>	<b>1,828,381</b>	<b>3,811,000</b>	<b>1,907,030</b>	<b>1,807,350</b>	<b>3,811,000</b>

#### A. Needs analysis

The following aspects currently characterize the humanitarian situation in Chad:

- **A poor performance of the health system demonstrated by:**
  - A poor performance by early warning systems for prone epidemic diseases monitoring;
  - Weak coverage rate of routine immunization for preventable diseases;
  - Weakness in the drugs supply with frequent stock out; in this context there is a need to reinforce epidemic-prone disease surveillance and provision of earlier life-saving response including the strengthening of laboratories diagnosis capacity, providing training, medical supplies and consumables to ensure adequate case management of prevailing diseases outbreak for life-saving in affected population. Also, many of the facilities offer services, which need to be improved in the quality. A recent reproductive health survey found a sexually transmitted infection (STI) rate of 19.3%. Only 9% men and 1% women are aware of HIV/AIDS.
- **The malnutrition and food-security crisis affects every year people in the Sahel belt of Chad** and more than 15% of children under the age of five years are affected by acute malnutrition. According to the recent nutritional survey in the Sahel area, acute malnutrition rate range from 15.2% to 24.9% in six regions of the Sahel belt. Moreover, the Sahel belt is suffering from lack of adequate infrastructure, insufficient health workers, insufficient drug and medical supplies. Children under the age of five years are suffering from transmissible diseases, mainly malaria, diarrhoea, respiratory diseases that could be treated in health centres. There is therefore a need for an integrated approach including rapid referral system in dealing with malnutrition in children U5 years of age.
- **In the recent past, Chad has faced recurrent natural disasters.** The erratic climate change result in heavy rain, which led flooding in several regions in Chad. The flooding that happens every year during the period of September till October disrupt health services in flooded regions, where poor hygiene and sanitation is worsened by the flood leading to increase in incidence of acute water diseases, malaria and respiratory diseases.

This phenomenon needs preparedness measures to mitigate the cyclical reliance on aid.

## B. Sector objectives

- To ensure that the population has access to basic health care, including HIV/AIDS, reproductive health and psycho-social care (prevention, care and rehabilitation).
- Improve the medical care of severe acute malnutrition.
- Strengthen the capacities of the health system and communities in response to epidemics and natural disasters.

### Proposed activities

#### • Objective 1

- Advocate for having in place more qualified staff according to national policies and standards
- Ensure contingency stock of essential drugs, lab reagent and medical consumables to support health services for improving health delivery.
- Train on life-saving intervention activities.
- Improve case management through refresher training of lab technicians and supply of laboratory reagents for epidemic-prone diseases.
- Procure and distribute drugs and medical supplies including emergency health and reproductive health kits, laboratory supplies for emergency health care.
- Reinforce health referral system to include obstetric and neonatal complications.
- Support the integration of comprehensive reproductive health services into primary health care to include Emergency Obstetric and Neonatal Care, Clinical care of survivors of sexual violence and sexually transmitted infections.
- Reduce HIV transmission through the coordination of activities, provision of essential supplies and Equipment,
- Support to safety blood transfusion and social communication activities.

#### • Objective 2

- Provide health-care facilities with emergency paediatric drugs and laboratory supplies.
- Print and distribute data collection tools and guidelines & protocols.
- Refresher course on integrated management of childhood illness for health workers.
- Provide logistic support for urgent cases transfer in district hospitals.
- Reinforce health & nutritional data collection, compilation and analysis for monitoring.

#### • Objective 3

- Support case management for meningitis, cholera and measles through the supply of essential drugs and the refreshment training of health workers.
- Improve the diagnosis by refreshment training and supply of laboratory tests for meningitis and cholera.
- Reinforce the Early warning system for epidemiological surveillance of epidemic-prone diseases.
- Train health workers for epidemics response and control.
- Refresher training for health workers and surveillance officers of appropriate management of waterborne diseases and potential outbreaks.
- Support the alert systems for detection of disease epidemics to save lives by providing surveillance tools, guidelines and strengthening essential laboratory capacity.
- Conduct investigations/assessments on suspected and/or rumoured cases for an adequate rapid response to any outbreaks.
- Conduct mass campaign immunization of population at risk for measles and meningitis in the affected areas by epidemics.
- Conduct risk assessment to disasters.

## Indicators

- At least one consultation per person per year at health centres.
- More than 80% vaccination coverage rate for EPI diseases in the local population.
- 80% of health facilities without stock out of six selected six essential drugs.
- 75% people in the emergency zones that has a good knowledge of the transmission and the prevention of HIV.
- At least 70% coverage rate of ANC.
- 50% of pregnant women with access to a quality MTCTP in the intervention zones.
- 30% of births assisted by a qualified staff. Knowing that the standard is >90%.
- Crude fatality rate during epidemics under acceptable rates (<10% for meningitis and < 1% for cholera).
- Less than 10% mortality rate in Therapeutic feeding centres.

## Risks and challenges

- Limited accessibility to provide health assistance to the affected populations specially in certain areas of eastern Chad due to the insecurity reason;
- No replacement of humanitarian actors when withdraw.
- Lack of funding of project proposal in the context of financial crisis.
- Lack of commitment of health authorities for deployment of qualified personnel in remote health facilities.

## Consequences if activities not implemented

- Poor access to basic health services in target areas with increased human suffering.
- Resurgence of transmissible diseases and subsequent outbreaks.
- Increase of morbidity and mortality in targeted population.

## Inter-relationships of needs with other sectors

Health sector is linked to Nutrition sector to ensure reduction of infant mortality in U5 age children, as far as medical complication of malnutrition is most important cause of mortality for malnourished children. Health cluster and nutrition clusters have to share information and work closely in establishing therapeutic centres to improve management of medical complication of malnutrition.

Health sector is also linked to WASH sector as lack of hygiene and safe drinking water are important determinants of water borne diseases such as cholera outbreak. Health and WASH will work together through inter cluster meetings to share information and strategies in order to develop synergy of interventions for improved impact in water diseases' control

## C. Objectives, outcomes, outputs, and indicators

Cluster Objectives	Outcomes	Target outputs	Indicator with corresponding target
<b>1. To ensure to the population the basic and quality health care including HIV/AIDS, reproductive health and psycho-social care (prevention, care and rehabilitation).</b>	Improved accessibility to basic health services in regions affected by crisis	Increased utilization of health services in regions affected by crisis	At least one consultation per person per year at health centres.
		Increased immunization coverage for infant diseases	More than 80% vaccination coverage rate for EPI diseases in the local population.
		Regular supply of essential drugs to health facilities affected by crisis	80% of health facilities without stock out of essential drugs in regions affected by crisis.
		Increased utilization of antenatal services in regions affected by crisis	At least 70% coverage rate of ANC.

#### 4. The 2012 Common Humanitarian Action Plan

Cluster Objectives	Outcomes	Target outputs	Indicator with corresponding target
		Increased of births attended by skilled health personnel in regions affected by crisis	30% of births assisted by a qualified staff
	Improved accessibility to basic information of the transmission and the prevention of HIV	Increased knowledge of the transmission and the prevention of HIV in regions affected by crisis.	75% people in the emergency zones that has a good knowledge of the transmission and prevention of HIV.
	Improved accessibility information and health services for GBV victims in regions affected by crisis	Appropriate information on services providers and timely medical care provided to all GBV victims	100% of GBV cases receive appropriate and timely medical care, and the clients are informed of other service providers (psycho-social, police, judicial) for case follow-up
<b>2. Improve the medical care of severe acute malnutrition.</b>	Referral system to therapeutic nutrition centres (TNCs) improved	Seven mobile clinics in place for improving referral to TNCs and improving care in nomadic population in Kanem, BEG and Eastern Chad	Less than 10% mortality rate in therapeutic feeding centres (TFCs).
	Medical complication of severe malnutrition management improved	At least one health worker trained in IMC in Kanem, BEG, Batha et Guera	
<b>3. Strengthen the capacities of the health system and communities in response to epidemics and natural disasters.</b>	100% affected people treated in affected districts	Treatment protocols provided in 100% of health facilities in affected districts; Treatment kits provided to 100% of health facilities in affected districts	Crude fatality rate during epidemics under acceptable rates (<10% for meningitis and < 1% for cholera).
	At least 90% people vaccinated for meningitis measles in epidemic districts	Vaccines procured for targeted population in affected districts	

#### D. Cluster monitoring plan

Activities will be monitored through:

- Health Cluster meetings
- Field investigation of outbreak and monitoring of interventions for outbreak control
- Government health information system on disease surveillance
- A “Who What Where” matrix filled by organizations
- Reports and evaluations made by cluster members.

#### E. Table of proposed coverage per site

SITE / AREA	ORGANIZATIONS
Ouaddaï	COOPI, CSSI, BASE, IMC
Sila	CSSI, BASE
Kanem	MDM
Bahr el Gazal	IRC
Salamat	CSSI, BASE
National (crisis-affected zones)	UNFPA, WHO, UNAIDS, UNICEF, MSP/DSR, MSF, COOPI, MDM, IRC, IMC



## 4.5.4 Education Cluster

### *Summary of cluster response plan*

<b>Cluster lead agency</b>	<b>UNITED NATIONS CHILDREN'S FUND</b>
<b>Cluster member organizations</b>	Première Urgence, CARE, ADRA, INTERSOS, CORD, JRS, FAWE, LEAD TCHAD, IRC, ACRA, OPAD, WFP, UNHCR, MEN, DRENs, DRAS
<b>Number of projects</b>	4
<b>Cluster objectives</b>	In crisis-affected regions in Chad, Education sector objectives will consist in: <ul style="list-style-type: none"> <li>• Promoting early childhood development activities in order to alleviate the domestic chores for girls and promote their access to primary school.</li> <li>• Promoting access and equity in education for all children including girls and children over school age.</li> <li>• Providing quality basic education for all school-age children, especially girls, in a healthy and protective school environment.</li> <li>• Strengthening teaching skills, piloting, and education system management at local level, focusing on the promotion and integration of female teachers serving as models for girls' education.</li> </ul>
<b>Number of beneficiaries</b>	Objective 1: 26,887 pre-school children. Objective 2: 339,495 school-age children. Objective 3: 339,495 school-age children and 2,000 teachers. Objective 4: 164 MoE staff.
<b>Funds required</b>	\$8,192,462
<b>Funds required per priority level</b>	Very High: \$6,966,242 Medium: \$1,226,220
<b>Contact information</b>	Beatrice Wakimunu – <a href="mailto:bwakimunu@unicef.org">bwakimunu@unicef.org</a>

### *Categories and disaggregated numbers of affected population and beneficiaries*

Category of affected people	Number of people in need			Targeted beneficiaries		
	female	male	total	female	male	total
IDPs, and returnees east	79,519	89,948	169,467	26,366	27,164	53,530
Sudanese Refugees in Eastern Chad (pre- and primary school age children)	147,184	110,600	257,784	46,549	37,837	84,386
CAR Refugees in Southern Chad and host-communities	35,985	28,822	64,807	10,919	12,560	23,479
Sahel belt (Regions of Kanem, Batha, Guerra, Bar El Ghazal)	356,199	237,467	593,666	83,126	94,974	178,100
<b>Totals</b>	<b>618,887</b>	<b>466,837</b>	<b>1,085,724</b>	<b>166,960</b>	<b>172,535</b>	<b>339,495</b>

### **A. Needs analysis**

The absence of stability and security, which has led to internal displacement since 2007, remains one of the most critical challenges in eastern (Sila, Ouaddai, Wadi-Fira) and southern Chad (Logone Oriental). While the first acute emergency phase is for the most part over, there are still 131,000 IDPs in the country whose needs add to those of local communities. The influx of people has indeed put severe strains on extremely scarce resources in areas where there already was little access to basic social services. Women and girls are the most affected population within those regions. UNICEF believes that simultaneous support to both IDPs and host populations will contribute to the sustainable and peaceful cohabitation of people in those areas.

For school readiness, the MICS 2010 identified that only 2.6% of children attending the first grade of primary school had attended pre-school the previous year, with gender disparities of 3.1% for boys against 1.9% for girls, regions (14.8% for N'Djamena versus 0.2% for Sila, 1.1% for Salamat, 0.7% for Ouaddai), and urban and rural areas (8.4% versus 0.8%). This situation not only deprives most young boys but especially young girls of a good start in life by hindering their access to primary education, but it also directly negatively limits the education of girls who must often care for younger

siblings, therefore upholding the inequities in access to education. In 2009-2010, five out of ten children (55.3% of boys and 48.2% of girls) were enrolled in primary education. This proportion decreases to less than four in the region of Ouaddai (38%, and 29% for girls), three in Sila (31%, and 25% for girls), and less than two in Wadi Fira (15%, and 11% for girls). Thus, a large proportion of children within these are deprived the right to education.

Responding to the educational needs of children in IDP sites, returnee villages and host communities in eastern and southern Chad is essential for peace consolidation. Education interventions are intended to ensure equitable access to quality basic education for all children, with special attention to girls, and their retention until the end of the cycle. This will be done through classroom construction or rehabilitation and equipment in order to improve the physical environment (separate latrines and safe water); teachers' training, distribution of teaching and learning materials for improved educational achievement; support to non-formal basic education initiatives, such as community based schools, non-formal education centres, teenager or youth literacy classes, in order to reduce their vulnerability with regard to HIV/AIDS, STIs, early pregnancy, child labour, etc. School feeding activities will be supported in synergy with WFP and communities in order to maintain school attendance and completion for girls and boys. Support will be provided to early childhood development activities such as parental education and development of community nurseries and pre-school structures for the young child at the community level.

All strategies and activities will ensure community involvement in supporting the education system, and girls' education in particular. The participation and presence of women in the various activities will tend to ensure gender equity.

**Risk analysis**

- Increased protection risks displaced and returned for children;
- Displaced children and returned are subject to various forms of abuse and exploitation such as child labour;
- Exposure and risk of child recruitment by armed groups and forces;
- Reduced opportunities for IDPs and returnees' to achieve self-sufficiency.

**Inter-relations of needs with other sectors**

In terms of need with other clusters such as Protection, Health and WASH, there will be actions to implement all around the child-friendly spaces, construction of latrines and water points and deworming of children. Needs are to be identified together across sectors to maximize available resources and the impact of interventions.

**B. Coverage of needs by actors not in the cluster or CAP**

N/A

C. Objectives, outcomes, outputs, and indicators

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
<b>1. Promoting early childhood development activities in order to alleviate the domestic chores for girls and promote their access to primary school</b>	1,140 parents in areas affected by crises, are supported for the creation and management of early childhood structures with parenting education activities 100 young children structures in the East are created, equipped and supported	1,140 parents have improved their knowledge in parenting education  26,887 young children have access to education and domestic chores are alleviated for girls and promote their access to primary school.	80% of parents in areas affected by crises benefit from parenting education activities and participate in the establishment and management of early childhood structures.  100% of the structures of young children created are equipped and supported.
<b>2. Promoting access and equity in education for all children including girls and children over school age</b>	100 classrooms are built, 50 are rehabilitated and 170 are equipped and have separated latrines and a water points in IDP sites, returnees and host villages in the east and south. Ten schools in affected areas benefited of the construction of at least one classroom for children over school age 400 EPAs and 300 PMAs support and promote girls' education	339,495 children have access to education including girls and over school age children	100% of classrooms in the sites of IDPs, returnees and host villages are built, rehabilitated and equipped.  100% of schools in the affected areas benefit from the construction of at least one new classroom  70% of targeted schools have separate latrines for girls / boys and a water point  100% EPA and PMA are revitalized and supported to promote girls' education
<b>3. Providing quality basic education for all school-age children, especially girls, in a healthy and protective school environment</b>	Facilitators of non-formal education structures received training in life skills (HIV/AIDS, Gender, STIs)  339,495 children are in schools and received school supplies to have a quality primary education. 2,000 untrained teachers in IDP sites, returnees and host communities received pedagogical training and teaching materials	339,495 school-age children have access to a quality basic in a healthy and protective environment.  Teachings skills are improved for 2,000 untrained teachers	100% of the animators / facilitators of non-formal education structures in the target areas are trained in life skills and teaching practices (HIV / AIDS, gender, health and others topics).  80% of children of school age (IDPs, returnees, refugees, host communities in the east and south) have access to quality primary education and receive school supplies.  100% of teachers in IDP sites, returnees and host communities benefit from pedagogical training and teaching materials.

#### 4. The 2012 Common Humanitarian Action Plan

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
<p><b>4. Strengthening teaching skills, piloting and education system management at local level, focusing on the promotion and integration of female teachers serving as models for girls' education</b></p>	<p>160 staff of six <i>Délégation Régionale de l'Éducation Nationale</i> (Regional Education Delegates/DRENs) have received technical and logistical support for a better systems management and monitoring</p> <p>Advocacy activities undertaken at local MoE authorities for the integration of female teachers. Traditional leaders at communities' level are sensitized on the role of female teachers as model for improving girls' education</p>	<p>The education management and monitoring system is improved in all decentralized structures of the Ministry of Education</p> <p>Traditional leaders are sensitized on the role of female teachers.</p> <p>The percentage of female teachers increased within teachers' staff.</p>	<p>100% of the decentralized structures of the Ministry of Education benefit from technical and logistical support for better systems management and monitoring.</p> <p>100% of targeted traditional leaders sensitized</p> <p>Number of new female teachers within teachers' staff by DREN.</p>

#### D. Cluster monitoring plan

Monitoring and follow-up of activities will be mainly carried through the Education Cluster mechanism by monitoring performance indicators, impact indicators and outcomes. The Education cluster will ensure continuous tracking of activities, review of the flow of services and activities provided by the programme, compliance with stated objectives and results.

#### E. Table of proposed coverage per site

SITE / AREA	ORGANIZATIONS
Ouaddai (IDPs/Returnees)	Première urgence, Intersos, ADRA, OPAD, WFP, UNFPA
Sila (IDPs/Returnees/Refugee)	JRS, ADRA, Intersos, WFP, UNICEF
Wadi Fira (Refugees/host pop)	CORD, CARE, JRS, UNICEF
Ennedi (Refugees/host pop)	IRC, UNICEF
Salamat (Refugees/host pop)	UNHCR, WFP
Gore	ACRA, UNHCR, OPAD
Maro	ACRA, UNHCR, OPAD
MOYEN-CHARI	UNICEF

## 4.5.5 Nutrition Cluster

### Summary of cluster response plan

<b>Cluster lead agency</b>	<b>UNITED NATIONS CHILDREN'S FUND</b>
<b>Cluster member organizations</b>	WFP, WHO, UNHCR, CRT, CRF, FEWSNET, ACF-F, IMC, MSF-H, MSF-F, MSF-CH, IRC, COOPI, CSSI, BASE, ACTED, NDA, Betsaleel, AIDA, MDM, WV
<b>Number of projects</b>	7
<b>Cluster objectives</b>	<ul style="list-style-type: none"> <li>• Increase coverage and quality of the acute malnutrition treatment programme.</li> <li>• Prevention of maternal and child malnutrition and micronutrient deficiencies.</li> <li>• Strengthen nutrition surveillance and emergency preparedness.</li> <li>• Strengthen nutrition coordinated response.</li> </ul>
<b>Number of beneficiaries</b>	270,000
<b>Funds required</b>	\$33,114,892
<b>Funds required per priority level</b>	Very High: \$20,647,565 High: \$10,800,640 Medium: \$1,666,687
<b>Contact information</b>	David Rizzi – <a href="mailto:drizzi@unicef.org">drizzi@unicef.org</a> ; <a href="mailto:rsodjinou@unicef.org">rsodjinou@unicef.org</a>

### Categories and disaggregated numbers of affected population and beneficiaries

Category of affected people	Number of people in need			Targeted beneficiaries		
	female	male	total	female	male	total
Children under five	104,000	96,000	200,000	62,400	57,600	120,000
Pregnant and lactating women	150,000	-	150,000	150,000	-	150,000
<b>Totals</b>	<b>254,000</b>	<b>96,000</b>	<b>350,000</b>	<b>212,400</b>	<b>57,600</b>	<b>270,000</b>

### A. Sector needs analysis

For the nutrition cluster the data submitted by partners is disaggregated only according to gender. As demonstrated in table 4.5.5 above, the Nutrition cluster members have taken the strategic decision of targeting all the population of children younger than five years old and pregnant women in the Sahel belt of Chad whom are the most exposed and vulnerable to malnutrition.

Acute malnutrition and micronutrient deficiencies remain the major problems and determinants of morbidity/mortality among children under five years in Chad. Nutrition and mortality surveys conducted in the early 2011 post-harvesting season revealed alarming malnutrition rates, although they were consistently lower than in August 2010 (hunger gap). The most affected regions are in the Sahel belt. The Libyan crisis, the meagre 2011 rain season and the continued epidemics are expected to affect further the health and nutritional status of the populations in 2012. Moreover the introduction of the WHO growth references in 2011 increased the caseload of nutrition centres by two to four times.

Quality of the treatment as measured by cured, default and death rates are on average within internationally recommended levels. Notwithstanding, some centres showed lower than satisfactory results, primarily because of: (i) the lack of skilled healthcare staff; (ii) insufficient data, poor quality of data and analysis at health centre/district level; and, (iii) lack of implementing partners to supervise and support the newly open nutrition centres.

Key family practices are still poorly adopted in the Sahel belt. The MICS survey in 2010 revealed an extremely low rate of exclusive breastfeeding during the first six months (3.3%). Complementary feeding, continuation of breastfeeding are among other key practices with a great potential to improve children's health and nutritional status.

The Nutrition Cluster 2012 strategy is focused on the strengthening of the acute malnutrition programme through increased coverage and improved quality. Cluster member organizations are integrating preventing actions aimed at achieving long-term impact.

#### 4. The 2012 Common Humanitarian Action Plan

Following the validation of the new protocol, the nutrition surveillance system will benefit of new and harmonized tools for data collection and analysis. Programme data will be analysed and disseminated on a monthly basis in the Nutrition cluster. In most affected regions, SMART surveys will provide malnutrition prevalence rates twice a year. Coordination between the national cluster and regional coordination meeting need also to be strengthened.

Acute and chronic malnutrition rates in Chad have been very high since data are available. MICS and EDS nationwide surveys (1997, 2000, 2004, 2010) have indicated almost no change throughout the year in national GAM rates, which were all above the 10% 'serious' threshold (14%, 12%, 14%, 16% respectively). Chronic malnutrition rates were also very high: 40%, 28%, 41%, and 39%. Malnutrition rates in the Sahel belt regions are significantly higher than national estimates. In 2004 (last nationwide EDS survey before the 2010 crisis) 14.7% of boys and 12.4% of girls were wasted in the country; during the 2010 crisis the MICS survey showed boys and girls malnutrition rates raised to 17.3% and 15.2% respectively.

The last SMART survey carried out during the post-harvesting season in 2011 showed an alarming nutritional status of population in most regions of the Sahel belt as per table below, many regions being above the 15% critical threshold set by WHO.

Region	Global acute malnutrition rate
Bahr el Ghazel	24.7%
Kanem	20.5%
Batha	16.4%
Wadi Fira	15.3%
Guera	14.0%
Sila	13.9%
Salamat	13.7%
Lac	13.5%
Ouaddai	12.4%
Hadjer Lamis	9.6%

Acute malnutrition rates among boys and girls were not significantly different in the SMART 2010 surveys in any of the region in the study. The public health impact of malnutrition rates is aggravated by on-going epidemics (cholera, measles) and high mortality in some regions. Low birth weight (< 2.5 Kg) prevalence is 20% (MICS 2010) with peaks of 30% and above in Kanem and Bahr el Gazel.

Exclusive breastfeeding rate, 3.3%, is extremely low at national level as assessed in 2010 with MICS survey and almost unchanged in last years (2.1% in 2004); sex-specific rates (3.0% boys 3.6% girls) were not significantly different.

Chronic malnutrition is also highly prevalent due to the structural food insecurity, especially in the northernmost regions. Bahr el Gazel, Kanem and Lac are the most affected regions with more than one in two children stunted.

Some 97.5% of children six to 59 months old (95% coverage is the recommended minimum standard for Sphere) received a Vitamin A supplement according to the MICS 2010. Scarce data are available as for anaemia rates. A survey carried out by UNHCR in refugee camps in late 2010 measured haemoglobin concentration among women age 15-49 and six to 59 months children and found very high prevalence rates of anaemia (above 40%) among six to 59 months children in all eastern and southern camps.

About 211 outpatient and supplementary feeding centres are integrated in the 400 health centres in the Sahel belt. The coverage of the nutrition programme could be increased through scaling up nutrition services in all health centres. However the limiting factor to expand coverage is the lack of qualified human resources and of implementing partners to ensure proper technical assistance and monitoring. Coverage surveys are on-going (as of October 2011) and will provide further information not only on the coverage rates but also on the factors limiting the coverage. In 2010 approximately 60,000 severely malnourished children were admitted to rehabilitation centres. Improved coverage in 2011 resulted in 44,000 being admitted until end of august.

Chad is facing recurrent food security and nutritional crisis, especially as a consequence of drought and floods. However, even during non-acute phases, high rates of malnutrition prevail. Chronic food insecurity, poor feeding practices among children and poor primary healthcare are the main determinants of these high levels of malnutrition. Poor roads condition, especially during the rainy season (hunger gap), makes difficult and costly the transport of foods form the southern regions where crops yield is higher and the northern, agro-pastoralist regions. Food variety is very poor and it's



likely to result in micronutrient deficiencies. Cultural and traditional practices may play a role in acute malnutrition especially with regard to exclusive breastfeeding, food taboos and traditional medicine remedies to malnutrition and other conditions, which delay proper treatment. Water is often given to under-six-months-old children, which is the most frequent reason of interruption of breastfeeding. WASH in rural areas is very poor and the 2010-2011 cholera epidemics were the most apparent consequence. Hand-washing and using of latrines are very rare in rural areas.

The institutional capacities and resources to face these problems are insufficient and external technical and financial support is still needed. The *Centre National de Nutrition et Technologie Alimentaire* (National Nutrition and Food Technology Centre/CNNTA), the body in charge of the nutrition sector within the Ministry of Public Health, is facing serious lack of human and financial resources, leadership and coordination to respond to crisis as well as long-term issues.

Coping strategies against food insecurity and malnutrition vary widely according to the season, the livelihood, the region and the same causes of food insecurity. According to WFP, coping strategies in the Sahel belt include the reduction of the number of meals and quantity per day, the consumption of less preferred food, casual work and borrowing.

Insecurity in the country has improved in the last few years, but the risk of relapse, especially in the regions on the border with Sudan, remain high. In some areas military escorts are recommended, which is against some NGOs' policy and movements remain difficult. Occasionally programme activities are halted or reduced after security threats or accidents involving agencies' staff/equipment.

Access of humanitarian organizations is also limited due to poor road conditions during the rainy season and in the northern desert areas (such as the Bourkou-Ennedi-Tibesti (BET) regions). Beneficiaries face the same challenges in getting the nutrition services they need. Transfers from the community to the health centres and from the outpatient centres to the therapeutic, inpatient, centres cannot be provided systematically by organizations due to logistical and financial constraints they are facing. Poor feeding practices should be addressed through behaviour change programs and implication of multiple stakeholders.

SMART surveys are being held twice a year in the Sahel belt regions by UNICEF and partners, while UNHCR cover the refugee camps in the east and south. Other NGOs may plan surveys in their intervention areas, for example World Vision (WV) carried out SMART surveys in the Chari Baguirmi, Logone Occidental and Tandjile in 2011. Information gaps include the anaemia prevalence (out of the refugee camps) and routine SMART surveys in the BET and southern regions. UNICEF may extend the coverage of SMART surveys out of the Sahel belt regions according to needs and priorities in 2012. EDST and MICS surveys do assess maternal breastfeeding, complementary feeding, iodine salt consumption and Vitamin A supplementation every five years. SMART, MICS and EDST survey always reports sex-specific malnutrition rates.

### **Risk analysis**

Insufficient and scattered rains are reported in 2011. The impact on food security is still uncertain, yet the Sahel belt's most vulnerable households are likely to empty their food stocks from September 2011. About 83,000 Chadian nationals working in Libya have returned to Chad since March 2011. Most of them live in the northern regions and the loss of their remittances will likely have an impact on the local economy.

### **Inter-relations of needs with other sectors**

Acute malnutrition is a multi-factor condition resulting from poor food access, health, social and environmental care to the children. Primary healthcare is a major challenge in achieving a good environment for children birth and development.

Qualified human resources are a major problem for both health and nutrition services. Approximately 50% of health centres in the Sahel belt regions do not have a nurse, and care is delivered by unskilled staff. Routine vaccination indicators are below minimum standards and the association between malnutrition and diseases is well established. According to the national protocol all six to 59 months

#### 4. The 2012 Common Humanitarian Action Plan

old malnourished children admitted to the rehabilitation programs have to be vaccinated against measles. Medical and nutritional care in rural areas and for nomadic population is being provided by mobile clinics, but the coverage is limited due to high costs and lack of organizations with technical/financial capacities. High maternal mortality reduction should also be a priority for the healthcare system reform, since it is an important indicator of the quality and coverage of health services to the couple mother/children from the first months of pregnancy to the breastfeeding practices.

There is an urgent need to improve the WASH sector, since cholera epidemics and other water-borne disease are very prevalent. Increase in admission at nutrition centres has been reported during the cholera outbreak peak. Exclusive breastfeeding should be promoted also to prevent cholera in under six months' old children and zinc supplement given to U5 children to reduce the consequences and frequency of diarrhoeal diseases. Food contamination, due to lack of hand washing, should be addressed in all communication campaigns to promote hygiene.

Food security programs do benefit from nutritional status indicators for targeting most in need areas and households. Nutrition education shall be included in agricultural programs to promote better understanding of food groups, nutrient requirements and diversification.

#### B. Coverage of needs by actors not in the cluster or CAP

*Médecins sans frontières* (Doctors Without Borders/MSF)-Switzerland runs a nutrition programme in Hadjer Lamis including one therapeutic and four outpatient feeding centres.

#### C. Objectives, outcomes, outputs, and indicators

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
1. Increase coverage and quality of the acute malnutrition treatment programme.	Acutely malnourished patients in most affected regions receive nutritional care.	Health centres in most-affected regions have an acute malnutrition treatment programme.  At least one mobile clinic is operational in Kanem, BEG, Batha, Guera, Wadi Fira (baseline is 100%).	1. 70% of operational health centres in the Sahel belt regions offer nutrition rehabilitation services (baseline 50%). 2. 100% of operational hospitals in the Sahel belt regions offer treatment to complicated severe malnutrition cases (baseline 58%). 3. Coverage rate of the acute malnutrition programme is above 50% (no baseline data available yet).
	Acutely malnourished patients receive improved quality treatment.	Regional trainings on the new national guidelines for the treatment of malnutrition are held regularly.  Supervisions of nutrition centres are performed regularly.  Screening for acute malnutrition is systematically performed during medical consultations and at community level.	4. At least one training on the new protocol has been held in each region where the nutrition programme is operational within the last 12 months (baseline, as of September 2011, is 56%, i.e. five regions over nine). 5. 100% of health centres providing nutrition rehabilitation services has been supervised at least once a month (no baseline data available). 6. 100% of health centres providing nutrition rehabilitation services respects Sphere minimum

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
			standards as for cure, death and default rates on a yearly base (baseline data available are scarce and not harmonized).
			7. 100% of health centres providing nutrition rehabilitation services systematically screen for malnutrition six to 59 months old children at medical consultations (no baseline data available).
<b>2. Improve the prevention of maternal and child malnutrition and micronutrient deficiencies.</b>	Six- to 59-months-old children receive a Vitamin A supplement and de-worming drug every six months.		8. Vitamin A supplementation and de-worming campaigns are carried out twice a year along with other activities (baseline 100%).
	Mothers of malnourished children receive nutrition education at health centres.		9. 60% of health centres providing nutrition rehabilitation services integrate IEC about feeding practices into their nutrition programs (no baseline data available).
	Vulnerable children in most affected regions receive enriched food rations to prevent acute malnutrition.		10. International recommendations for blanket feeding programs, using enriched foods, are applied to all regions (baseline 100%).
<b>3. Strengthen nutrition surveillance and emergency preparedness.</b>		SMART surveys are regularly carried out in most at risk regions and data shared.	11. SMART surveys are carried out twice a year in all Sahel belt regions (baseline 100%).
		Nutrition programme data are analysed and shared monthly.  The existing contingency plans of UN agencies take into account nutrition when relevant	12. Monthly completeness rates of the three nutrition programme components (CNS, CNA and CNT) are ≥ 90%. (baseline data are incomplete).

#### 4. The 2012 Common Humanitarian Action Plan

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
<b>4. Strengthen nutrition coordinated response.</b>		Strategic coordination is provided by the Nutrition Cluster in N'Djamena and by regional coordination for a  Gaps are systematically identified and addressed within the Nutrition Cluster	13. Nutrition Cluster members meet at least every month in N'Djamena.  14. Malnutrition and mortality rates and who-does-what-where maps are updated at least twice a year.  15. Average number of participants to Nutrition Cluster meeting is ≥ 15 (baseline in 2010 is 15)

#### E. Table of proposed coverage per site

SITE / AREA	ORGANIZATIONS
Barh el Gazel	UNICEF, WFP, ACF – FRANCE
Batha	UNICEF, WFP
Chari-Baguirmi	WFP
Ennedi	UNICEF, IRC
Guera	UNICEF, WFP
Hadjer-Lamis	UNICEF, WFP
Kanem	UNICEF, WFP, ACF – FRANCE
Lac	ACTED
Logone occidental	ACTED, WFP
Logone oriental	ACTED
Ouaddai	UNICEF, WFP, IRC
Salamat	WFP
Sahel belt	ACF – FRANCE, UNICEF
Sila	UNICEF, WFP, IMC
Tandjile	WFP
Wadi-Fira	UNICEF, WFP, IMC

## 4.5.6 Multi-Sector Assistance To Refugees

### Summary of sector response plan

<b>Cluster lead agency</b>	<b>UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES</b>
<b>Cluster member organizations</b>	UNHCR and partners
<b>Number of projects</b>	1
<b>Cluster objectives</b>	Protection and mixed solution
<b>Number of beneficiaries</b>	363,418 refugees (75,018 Central African Republic, in south; 288,000 Sudanese in East and 400 urban refugees)
<b>Funds required</b>	\$159,394,146
<b>Funds required per priority level</b>	Very High: \$159,394,146
<b>Contact information</b>	Touré Mahamadou Tahel – <a href="mailto:tourema@unhcr.org">tourema@unhcr.org</a>

### Categories and disaggregated numbers of affected population and beneficiaries

Category of affected people	Number of people in need			Targeted beneficiaries		
	female	male	total	female	male	total
Central African Republic refugees	39,731	35,287	75,018	39,731	35,287	75,018
Sudanese refugees	163,738	124,262	288,000	163,738	124,262	288,000
Urban refugees	212	188	400	212	188	400
<b>Totals</b>	<b>203,681</b>	<b>159,737</b>	<b>363,418</b>	<b>203,681</b>	<b>159,737</b>	<b>363,418</b>

### A. Needs analysis

#### Identification of priority needs, populations and locations based on key indicators

UNHCR will continue to ensure protection and provide essential services to refugees including supply of potable water, access to sanitation, shelter, education and health in order to maintain or improve their situation. The strategy will focus on consolidating achievements in WASH and health sectors, strengthening access to shelter, access to energy and education, prevention and response to SGBV. On the other hand, a transitional approach towards increased self-sufficiency will also be sought despite scarce natural resources and difficult environment for agriculture, IGAs and micro-credit schemes in order to gradually reduce refugee's dependence on aid.

Education, which constitute a major child protection tool need strengthened. Efforts already made in past years need to be pursued in primary education in order to increase enrolment rate and reduce dropout rates, especially for girls. However, resources remain insufficient as in previous years to boost and expand the secondary education programme. Currently, less than 15% of refugee children have access to secondary school.

Supply of potable water in some parts of eastern Chad still remains below standards despite noticeable progress achieved in 2011 through construction and/or upgrade of water systems.

Promotion of self-reliance and community empowerment of the refugees especially for the Central African refugees plus livelihood activities will continue to be enhanced through livestock activities and agriculture support, plus micro-finance schemes, especially for women beneficiaries.

There is a tremendous pressure on already limited natural resources, especially in the eastern Chad. Therefore, the operation will continue to look for alternative energies induce at a pilot level with the aim to reduce consumption of firewood.

A strong logistics infrastructure support will remain crucial for the delivery of protection and assistance to people of concerns. Essential logistics support to DIS need to be maintained in order to consolidate positive security development and ensure the civilian and humanitarian character of refugee camps and security for humanitarian workers.

In urban areas, resources have been allocated to ensure the balance between the basic assistance to most vulnerable urban refugees and asylum seekers and the promotion of self-sufficiency and self-management.

At the national level, priority will be given to the dissemination of the refugee law, the capacity-building of the eligibility committee and CNAR staff as well as the elaboration of data sharing mechanisms to improve the overall national asylum system.

#### **Risk analysis**

The security situation still needs to be improved and the socio-economic problems of the region are still unresolved. Problems in the north of CAR have caused additional, small but constant influxes. To date the government's policy of asylum has remained an opened one. Despite the "rapprochement" between Chad and Sudan, the instability in Darfur has not been conducive to the voluntary repatriation of the refugees. The Libyan crisis could have long-term consequences on the regional security situation and the political and socio-economic stability in Chad. Local integration is not favoured by the GoC; de facto some degree of self-reliance has been achieved, but socio-economic surveys in 2010 have shown the limits of the mechanisms implemented. Logistical difficulties and interrupted access, during the rainy season, to remote areas where the camps and sites are located, which hampers humanitarian aid for two to four months at a time. More than 20% of the fleet of vehicles are obsolete, due to their age; limited resources hindered international procurement and shipment of drugs and equipment. Severe flooding of agricultural land and crop damage occurred during 2010 in southern Chad and to a lesser extent in eastern Chad. The recurrences of this in 2011 are likely to endanger the self-reliance strategy. Life-saving activities such as water and health must be maintained and enhanced. National capacity-building through support to government structures, line ministries, armed forces and police training and support to judiciary must be maintained.

#### **Inter-relationships of needs with other sectors**

UNHCR will continue to play its role in meeting the UNDAF objectives. UN joint programming will be reinforced in 2012-2013 and specific MOUs will be entered into at Chad level with WFP, UNICEF, UNDP and UNFPA most particularly. There is a possibility that the joint UN Programme for support to DIS, initially planned for the transition year of 2011 only (after MINURCAT's departure) may have to continue depending on the government's ability to fully support DIS activities in the future.

UNHCR will continue its collaboration with development agencies like *Agence Française de Développement* (French Development Agency/AFD), Swiss Agency for Development and Cooperation (SDC), European Commission, South Cooperation and line ministries (water, environment, health, education in particular). UNHCR will also continue its bilateral agreements with NGOs and pursue the promotion and capacity-building of national NGOs. Specific collaboration will be developed with other agencies taking over MINURCAT's civil affairs such as human rights; promotion of good governance through support to administrative and traditional authorities and support to the Chadian justice system in the east of the country.



**B. Objectives, outcomes, outputs, and indicators**

**Refugees from CAR and Sudan in camps**

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
<b>1. Community Empowerment and Self Reliance</b>	Natural resources and shared environment better protected	Forest protection undertaken	90% of environmental risks associated with the operation mitigated
	Peaceful co-existence with local communities promoted	Projects benefiting host and displaced communities implemented	100% local communities support continued
<b>2. Basic Needs and Essential services</b>	Health status of the population improved	Preventative and community-based health care services provided	Crude mortality rate maintained to 0.2 (per 1000 population/month)
			100% of PoCs have access to primary health care
			100% of PoCs have access to secondary and tertiary health care
			100 % Measles vaccination covered
	Nutritional well-being improved	Measures to control anaemia and other micronutrient deficiencies undertaken	U5 mortality rate maintained to 0.3 (per 1000 population/month)
			Prevalence of anaemia in children (six-59 months) decreased up to 19%
			Prevalence of anaemia in women of reproductive age (15-49 years) decreased up to 19%
			Prevalence of chronic malnutrition decreased up to 19 % (six to 59 months)
	Population has optimal access to education	Measures to improve education quality and learning achievement implemented	Prevalence of GAM (six to 59 months) decreased up to four
			Zero Prevalence of severe acute malnutrition
50 % of PoC aged 12-17 enrolled in secondary education			
85 % of PoC aged three to five years enrolled in early childhood education			
Population has sufficient access to energy	Energy saving practices promoted	100 % of PoC aged six-11 years enrolled in primary education	
		50 % of teachers are female	
		100 % of teachers qualified	
		100% of refugee qualifications recognized	
Shelter and infrastructure established, improved and maintained	Shelter materials and maintenance tool kits provided	100 % of households with access to sustainable energy	
		Three people per shelter	
		100 % of households living in adequate dwellings	
		91sp.m average camp area per person (no emergencies)	
			3.5 sp. m average floor area per person (for moderate climate)

4. The 2012 Common Humanitarian Action Plan

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
	Supply of potable water increased or maintained	Water system constructed, expanded and/or upgraded	220 people per usable well / hand pump 80 people per water tap 100% of PoC living within 200 m from water point Incidence of watery diarrhoea Average of 18 litres of potable water available per person per day
<b>3. Security from Violence and Exploitation</b>	Protection of children strengthened	Core child protection structures/functions established	50% of out of school adolescents who participate in targeted programs 50% of UASC for whom a best interest process has been initiated or completed 75 % of children <15 are not involved in child labour 100% of children of concern are safe from grave violations by armed groups 100% of children of concern with specific needs are identified and assisted 80% of girls are protected from the risk early marriage
	Risk of SGBV is reduced and quality of response improved	Age, Gender, and Diversity sensitive community security system strengthened	75 % of reported incidents of SGBV received protection and assistance 100% of known SGBV survivors receive support (100%)

**Refugees from CAR**

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
<b>1. Basic Needs and Essential services</b>	Health status of the population improved	Preventative and community-based health care services provided	Crude mortality rate maintained to 0.3 (per 1000 population/month)
		Access to primary health care services provided or supported	100% of POCs have access to primary health care
		Health services to children U5 delivered	Under – 5 mortality rate maintained to (per 1000 population/month)
		Immunization/cold chain services provided	78% of measles vaccination covered
	Nutritional well-being improved	Appropriate infant and young child feeding practices promoted	Prevalence of anaemia in children (six to 9 months) decreased up to 40% Prevalence of GAM (six to 59 maintained to 40%)

**Chad 2012 Consolidated Appeal**

<b>Cluster Objectives</b>	<b>Outcomes with corresponding targets</b>	<b>Outputs with corresponding targets</b>	<b>Indicators with corresponding targets and baseline</b>
		Measures to control anaemia and other micronutrient deficiencies undertaken	Prevalence of anaemia in women of reproductive age (15-49 years) maintained to four
		Nutrition surveillance system implemented	Prevalence of SAM decreased up to 0.5
	Population has optimal access to education	Measures to improve education quality and learning achievement implemented	80% of POC aged 12-17 enrolled in secondary education
			100% of POC aged six to ten years enrolled in primary education
			80% of teachers are qualified
	Supply of potable water increased or maintained	Water system constructed, expanded and/or upgraded	460 people per usable well/ hand pump
			100% of POC living within 200m from water point
			Average of 22 litres of potable water available per person per day
			5% of incidence of watery diarrhoea
			Proportional morbidity of watery diarrhoea maintained to five
<b>2. Community Empowerment and Self Reliance</b>	Self-reliance and livelihoods improved	Community mobilization strengthened and expended	40% of active female participate in leadership / management structure
		Natural resources and shared environment better protected	10% environmental risks associated with the operation are mitigated
		Peaceful co-existence with local communities promoted	95% of local communities support continued
		Self-reliance and livelihoods improved	50% of PoC (18-59) assisted (cash/food assistance 12 mns+ after arrival/dsp)
<b>3. Durable Solutions</b>	Potential for resettlement realized		55 % of identified individuals departed for resettlement
			100 % of identified individuals in need of RST submitted for RST
			100% of PoC identified in need of urgent/ emergency resettlement who have departed
<b>4. Security from Violence and Exploitation</b>	Protection of children strengthened	Core child protection structures/functions established	60% of UASC for whom a best interest process has been initiated or completed
	Risk of SGBV is reduced and quality of response improved	Legal assistance Special procedures for child victim/survivors established and sustained provided	45% of community's efforts on SGBV addressed 95% of known SGBV survivors received support

### Urban Refugees

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
<b>1. Basic Needs and essential services</b>	Population has optimal access to education	Measures to increase enrolment rate implemented	70 % of PoC aged 12-17 enrolled in secondary education 100 of PoC aged six to 11 years enrolled in primary education
<b>2. Durable Solutions</b>	Potential for resettlement realized	Emergency resettlement organized	100% of identified individuals departed for resettlement 100% of identified individuals in need of RST submitted or RST departed 100% of PoC identified in need of urgent/emergency resettlement departed
<b>3. Favourable Protection Environment</b>	Law and policy developed or strengthened	Involvement of key stakeholders promoted	70 % of law and policy consistent with international standards

### C. Table of proposed coverage per site

SITE / AREA	ORGANIZATIONS
<b>Eastern Chad</b>	UNHCR and partners
<b>1. Iriba</b>	
Geureda	
Bahai	
<b>2. Farchana</b>	
Amleyouna	
<b>3. Goz Beida</b>	
Koukou	
<b>South and southern East of Chad</b>	UNHCR and partners
Gore	
Maro	
Haraze	

## 4.5.7 Coordination and Support Services Sector

### *Summary of cluster response plan*

<b>Cluster lead agency</b>	<b>OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS</b>
<b>Cluster member organizations</b>	OCHA, CCO, WFP/UNHAS, ASI, ASF
<b>Number of projects</b>	3
<b>Cluster objectives</b>	<ul style="list-style-type: none"> <li>Facilitate the coordination of humanitarian actors to ensure the appropriate, adequate and timely delivery of humanitarian aid to the most affected populations.</li> <li>Promote humanitarian principles and access by facilitating common assessments, information management services and advocacy efforts.</li> <li>Facilitate and coordinate humanitarian funding processes.</li> <li>Provide support services to the humanitarian and wider international community.</li> </ul>
<b>Number of beneficiaries</b>	Over 102 humanitarian organizations, donors, national and local authorities, technical ministries and DIS
<b>Funds required</b>	\$22,236,086
<b>Funds required per priority level</b>	Very High: \$22,236,086
<b>Contact information</b>	David Cibonga – <a href="mailto:cibonga@un.org">cibonga@un.org</a>

### **A. Needs Analysis**

#### *Coordination*

The GoC has been engaged to secure humanitarian space in both the eastern and southern parts of the country, following the withdrawal of MINURCAT in May 2010. National police, GNNT and other forces have been deployed, and the reinforcement of DIS undertaken with the support of its international partners. This constitutes improved conditions for durable solutions for IDPs wishing to return to their areas of origin. Political conditions in Sudan and CAR still are not yet favourable for return and the country continues to host some 363,000 refugees from the two countries in the east and the south.

Food insecurity resulting from the impact of erratic rainfall and recurrent natural disasters affects almost 1.6 million people in the western part of the country (Sahel belt), and in some pockets in the centre and the south of the country, with humanitarian consequences on the most vulnerable populations.

With the Libyan crisis, more than 83,000 Chadian workers have been repatriated from Libya since March 2011. Most of them originate from Chad's western areas, already hit by food insecurity and malnutrition. Surveys conducted in May 2011 by WFP showed that 29.5 and 21.7% of households are moderately to severely food-insecure with very high food insecurity proportions in Kanem (66.3%), Bahr El Ghazal (63.2%), Guéra (57.7%), Batha (49%) and Lac (40%). Upon assessment led in May 2011 (ACF/OXFAM), it appears that the Libyan crisis has harmed the household food economy of populations in the Sahel who were depending on trade and remittance from Libya.

Despite efforts deployed by sanitary authorities supported by WHO, UNICEF and NGO, the cholera epidemic is persisting since 2010. In 2011 - week 39, 16,038 cases with 433 deaths are reported. The epidemic is spreading out of the traditional areas of Mayo Kebbi, Chari Baguirmi, Lac and the situation is alarming.

The presence of humanitarian actors has been adjusted to the identified needs across the country, which in turn requires adapted coordination mechanisms in the field.

#### **UNHAS**

WFP established the humanitarian air service (WFP/UNHAS) in Chad in February 2004 to facilitate air transport of humanitarian personnel and light cargo, for agencies assisting Sudanese refugees, host populations and IDPs in the northeast of the country.

#### **4. The 2012 Common Humanitarian Action Plan**

---

Since then WFP/UNHAS has been recognized by the entire humanitarian community in Chad as the safe and reliable common air service that satisfies the occupational needs of the UN agencies, NGOs and other humanitarian actors in the country. While the International Committee of the Red Cross (ICRC) air service is authorized for United Nations staff air travel, the service is mainly for ICRC staff, WFP/UNHAS serves the entire humanitarian community in the country.

There are still about 363,000 refugees in Chad who depend on humanitarian aid, 240,000 Sudanese along the Chadian/ Darfur border and about 60,000 from CAR along the Chad-CAR border. There are also about 131,000 IDPs who remain on sites in eastern Chad dependent on humanitarian aid. Approximately 1.6 million people are affected by malnutrition mainly in the Sahel from where most of the returnees from Libya originate. The returnees came back deprived and thus have worsened the situation in the region.<sup>2</sup>

Travel between the capital and the refugee camps remains highly hazardous and time-consuming, primarily due to the prevailing security situation and the lack of basic road infrastructure. The north and the eastern part of the country are classified as UN security level three; road travel is authorized only with military/police escorts. Therefore, air travel has proven to be the only safe and reliable mode of transport to reach the refugees and IDPs during most of the year. Beside security concerns, the five-month rainy season is also making road transport extremely challenging. Most road travel is restricted during the rainy season in order to prevent further road damage caused by vehicle/truck traffic. All this resulted in continuous demand from the humanitarian community for WFP/UNHAS, as it is the only mean to reach the beneficiaries in many remote locations in Chad.

#### **Activities:**

- Adapt and strengthen flexible coordination mechanisms in humanitarian operations areas: East, North, Sahel belt, areas affected by natural disasters and epidemics.
- Improve inter-linkages with governmental structures to ensure effective and efficient use of resources and a common strategic approach.
- Facilitate the implementation of relevant strategies for durable solution for IDPs, in line with government recovery programme (PGRET) in the East.
- Coordination of relations between humanitarian actors and national security and collaboration with BSM.
- Early warning and preparedness measures including capacity-building for local authorities and partners to ensure sustained mechanisms of response to onset crises.
- Safe and reliable air support to humanitarian stakeholders.
- Advocacy.
- Resource mobilization.

#### **Risk Analysis**

- Insecurity.
- Delays in the deployment of field staff.
- Weakness in the functioning of certain clusters.
- Delays for governmental bodies in charge of disaster management to be structured and functioning.
- Lack of funding.
- Insufficient number of actors in certain areas.
- Humanitarian agencies scale up their assistance in the country and need for additional air capacity needed at short notice.
- Availability of adequate resources.

#### **Inter-Relations of Needs with Other Sectors**

- Implementation of cluster approach in needs assessments and response to crises.
- Identification of gaps and duplications.
- Humanitarian funding.

---

<sup>2</sup> OCHA Chad Monthly Humanitarian Bulletin – September 2011



- Key messages for advocacy.
- Information management.
- Humanitarian air services.
- Implementation of SLT directives and support to NGOs.
- Resource mobilization.

**B. Coverage of needs by actors not in the cluster or CAP**

N/A

**C. Objectives, Outcomes, Outputs, and Indicators**

Sector objectives	Outcomes	Outputs	Indicator with corresponding target
<b>1. Facilitate the coordination of humanitarian actors to ensure the appropriate, adequate and timely delivery of humanitarian aid to the most affected populations</b>	Coordination mechanisms in place and functioning	12 clusters functioning in the east	Number of functioning clusters
		Cluster approach in the response to crises (floods, epidemics, malnutrition)	Number of crises addressed through cluster approach
		Regular coordination meetings: general coordination, HCT, Inter Cluster Coordination	Number of coordination forum held
<b>2. Promote humanitarian principles and access by facilitating common assessments, information management services and advocacy efforts.</b>	Civil – military coordination	Workshops targeting armed bodies in humanitarian operations zones	Number of workshops and training sessions held by civil – military section
	Partnership with <i>Comité de Coordination des ONG au Tchad</i> (Committee for Coordination of NGOs in Chad/CCO) for the implementation of SLT Directives	Regular consultation with CCO	Number of BSM and Security Cell meetings attended
	Information management	Repository for humanitarian information	Maps, website on humanitarian situation in the country
	Public information	Regular information products for public on humanitarian issues	Bulletins, sitreps, exhibitions on humanitarian situation
	Advocacy	Key messages for advocacy	
<b>3. Facilitate and coordinate humanitarian funding processes</b>	Resource mobilization processes	CAP CERF Sensitizations of In country , regional and international donors	CAP 2012 processes (original and mid-year review) completed; CERF submissions completed and received; In country donors meetings held and missions to sub region and Geneva/New York
<b>4. Provide support services to the humanitarian and wider international community</b>	Humanitarian air services in operations areas	Provide efficient air services to more than 100 humanitarian agencies and donors; Carry out medical and security evacuations	Aircraft occupancy target rate: 75%; Number of passengers and tonnage of freight ; New routes due to identified needs disserved accordingly

## 4.5.8 WASH Cluster

### Summary of cluster response plan

<b>Cluster lead agency</b>	<b>UNITED NATIONS CHILDREN'S FUND</b>
<b>Cluster member organizations</b>	Oxfam GB, ACF, ACTED, Solidarités, Intermón Oxfam, Concern, Islamic relief worldwide, IAS, SIF, Ministry of Water resources, local NGOs (ACAS, SHORA, FPT).
<b>Number of projects</b>	14
<b>Cluster objectives</b>	<ul style="list-style-type: none"> <li>• Ensure and improve sustainable access to safe drinking water for populations (women, children and men) affected by crisis (returnees, IDPs, host populations, malnourished and people affected by cholera, and other epidemics).</li> <li>• Increase the knowledge and practice on improved hygiene behaviour for women, children and men within the intervention areas.</li> <li>• Ensure access and increase usage of improved sanitation facilities in schools and health centres. Scaling up of CLTS approach within the intervention zones.</li> <li>• Cluster coordination and emergency: Strengthen the capacity of the different actors in prevention, analysis, response, coordination and DRR approach (Disaster Risk Reduction).</li> </ul>
<b>Number of beneficiaries</b>	235,000
<b>Funds required</b>	\$27,040,611
<b>Funds required per priority level</b>	Very High: \$23,756,345 High: \$3,284,266
<b>Contact information</b>	Lillian Okwirr – <a href="mailto:Lokwirry@unicef.org">Lokwirry@unicef.org</a>

### Categories and disaggregated numbers of affected population and beneficiaries

Category of affected people	Number of people in need			Targeted beneficiaries		
	female	male	total	female	male	total
IDPs	38,500	31,500	70,000	33,000	27,000	60,000
Sudanese refugees	20,389	18 821	39,210	11,000	9,000	20,000
Returned IDPs	52,000	48,000	100,000	42,000	38,000	80,000
Host Populations	87,000	63,000	150,000	43,500	31,500	75,000
<b>Totals</b>	<b>197,889</b>	<b>161,321</b>	<b>359,210</b>	<b>129,500</b>	<b>105,500</b>	<b>235,000</b>

### A. Needs analysis

Chad is one of the countries in central Africa with very poor access to sanitation and this has direct correlation to the child mortality which is one of the highest in Africa, estimated at 196 per 1,000 live births<sup>3</sup>. According to national statistics, sanitation access is around 12%<sup>4</sup> but decreases to 4% in the rural areas. Access to sanitation in the rural areas is nearly negligible with very poor hygiene practices.

There is no national sanitation and hygiene policy framework to guide implementation and responsibility for sanitation management is fragmented between the Ministries of Water, Infrastructure, Urbanism, local government through the mayor's office with very little budget allocation and inadequate human resources.

Since the 2006 a lot of progress has been made and important milestones achieved through efforts by UNICEF and implementing partners in the WASH sector. The main objective of WASH cluster partners is to increase access to water, sanitation and improved hygiene practices in accordance to Sphere standards for refugees, IDPs, and in the returnee villages; thus contributing effectively to the reduction of infant and maternal morbidity and mortality.

Women and children in Chad today are faced with an avalanche of critical challenges to their well-being and livelihoods, becoming more and more vulnerable to preventable diseases such as an acute

<sup>3</sup> MICS 2010

<sup>4</sup> MICS 2010

malnutrition (exceeding 20% in the nine regions of the Sahel belt) poor access to safe water supply and basic sanitation and improved hygiene practices. Inadequate access to safe water and improved sanitation contributes to the high malnutrition rate and diarrhoeal diseases among under children under five years old. The same children continue to be at risk for key vaccine-preventable diseases, as routine immunization coverage remains low. HIV/AIDS prevalence in turn is two times higher than the national average in the south where CAR refugees are settled, and twice as many women as men are infected. Access to education for vulnerable children is currently excluded from the school system, notably children from nomadic background in the Sahel belt regions, girls from remote and poor rural areas, as well as IDPs and refugees, remains uncertain due to lack of teachers, infrastructure and equipment.

Women and children are exposed to violence as well as to economical and sexual exploitation. In eastern Chad, Children are at risk of recruitment into armed groups and/or are exposed to unexploded ordnance that continue to kill and maim civilians – most of them children. Although the country has experiencing relatively peaceful environment, several recurrent catastrophes such as meningitis, measles outbreaks, floods and cholera epidemic continue to raise the morbidity and mortality of the U5 children.

**Identification of priority needs, populations and locations based on key indicators**

Chad is one of the African countries where the coverage in sanitation is very low. Nationally, according to estimates of the Ministry of Water report in 2010, the proportion of the population with access to potable water is 47.3% and adequate sanitation facilities were 12% 2010-2011. Open defecation rates are estimated at 16% in urban areas, and 83% in rural areas according to the United Nations Monitoring Joint Programme.<sup>5</sup>

Despite the concerted efforts by WASH cluster partners and the Government to provide better access to WASH services, access to adequate sanitation facilities and improved hygiene remains poor.

There is a wide regional disparity in access to water supply from 5% to 60% and varies from one region to another. The geographical distribution of safe drinking water coverage is as follow:

Region	Percentage of access to safe drinking water
Ouaddai	20%
Sila	31.4%
Salamat	27.5%
Wadi Fira	18.2%
Guera	35.1%
Bahr El Gazal	35.2%

These low rates of coverage contribute to low development indicators and Chad is a country where morbidity and maternal and infant mortality rates are among the highest in the world. (196/1000) The cholera outbreak throughout 2011 is evidence of this.

Chad plays an important role in hosting a high number of refugees from Sudan and the CAR as well as thousands of IDPs who are gradually returning to either their villages of origin or are relocating elsewhere due to various reasons (livelihoods, security access to basic facilities). The regions with the lowest coverage are mainly those located in the eastern part of the country. These same areas are hosting thousands of Sudanese refugees and IDPs, putting a heavy pressure on the already limited or fragile resources within the area. Therefore, besides the continuous support to refugees and IDPs, the new challenges and priorities especially in the east is to providing water supply and sanitation services for the returnee villages to reduce the pendulum movement of IDPs to and from the camps mostly in *Dar Sila* and *Asoungha*. In most of returnee villages there is shortage of basic facilities such as water supply and sanitation, schools and health centres. The table above shows actual figures in relation to access to safe drinking water in most eastern part regions.<sup>6</sup>

Consequently, due to the lack of adequate water and sanitation facilities, most of the returnee communities resort to using unsafe drinking water and practice open defecation which makes them susceptible to oral -faecal diseases especially women and children.

The cyclic cholera outbreak; repeated flooding every rainy season; polio and meningitis in the country, remain a great concern and a challenge to humanitarian actors in the region. In addition the acute

<sup>5</sup> JMP 2010

<sup>6</sup> *Analyses et Perspectives du secteur eau et assainissement au Tchad 2010-2015*

#### **4. The 2012 Common Humanitarian Action Plan**

---

malnutrition situation in many regions specifically in the Sahel belt has been aggravated by erratic climate changes ushering extreme rainfall variability and distribution in time and space, eroding the communities coping mechanism especially for women and children.

In face of the above challenges there is need for a coordinated implementation and a contingency plan for a timely response in case of any emergency. Thus the plan will identify priorities and the most effective actions in terms of preparedness as well as in terms of response.

Additional challenge is the Libyan returnees who need water supply and sanitation facilities in their new location and will add to the pressure on the already limited resources.

Security threats remain the main risk despite the general level of calm with the county. Hence, banditry resulting in car-jacking, assault on offices and humanitarian workers still remain recurrent especially in the east. This situation hinders the consistency and effective service/aid delivery to beneficiaries. If the situation persists, some areas especially those very close to Sudanese boarder may be receiving low level of support in relation to high level of risks.

##### ***Inter-relations of needs with other sectors***

Women and children in Chad are faced with multiple challenges making them more vulnerable in face of the current nutrition crisis, with acute malnutrition rates exceeding 20% in the nine regions of the Sahel belt. Inadequate access to safe water and improved sanitation contributes to the high malnutrition rate and diarrhoeal diseases among children U5. The same children are exposed to preventable diseases due to low routine immunization coverage. HIV/AIDS prevalence is two times higher in the zones than the national average in the south, where CAR refugees are settled, and twice as many women as men are infected the need for improved hygiene and clean water for the vulnerable and affected people living with HIV/AIDS cannot be over emphasized. The project is essential to the education sector in providing a safe environmental space for children to learn (specifically adolescent girls and for vulnerable children currently excluded from the school system, notably children from nomadic background in the Sahel belt regions). Women and children are exposed to violence as well as to economical and sexual exploitation in water shortage areas where access is manipulated. The creation of enabling environment for children to learn will reduce the risk of recruitment of children into armed groups which expose them to various dangers such as; unexploded ordnance that continue to kill.

Although the country has been at peace for a while, several recurrent catastrophes such as meningitis, measles outbreaks, floods and cholera epidemic continue to raise the morbidity and mortality of the U5 children.

Therefore creating conditions for improved access to water, sanitation and hygienic conditions at villages, household and schools levels will contribute in:

- Reducing the vulnerability of children and improving health conditions through the use of safe drinking water, safer hygiene and sanitation practices
- Improving school attendance especially for girl students by make available sanitary facilities (latrines) during menstruation.
- Alleviate the burden of fetching water for children and women who have to walk several kilometres to fetch for water with heavy containers
- Improving maternal care practices as mothers will have more time to dedicate to babies and perform good hygiene with the availability of water closer to household.
- Reduce domestic violence as women will no longer face threat from their husband for no making provision for enough water to cater for household needs.

##### ***Risk Analysis***

Failing to implement activities will threaten the survival and development of children, exacerbating their vulnerability; specifically the most vulnerable people, IDPs, returnees, people affected by epidemics and malnutrition, will in significant proportion be denied basic right to dignity, protection, access to basic services such school, health and safe water.

## B. Coverage of needs by actors not in the cluster or CAP

The GoC, through its National Plan for Revitalization of the Eastern Chad and bilateral cooperation with French Development Agency is undertaking construction of new water points in targeted areas in the eastern Chad. The largest project in the zone funded by AFD will boost the water provision in the area; however the gaps in coverage still remains and more partners are required to bridge the gap in access.

## C. Objectives, outcomes, outputs, and indicators

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
<b>1. Ensure and improve sustainable access to safe drinking water for populations (Women, children and men) affected by crisis (returnees, IDPs, host populations, malnourished and people affected by cholera, and other epidemics).</b>	Access to safe water (10 to 15 litres/person/day) and sanitation for 235,000 people (IDPs, host populations, refugees and people affected by crisis in Sahel belt and southern Chad)	<p>Construction of 150 boreholes</p> <p>Rehabilitation of 75 broken water points (40 in the Sahel Band; and 20 in the east and 15 in epidemic (cholera) zones.</p>	<p>80% of the beneficiaries (women, children and men) have access to safe drinking water in quantity and quality as per SPHERE standards.</p> <p>85% newly constructed and rehabilitated water points are functional.</p>
	100% of water point committees functioning and have capacity to manage and maintain the water systems in place	<p>Creation/reactivation and training of 138 gender mixed (women and men) water management committees: (68 in the Sahel belt, 30 in the East, 25 in the south and 15 in epidemic zones.</p> <p>Training and equipping with tools 30 pump repairers/care-takers (10 in the east, six in south, eight in the Sahel belt and six in cholera-affected areas)</p> <p>Organizing and training of 20 water user associations in three pilot regions</p>	<p>80% of the water management committees are functional.</p> <p>100% of pump care-takers/repairers are trained and equipped with tools.</p> <p>50% of the water user associations are trained and operational.</p>
	<b>2. Increase the knowledge and good hygiene practices for women, children and men within the intervention areas</b>	Improved safe hygiene behaviour for 235,000 people in eastern, southern and Sahel belt in Chad	<p>Organize 50 sessions of sensitization on good hygiene practices (such as hand washing, waste disposal, food hygiene) at household level, schools and health centres</p> <p>Radio-broadcast hygiene messages at monthly basis using communities radios mainly.</p> <p>Organize clean-up days</p>

4. The 2012 Common Humanitarian Action Plan

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
		regularly in the intervention areas, schools and health centres.  Organizing hygiene clubs in 25 schools.  200 gender balanced water management committees are trained in water conservation at household level within the returnee villages, host communities at community at risk (Sahel zones and epidemic zones)  Regular monitoring of water quality at the delivery point and at household level.	intervention area are sanitized  75% of beneficiaries (student boys/girls) adopt and practice good hygiene gestures at critical times.  80% of the mixt water management committees are trained and operational.  80% of water quality monitoring is performed at collection point and household level.
<b>3. Ensure access and increase usage of improved sanitation facilities in schools and health centres. Scale -up CLTS approach within the intervention zones.</b>	Increased usage of adequate sanitation facilities within the 235,000 target populations (IDPs, host populations, returnees...)	Popularize CLTS in 300 villages within he intervention areas.  Construction of 60 latrines blocs (separated boys/girls) in schools, health centres and public places particularly in epidemics area.  Construction of 50 waste disposal units in schools, health centres and public places in the intervention areas particularly in crises-affected zones (cholera, floods) and Sahel belt.	CLTS launched in 100% of Villages  80% of villages have end open defecation  75% of the beneficiaries use the constructed latrines and waste disposal facilities.
<b>4. Cluster coordination and emergency: Improve the capacity of the different actors in prevention, analysis, response, coordination and DRR approach (disaster risk reduction</b>	WASH Cluster coordination provides required tools for a coherent humanitarian approach and response.	Reinforce the coordination capacities of the WASH cluster.  Setting up a cholera contingency plan in all affected districts.  Training of WASH actors in order to reinforce the technical and operational capacities in terms of risk management: Epidemics, flood, climate change adaptation.	80% of the monthly cluster meetings are effectively held.  100% of epidemic-prone districts have a contingency plan.  75% of regional crisis management committees are functional and conduct sensitization on preventive n of activities.  At least two training session on climate change



Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
		Training on partners in disaster risk reduction	adaptation are conducted  75% of partners and communities-affected have knowledge and apply disaster reduction strategies.  75% of partners and communities in the risk zones have knowledge and practice disaster risk reduction activities

#### D. Cluster monitoring plan

Monitoring plan for WASH cluster will comprise:

- Monthly meeting where partners reports progress and challenges in implementation and context evolution.
- Peer review whereby the Cluster Lead (UNICEF), the Ministry of Water and two cluster members will conduct joint field monitoring in field to follow-up on activities on and progress made by other WASH clusters members. Proceeding this way will create a nexus for experience and technical know-how sharing.
- Systematic collection, sharing and storage of technical data for quality assurance on the interventions, in addition to mapping of activities to optimize coverage and resources utilization.
- Indicators monitoring to strengthen and results and impact. This will demand a joint effort among all cluster partners in timely monitoring of the progress made on the result and impact generated by the interventions.

Gender issues will particularly be central to monitoring. The involvement of women's participation in decision-making, water committees and facilities design will be especially emphasized and constantly monitored. Project focus on gender mainstreaming and the use of GenCap tools.

#### E. Table of proposed coverage per site

SITE / AREA	ORGANIZATIONS
Sila	Concern Worldwide, World Concern, Islamic Relief, ACF
Ouaddai	ACF, ACTED, Africare, Premiere Urgence
Salamat	Islamic Relief, Solidartiés
Wadi Fira	Care International, ADESK, HELP, IMC
Bahr El Ghazal	Oxfam GB, IRC
Kanem	ACF, MDM
Logone Oriental	Care International, Concern Worldwide, CELIAF
Guéra	Intermon, Oxfam, IAS
LAC	Islamic Relief France

### 4.5.9 Early Recovery Cluster

#### Summary of cluster response plan

<b>Cluster lead agency</b>	<b>UNITED NATIONS DEVELOPMENT PROGRAMME</b>
<b>Cluster member organizations</b>	UNDP, ACTED, INTERSOS, Premiere Urgence, HCR, WFP, FAO, UNICEF, Ministry of Planning, CONSAHDIS, COOPI, Ministry of Social Action, Ministry of Agriculture, Ministry of Hydraulics, EU, UNESCO, FPT, CHORA
<b>Number of projects</b>	6
<b>Cluster objectives</b>	<ol style="list-style-type: none"> <li>1. Contribute to improve live conditions, return and integration of populations affected by displacement.</li> <li>2. Contribute to the rational management of natural resources and to the reduction of natural disasters risks and impacts.</li> <li>3. Support capacity-building of national and local institutes, civil society, for post crisis transition.</li> <li>4. Facilitate the self-reliance of populations affected by crises, especially women, young and vulnerable people.</li> <li>5. Ensure cluster integrate Early Recovery activities into their response plans.</li> </ol>
<b>Number of beneficiaries</b>	1,253,258
<b>Funds required</b>	\$4,462,934
<b>Funds required per priority level</b>	Very High: \$4,462,934
<b>Contact information</b>	Allassoum Bedoum – <a href="mailto:allassoum.bedoum@undp.org">allassoum.bedoum@undp.org</a>

#### Categories and disaggregated numbers of affected population and beneficiaries

Category of affected people	Number of people in need			Targeted beneficiaries		
	female	male	total	female	male	Total
Refugees	135,200	124,800	260,000	135,200	124,800	260,000
IDPs	68,120	62,820	130,940	68,120	62,820	130,940
IDP returnees	26,000	24,000	50,000	26,000	24,000	50,000
Flood victims	15,600	14,400	30,000	15,600	14,400	30,000
Libya related vulnerabilities	12,318	70,000	82,318	12,318	70,000	82,318
Host population	400,000	300,000	700,000	400,000	300,000	700,000
<b>Totals</b>	<b>657,238</b>	<b>596,020</b>	<b>1,253,258</b>	<b>657,238</b>	<b>596,020</b>	<b>1,253,258</b>

#### A. Needs analysis

While a number of areas and situations are covered by the Early Recovery Cluster. The majority of actions in the ER cluster in Chad are focused primarily on the situation related to eastern Chad. Undeniably, the ER makes a noticeable contribution in alleviating the humanitarian situation arising from the Libyan crisis, the Sahel malnutrition problem, and the plight facing CAR refugees, with the support for returned through:

- Support for socio-economic reintegration of affected populations and host.
- Restoring the rule of law, local governance and social cohesion.
- Protecting and promoting the environment.

The Early Recovery cluster will consider henceforth all issues related to crisis caused by natural disasters:

- Need for a national platform for managing the crisis (national strategy DRR).
- Local support, possibly through contingency plans to deal with crises caused by natural disasters.

The needs of the cluster can be summarized mainly by:

- **Advocacy and fundraising:** The cluster has never received funds from the CAP. This has heavily affected the implementation of actions to achieve the objectives.

- **A mapping of actions:** actions taken in the ER are directly conducted by the agencies and organizations. Effective coordination and hence the creation of synergies between these actions can truly be an added value. Thus, the development of a strategic mapping taking into account all the actions in this area are essential.
  - **Better coordination with other clusters:** Given the cross-sectoral work of ER cluster, coordination with other clusters should be further developed and strengthened.
- Dissemination and popularization of the approach to ER:** The terms of reference and approach to ER must be shared among the clusters, the humanitarian community, national and international NGOs, and local and national actors.

*Inter-relations of needs with other sectors*

During this transition phase, cross-cutting and multi-pronged character of Early Recovery underlines relations with all sectors.

*Risk Analysis*

Duplication of ER cluster activities by other clusters represents a major risk. An absence of mapping could lead to scattering of available resources into less relevant activities.

**B. Coverage of needs by actors not in the cluster or CAP**

Government and development actors engaged in longer term actions compensate gaps in beneficiaries needs on the field.

**C. Objectives, outcomes, outputs, and indicator**

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
<b>1. Contribute to improve live conditions, return and integration of populations affected by displacement.</b>	Decrease of commuting population movements.	Short term income-generating activities (Cash For Work, Food For Work, Cash transfer, etc.).	Number of returnees, displaced, and relocated population with improved life conditions.
	Basic social services are available.	Effective setting of basic social services (shelters, health services, water, hygiene, sanitation, etc.).	Number of water supply systems, health centres, schools, built.
	Limited impact of population displacement on host communities.  Pacific co-existence facilitates the stabilization of the population.	Monitoring of return and advocacy at local, national and international level.	Number of surveys and assessments undertaken and published.  Number of workshops related to pacific co-existence organized.
<b>2. Contribute to the rational management of natural resources and to the reduction of natural disasters risks and impacts.</b>	Risks of natural disasters are analysed, understood and reduced.	Analyses of environmental and natural risks.	Existence of contingency plans.
	Support for the setting up of a national committee to prevent and respond to natural disaster.	Reduction of identified risks (hydraulics works, prevention of erosion and soils preservation, reforestation.).	Existence of national strategy for natural disasters.
	The methods used for sustained energies are promoted.	Re-enforcement of local communities' capacity for rational	Number of households sensitized.

**4. The 2012 Common Humanitarian Action Plan**

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
	Local communities adopt good practices to preserve environment and prevent natural disasters.	management of natural resources. Contingency plans are set at national and local levels.	Number of households using improved stoves. Number of seed nurseries available.
<b>3. Support capacity-building of national and local institutes, civil society, for post crisis transition.</b>	Local and national authorities are able to analyse and respond by themselves to post crises development issues. Good governance and respect of Human Rights are promoted at all levels. Civil Society organizations are active and able to participate in socio - economic recovery and Human Rights promotion.	Training of national staff and local bodies', civil society on good governance and human Rights. Support to civil society to be developed and recognized as development actors. Support for rehabilitation, formalization and functioning of local and decentralized structures and CSOs.	Number of public staff trained. Number of CSOs rehabilitated and recognized. Number of public structures rehabilitated. Number of workshops organized. Quantity of equipment and material provided.
<b>4. Facilitate the self-reliance of populations affected by crises, particularly women, young and vulnerable people.</b>	Procedures for socio – economic recovery analysed, spread en implemented. Socio-economic sector in affected areas is restored and revitalized Micro enterprises' role in peace building is promoted. Key economic structures (micro-credit, mills, attics, vocational centres etc.) are supported and enforced. Access to resources (financial and education namely) for the most vulnerable is supported and encouraged.	Analyses and researches on markets and promising sectors. Capacity enforcement for women young organizations. Vocational training. Setting up of Income-generating activities. Provision of micro-credit services. Rehabilitation, creation and support to community based socio-economic structures (crafts, fairs, community attics, markets etc.).	Number of researches and analyses undertaken and published. Number of IGA supported. Number of beneficiaries trained. Number micro-credit organizations created and supported.

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
<b>5. Ensure clusters integrate early recovery activities into their response plans.</b>	<p>Inter-cluster coordination is effective.</p> <p>Inter-cluster coordination chart exists.</p> <p>Systematic sharing of information among clusters.</p>	<p>Advocacy for inter-cluster meetings.</p> <p>Building of synergies with other clusters.</p> <p>Participation of Early Recovery Cluster lead in other clusters' meetings.</p> <p>Coordination with other cluster clusters.</p> <p>Inform other clusters on Early Recovery cluster's activities.</p>	

#### D. Cluster monitoring plan

Monitoring and follow up of activities through:

- Early Recovery cluster in N'Djamena.
- Early Recovery clusters at region levels (Goz Beida, Abeche, and Koukou).
- Matrix of activities.
- Visits and field missions.
- Data collection through local governmental services representatives.

#### E. Table of proposed coverage per site

SITE / AREA	ORGANIZATIONS
Ouaddai	UNDP, PREMIERE URGENCE, ACTED, FAO
Sila	UNDP, INTERSOS, ACTED, FAO
Wadi Fira	UNDP, ACTED, FAO
Salamat	UNDP, ACTED, FAO

## 4.6 Logical framework of humanitarian action plan

Strategic Objective	Key indicators with targets	Corresponding cluster objectives	
<b>1. Ensure access to protection and assistance for the most vulnerable individuals affected by humanitarian crisis, with an emphasis on identifying /reinforcing durable solutions.</b>	100% of most vulnerable groups are assisted	Nutrition	Increase coverage and quality of acute malnutrition care programming with a surveillance of acute malnutrition rates for women, men, boys and girls (through collect of disaggregated data by sex and age)
		Food Security	Save lives and improve food security of vulnerable women, men, boys and girls affected by crisis
		WASH	Ensure and increase access to potable water for disaster-affected population (IDPs, returnees, refugees, host communities, victims of epidemics and natural disasters) Ensure and increase use of improved sanitation infrastructures in schools, health centres and in the areas of intervention via the ATPC approach and through the systematic implications of women and girls in designs and locations of structures to ensure their safety and dignity. Increase knowledge and good hygiene practices in intervention areas.
		Health	To ensure access to basic and quality health care to population, including HIV/AIDS, SGBV, reproductive health, psycho social care and acute malnutrition in crisis-affected areas.
		Multi sector/ refugees	Maintain civilian and humanitarian character of camps Provision of multi sectoral assistance to refugees (nutrition, WASH, health, shelter, juridical protection) with an equal participation of women and men in definition of needs and camps management. Increased community self-management capacities and economic self-reliance of refugees.



Strategic Objective	Key indicators with targets	Corresponding cluster objectives	
		Protection	Implementation of the Kampala convention and other juridical frameworks supporting vulnerable individuals. Promote/ reinforce sustainable solutions for all displaced populations (return of areas of origin, relocation, and reintegration) with a special focus on women's legal rights.
		Education	Promote discovery learning and supervision activities for young children in crisis-affected areas Provide quality basis education to all school age children affected by crisis in a protective learning environment.
		Coordination and Support Services	Provide support services to the humanitarian community
		Early Recovery	Improve return and reintegration conditions of disaster-affected
<b>2. Increase and reinforce humanitarian space</b>	Free movement of humanitarian actors  Uninterrupted delivery of assistance to beneficiaries	Nutrition	Strengthen sector coordination system
		Food Security	Improve food security data collection (with a particular attention of disaggregated data by sex), Analysis and Information Management. Reinforce coordination and enhance the capacity of field actors.
		WASH	Strengthen the capacity of WASH cluster coordination.
		Health	Strengthened coordinated response and advocacy.
		Multi sector/ Refugees	Reduction of inter communal conflicts.
		Protection	Strengthen protection of displaced people (with a special focus on specific protection needs of women, girls, boys and men) and the humanitarian space through the reinforcement of national and community institutions.
		Education	Ensure access and equity in education to all children in crisis-affected areas (especially to girls over school age).
		Coordination and Support Services	Promote humanitarian principles and access by facilitating common assessments, information management services and advocacy efforts.
		Early Recovery	Mainstreaming of ER within the humanitarian response.

4. The 2012 Common Humanitarian Action Plan

Strategic Objective	Key indicators with targets	Corresponding cluster objectives	
<p><b>3. Strengthen the capacities/coordination of actors (governmental bodies, NGOs, UN, civil society) and local communities to prevent, respond to and manage crisis situations and their humanitarian consequences.</b></p>		Nutrition	Strengthen prevention of maternal and child malnutrition and micronutrient deficiencies. Strengthen nutrition surveillance and emergency preparedness.
		Food Security	Reinforce and diversify livelihoods to strengthen resilience of vulnerable women and men in emergencies and ER.
		WASH	Strengthen actors' capacities in terms of prevention, analysis, response, coordination and DDR.
		Health	Strengthen the capacities of the health system and communities (women and men) in response to epidemics and natural disasters.
		Multi sector/ Refugees	Reinforced capacities of Chadian authorities enabling them to assume a greater responsibility in protection of refugees.
		Protection	Strengthen protection of displaced people (with a special focus on specific protection needs of women, girls, boys and men) and the humanitarian space through the reinforcement of national and community institutions.
		Education	Strengthen educational, monitoring and management capacities of the education system.
		Coordination and Support Services	Facilitate the coordination of humanitarian actors to ensure appropriate, adequate and timely delivery of the humanitarian aid to the most vulnerable populations
		Early Recovery	<p>Improved management of limited natural resources in order to reduce the impact of natural disasters.</p> <p>Strengthening of capacities of national institutions and civil society.</p>

## 4.7 Cross-cutting issue: gender

### The Gender Marker

The gender marker is a tool aiming at assessing a humanitarian project – on a scale from zero to 2a or 2b – according to its capacities to ensure equal benefits to women, girls, boys and men, or to increase gender equality. If the project shows a potential to contribute to gender equality, the score reflects whether the result will be limited or significant in terms of gender.

GENDER MARKER	DESCRIPTION
<b>GENDER MARKER SCORE zero</b> <b>No potential to contribute to gender equality</b>	Gender is not mentioned in the project sheet or only in the expected results. It is possible that the project does not meet some of the needs of the target population. This type of project is gender insensitive.
<b>GENDER MARKER SCORE zero</b> <b>Potential to contribute to gender equality in a limited way.</b>	Gender is only considered in on or two elements of the project, either in the needs analysis, or in activities and expected results*. *If gender is considered only in the expected results, the project should be considered as gender insensitive and will get a score of zero.
<b>GENDER MARKER SCORE 2A– INTEGRATED GENDER APPROACH</b> Potential to contribute significantly to gender equality (equals to gender marker score three on the UNICEF and UNDP gender scoring scale)	<b>GENDER MARKER SCORE 2B – TARGETED ACTIONS</b> The main objective of the project is to increase gender equality (equals to gender marker score three on the UNICEF and UNDP gender scoring scale)
<p><b><u>The conclusion(s) of a gender sensitive needs analysis are reflected in one or several activities and in expected result(s).</u></b></p> <p>Integrating gender at project elaboration stage enables to include specific needs of women and girls, boys and men at the starting point of the project: 1) gender sensitive needs analysis 2) Selection of adequate activities 3) Gender sensitive results. Integrating gender at project design stage guaranties that gender equality will be dully considered during implementation, monitoring and evaluation of the project.</p> <p>Majority of humanitarian project should get a score of 2A</p>	<p><b><u>The gender-sensitive needs analysis justifies this project, through gender sensitive activities, aims only at obtaining results having a positive impact on gender equality.</u></b></p> <p>All targeted actions projects are based on a gender sensitive needs analysis. They aim at responding to the needs of women, girls, boys and men suffering from discrimination or having specific needs. Most targeted actions focus on a specific part of the population in order to compensate a disadvantage they are suffering from, to correct a discriminatory situation or to respond to specific needs.</p> <p>A gender analysis will show how many projects 2b are necessary. They should represent an average of ten/ 15% of total projects (more or less projects can be included in the CAP depending on the context)</p>

## 4.8 Roles and responsibilities

Cluster name	Relevant governmental institution	Cluster lead	Cluster members and other humanitarian stakeholders
<b>Protection</b>	Ministry of Interior/ CNARR	UNHCR	UNFPA, UNICEF, OCHA, UNDP, WFP, IOM, ECHO, CNARR, CONSHADIS, DIS, FAO, Human Rights Ministry, APLFT, Lutheran World Federation / Action by Churches Together Alliance (LWF/ACT), INTERSOS, INTERNOM OXFAM, OXFAM GB, IOM
<b>Food Security</b>	Ministry of Agriculture	WFP and FAO	WFP, FAO, ACF, ACORD, ACRA, Agency for Technical Cooperation and Development (ACTED), Africare, Cooperative for Assistance and Relief Everywhere (CARE), CCO, Cooperazione Internazionale (International Cooperation /COOPI), Concern Worldwide (Concern), Croix-Rouge française (French Red Cross/CRF), Catholic Relief Services (CRS), Croix-Rouge du Tchad (Chadian Red Cross/CRT), FEWSNET, GIZ, Groupe Urgence-Réhabilitation-Développement (Emergency-Rehabilitation-Development Group/Groupe URD), International Medical Corps (IMC), INTERSOS, Médecins du Monde (Doctors of the World/MDM), MSF Suisse, MSF France, MSF Hollande, Organisation Humanitaire et Développement (Humanitarian Organization and Development/OHD), Intermon OXFAM, OXFAM GB, Première Urgence, SIF, Solidarités International,
<b>Health</b>	Ministry of Health	WHO	UNFPA, Joint United Nations Programme on HIV/AIDS (UNAIDS), UNICEF, FAO, <i>Ministère de la Santé Publique</i> (Ministry of Public Health/MSP) / <i>Division de la Santé de la Reproduction</i> (Division of Reproductive Health /DSR), MSF, COOPI, MDM, International Rescue Committee (IRC), IMC, CSSI, BASE, IOM
<b>Education</b>	Ministry of Education	UNICEF	Première Urgence, CARE, Adventist Development and Relief Agency (ADRA), INTERSOS, Christian Outreach Relief and Development (CORD), Jesuit Refugee Service (JRS), Forum for African Women Educationalists (FAWE), Chadian Association (LEAD TCHAD), IRC, ACRA, OPAD, WFP, UNHCR, MEN, DRENs, DRAS
<b>Nutrition</b>	Ministry of Health	UNICEF	WFP, WHO, UNHCR, CRT, CRF, FEWSNET, ACF-F, IMC, MSF-H, MSF-F, MSF-CH, IRC, COOPI, CSSI, BASE, ACTED, NDA, Chadian Association (Betsaleel), AIDA, MDM, WV
<b>Coordination and Support Services</b>	CONSAHDIS	OCHA	OCHA
<b>WASH</b>	Ministry of Hydraulics	UNICEF	Oxfam GB, ACF, ACTED, Solidarités, Intermón Oxfam (OXFAM Spain), Concern, Islamic Relief Worldwide, International Aid Services (IAS), Secours Islamique France (SIF), Ministry of Water resources, local NGOs ( <i>Association Culturelle pour la Santé</i> (Cultural Association for Health/ACAS), SHORA, <i>Futures Portes du Tchad</i> (Future Doors of Chad/FPT))
<b>Early Recovery</b>	Ministry of Planning	UNDP	UNDP, ACTED, INTERSOS, PREMIERE URGENCE, High Commissioner for Refugees (HCR), WFP, FAO, UNICEF, Ministry of Planning, CONSAHDIS, COOPI, Ministry of Social Action, Ministry of Agriculture, Ministry of Hydraulics, European Union (EU), United Nations Educational, Scientific and Cultural Organization (UNESCO), FPT, CHORA

## 5. Conclusion

Chad continues to face multiple crises resulting from protracted conflict, structural challenges and climate change-related difficulties:

- Refugees from neighbouring CAR (75,000) and Sudan (Darfur) (288,000)
- Internally displaced people in eastern Chad (131,000)
- Epidemics (cholera, meningitis, measles, Guinea worm, polio)
- Food insecurity and malnutrition in the Sahel belt, with 1.6 million affected in 2010-2011
- More than 83,000 Chadian returnees from Libya due to the crisis in the country

The refugees in Chad are not expected to be able to return in the coming year, as there is still no sign of a political solution in Sudan and CAR. The return movement for the IDPs is underway, with more than 50,000 people having returned to their homes, but this is being hampered by the lack of basic social structure and services, especially education, health, water and sanitation as well as the lack of rule of law and a functioning justice system.

Chad is also one of the worst-hit countries in the cholera epidemic that has swept through west and central Africa in 2011, with 16,648 cases including 444 deaths in the country since the epidemic started in January 2011.

Following a good harvest last year, after a very difficult period in 2009, the rains this year have not been sufficient and there are great concerns that the nutritional situation might deteriorate ones more in coming months.

The Government and the collaborative action of CONSAHDIS allowed for the installation of BSMs in 12 areas of humanitarian operations following the withdrawal of MINURCAT. BSMs ensure a regular follow up on the security situation in areas covered and safety of movement for aid actors delivering assistance to IDPs and refugees. Even though the deployment of the mixed Sudan – Chad force has been effective, security concerns remain in border areas, where IDPs originate from. Cross-cutting ER activities have been undertaken by clusters, setting up first steps for return, local integration and re-location, while the largest part of the strategy for durable solutions still requires leadership and engagement of government authorities in the security, local presence of public administration, and basic social services delivery.

In 2012, the consequences of the Libyan crisis may persist, with a further strain on the Sahel belt region where populations are facing a poor harvest due to erratic rainfall during the 2011-2012 agricultural campaign. The general security in the sub-region remains a concern, particularly in Darfur and northern CAR, with a possible new influx of refugees. Petty criminality targeting civilian and humanitarian actors, as well as high road banditry may be worsened by the proliferation of small arms and other weaponry from Libya crisis.

The 2012 common humanitarian action plan aims to provide continued assistance to people rendered vulnerable by shocks and crises, while reducing future vulnerabilities through the mainstreaming of ER approaches across humanitarian actions. Timely funding and balanced presence of humanitarian actors - national and international - in the field is highly required.

Finally, should the current context of Chad continue to remain calm, international humanitarian aid will focus on a systematic effort to achieve an optimal balance between humanitarian and development programming through enhancing national capacity and resources.

## Annex I: List of projects

### Table IV. List of Appeal projects (grouped by cluster/sector)

Consolidated Appeal for Chad 2012 as of 15 November 2011 <a href="http://fts.unocha.org">http://fts.unocha.org</a>
--

Compiled by OCHA on the basis of information provided by appealing organizations.

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
<b>AGRICULTURE AND LIVELIHOODS</b>					
<a href="#">CHD-12/A/44329/5120</a>	Increasing Resilience among vulnerable pastoralists and agropastoralists affected by recurrent shocks in Northern Bahr El Gazal	OXFAM GB	1,605,000	A. VERY HIGH	Bahr El Gazel
<a href="#">CHD-12/A/44452/123</a>	Strengthening vulnerable returnees and host populations livelihoods	FAO	7,240,496	A. VERY HIGH	Multiple locations
<a href="#">CHD-12/A/44454/123</a>	Support to malnutrition reduction in the Western Sahel belt of Chad	FAO	5,477,797	A. VERY HIGH	Bande sahelienne
<a href="#">CHD-12/A/44458/123</a>	Support to Food Security Information System and to the Coordination Unit for agricultural emergency activities and survey	FAO	1,477,080	B. HIGH	Multiple locations
<a href="#">CHD-12/A/44459/123</a>	Emergency Assistance to drought affected populations in Chad	FAO	3,402,850	A. VERY HIGH	Multiple locations
<a href="#">CHD-12/A/44620/5633</a>	Amélioration de la sécurité alimentaire des populations rurales du Nord Salamat à travers une réponse alimentaire d'urgence et le renforcement des capacités des résiliences des ménages	Solidarités	766,955	A. VERY HIGH	Salamat
<a href="#">CHD-12/A/44706/6027</a>	Supporting food security of vulnerable population in Assoungha, Eastern Chad.	PU	970,000	A. VERY HIGH	Ouaddai
<a href="#">CHD-12/A/44722/6458</a>	Reduction of chronic food insecurity in Eastern Chad through short term income-generating activities and long term risks mitigation wor	ACTED	1,256,372	A. VERY HIGH	Bande sahelienne
<a href="#">CHD-12/A/44746/6458</a>	Improvement of food security in Southern Chad through a better understanding of agricultural and food commodities trading dynamics and short term support to the most vulnerable households	ACTED	1,020,461	A. VERY HIGH	Multiple locations
<b>Sub total for AGRICULTURE AND LIVELIHOODS</b>			<b>23,217,011</b>		
<b>COORDINATION AND SUPPORT SERVICES</b>					
<a href="#">CHD-12/CSS/44592/561</a>	Provision of Humanitarian Air Services in Chad	WFP	17,616,692	A. VERY HIGH	All regions
<a href="#">CHD-12/CSS/44593/119</a>	Strengthening Humanitarian Coordination and Advocacy in Chad	OCHA	4,319,394	A. VERY HIGH	All regions
<a href="#">CHD-12/CSS/45397/15019</a>	Soutien à la Coordination des ONG au Tchad	CCO	300,000	A. VERY HIGH	All regions
<b>Sub total for COORDINATION AND SUPPORT SERVICES</b>			<b>22,236,086</b>		



**Annex I: Donor response to the 2011 appeal**

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
<b>EARLY RECOVERY</b>					
<a href="#">CHD-12/ER/44326/776</a>	Monitoring du mouvement des IDPs	UNDP	350,000	A. VERY HIGH	Ouaddaï
<a href="#">CHD-12/ER/44631/5660</a>	Projet d'appui au retour et soutien économique aux solutions durables des déplacés du Sila	INTERMOS	749,000	A. VERY HIGH	Sila
<a href="#">CHD-12/ER/44677/776</a>	Support with insertion by training of the young people of the Areas post-conflicts of Sila, Salamat and Wadi-Farah	UNDP	1,175,934	A. VERY HIGH	Wadi Fira
<a href="#">CHD-12/ER/44685/6027</a>	Soutien aux familles vulnérables de l'Assounga dans l'Est du Tchad à travers un renforcement de l'autonomie économique et alimentaire des femmes.	PU	805,000	A. VERY HIGH	Ouaddaï
<a href="#">CHD-12/ER/44718/6458</a>	Improvement of self resilience capacities of local and returnee Eastern Chad populations through the creation of a favorable socioeconomic environment	ACTED	653,000	A. VERY HIGH	Sila
<a href="#">CHD-12/ER/45073/776</a>	Reduction de la vulnérabilité des IDPs et des populations hotes dans les zones de retour.	UNDP	730,000	A. VERY HIGH	Sila
<b>Sub total for EARLY RECOVERY</b>			<b>4,462,934</b>		
<b>EDUCATION</b>					
<a href="#">CHD-12/E/44634/5660</a>	Develop Primary Education within Return Areas of Tiero, Marena and Ambourougne	INTERMOS	837,742	A. VERY HIGH	Sila
<a href="#">CHD-12/E/44707/6027</a>	Supporting education of returnees and hosts children with a particular focus on girls in return areas of Assounga	PU	190,000	A. VERY HIGH	Ouaddaï
<a href="#">CHD-12/E/46019/14983</a>	Le droit à l'éducation en tant que forme d'émancipation dans les zone rurales pauvres et dans la population réfugiés du Salamat.	ACRA	1,226,220	C. MEDIUM	Salamat
<a href="#">CHD-12/E/46020/124</a>	Education for IDPs, Returnees, Refugees and Host community children in Eastern Chad and Southern Chad	UNICEF	5,938,500	A. VERY HIGH	Ouaddaï
<b>Sub total for EDUCATION</b>			<b>8,192,462</b>		
<b>FOOD ASSISTANCE</b>					
<a href="#">CHD-12/F/44669/561</a>	Targeted food assistance to refugees and vulnerable people affected by malnutrition and recurrent food crises	WFP	132,290,772	A. VERY HIGH	Multiple locations
<b>Sub total for FOOD ASSISTANCE</b>			<b>132,290,772</b>		
<b>HEALTH</b>					
<a href="#">CHD-12/H/44595/122</a>	Emergency response to control meningitis, cholera and measles outbreaks in Chad.	WHO	7,590,000	A. VERY HIGH	All regions
<a href="#">CHD-12/H/44617/122</a>	Strengthening of Integrated Disease Surveillance and Response (IDSR) for rapid outbreaks control in the framework of International Health Regulation (IHR)	WHO	1,878,000	A. VERY HIGH	All regions
<a href="#">CHD-12/H/44629/122</a>	Emergency health interventions for life saving in natural disasters	WHO	646,626	A. VERY HIGH	All regions

**Chad 2012 Consolidated Appeal**

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
<a href="#">CHD-12/H/44656/5109</a>	Improve Universal Access to HIV prevention, treatment and gender-based violence prevention in humanitarian zones (returned populations from Libya, refugees, IDPs and host population)	UNAIDS	1,500,000	A. VERY HIGH	Bande sahelienne
<a href="#">CHD-12/H/44679/122</a>	Emergency medical intervention for reduction of morbidity and mortality within the refugees, IDPs and host populations in East and South of Chad.	WHO	1,408,869	A. VERY HIGH	Sila
<a href="#">CHD-12/H/44703/6027</a>	Appui aux soins de santé primaire dans l'Assoungha	PU	750,000	A. VERY HIGH	Ouaddaï
<a href="#">CHD-12/H/44714/122</a>	Improving delivery and access to primary health care services for under five children in nomadic population and remote areas in Kanem and Bahr El Ghazal regions affected by food insecurity	WHO	752,692	A. VERY HIGH	Bahr El Gazel
<a href="#">CHD-12/H/44735/1171</a>	Improving Reproductive Health (RH) services to the conflict-affected populations in the East and South of Chad	UNFPA	950,000	A. VERY HIGH	Multiple locations
<a href="#">CHD-12/H/45103/5160</a>	Support MOH-Lake region to implement Community Based Health and Emergency Response (CBH-ER)	IMC	600,000	A. VERY HIGH	Lac
<a href="#">CHD-12/H/45421/8772</a>	Reducing maternal and newborn mortality morbidity related to obstetric fistula	MDM France	850,000	A. VERY HIGH	Kanem
<a href="#">CHD-12/H/46024/124</a>	Maternal and Child Health Care services to vulnerable population in the Sahel belt of Chad, including refugees, IDPs and host communities in Southern Chad	UNICEF	5,500,000	A. VERY HIGH	Logone Oriental
<a href="#">CHD-12/H/47544/123</a>	Program against HIV/AIDS within FAO Chad projects in the eastern, central, western and southern regions of Chad	FAO	300,000	B. HIGH	Chari Baguirmi
<a href="#">CHD-12/H/48030/298</a>	Direct Psycho-social Care for Vulnerable Population in Areas of High Return	IOM	243,425	B. HIGH	N'Djamena
<b>Sub total for HEALTH</b>			<b>22,969,612</b>		
<b>MULTI-SECTOR ACTIVITIES FOR REFUGEES</b>					
<a href="#">CHD-12/MS/44169/120</a>	Protection and assistance of refugees in Chad	UNHCR	159,394,146	A. VERY HIGH	All regions
<b>Sub total for MULTI-SECTOR ACTIVITIES FOR REFUGEES</b>			<b>159,394,146</b>		
<b>NUTRITION</b>					
<a href="#">CHD-12/H/44473/5179</a>	Programme de prise en charge de la malnutrition aigue - camps de réfugiés à l'Est et populations hotes - ouaddaï et ennedi	IRC	133,750	A. VERY HIGH	Multiple locations
<a href="#">CHD-12/H/44597/561</a>	Targeted food assistance for refugees and vulnerable people affected by malnutrition and recurrent food crises	WFP	10,800,640	B. HIGH	Multiple locations
<a href="#">CHD-12/H/44753/6458</a>	Prevention and case management of global acute malnutrition in eastern and western Logone	ACTED	1,666,687	C. MEDIUM	Multiple locations

**Annex I: Donor response to the 2011 appeal**

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
<a href="#">CHD-12/H/44755/6458</a>	Case Management of Global Acute Malnutrition in the under 5 year age group in Lac Region.	ACTED	1,206,428	A. VERY HIGH	Lac
<a href="#">CHD-12/H/45036/5271</a>	To ensure continuity in the response to the nutritional emergency in Kanem and Bahr El Gazel regions – Chad	ACF - France	2,407,387	A. VERY HIGH	Bande sahelienne
<a href="#">CHD-12/H/45118/5160</a>	Support Ministry of health (MoH) in eastern Chad, to implement Community Based Management of Acute Malnutrition (CMAM) in 3 Districts	IMC	1,500,000	A. VERY HIGH	Multiple locations
<a href="#">CHD-12/H/46023/124</a>	Emergency nutrition and child survival response to the population of the Sahel belt of Chad and Refugees, Returnees and IDPs	UNICEF	15,400,000	A. VERY HIGH	Bande sahelienne
<b>Sub total for NUTRITION</b>			<b>33,114,892</b>		
<b>PROTECTION</b>					
<a href="#">CHD-12/MA/47236/5746</a>	Rapid Intervention Team for Mine Action	Mines Advisory Group	459,600	A. VERY HIGH	Wadi Fira
<a href="#">CHD-12/P-HR-RL/44162/120</a>	Protection and assistance of IDPs in Chad	UNHCR	17,551,621	A. VERY HIGH	Sila
<a href="#">CHD-12/P-HR-RL/44698/5660</a>	Assistance aux personnes déplacées internes et appui aux solutions durables à l'Est du Tchad	INTERSOS	749,000	A. VERY HIGH	Sila
<a href="#">CHD-12/P-HR-RL/46025/124</a>	Promoting a protective environment for children affected by armed conflict in eastern Chad, leaving in IDP sites and host communities	UNICEF	3,077,779	A. VERY HIGH	Ouadaï
<a href="#">CHD-12/P-HR-RL/48029/298</a>	Protecting vulnerable returnees and other persons at risk from interrelated threats	IOM	416,765	A. VERY HIGH	All regions
<b>Sub total for PROTECTION</b>			<b>22,254,765</b>		
<b>WATER AND SANITATION</b>					
<a href="#">CHD-12/WS/44522/6861</a>	Project of prevention and fight against cholera	Secours Islamique	510,614	B. HIGH	N'Djamena
<a href="#">CHD-12/WS/44539/5271</a>	Preparedness to cholera outbreaks in Chari and Logone basin trans border area (Chad – Cameroun)	ACF - France	485,000	A. VERY HIGH	Multiple locations
<a href="#">CHD-12/WS/44549/5271</a>	Emergency intervention to prevent and mitigate the spread of cholera outbreak in epidemic period in Chad and Cameroun	ACF - France	1,400,000	A. VERY HIGH	Multiple locations
<a href="#">CHD-12/WS/44551/5271</a>	Water, Sanitation and Hygiene in a Nutrition Crisis Context in the Sahel Belt	ACF - France	583,000	B. HIGH	Bahr El Gazel
<a href="#">CHD-12/WS/44615/5633</a>	Appui aux populations du Nord Salamat en matière d'eau, hygiène et assainissement	Solidarités	755,686	A. VERY HIGH	Salamat
<a href="#">CHD-12/WS/44672/5120</a>	Increasing resilience among vulnerable pastoralists and agropastoralists in Bahr El Gazal	OXFAM GB	1,407,585	A. VERY HIGH	Bahr El Gazel
<a href="#">CHD-12/WS/44686/5120</a>	Improved access to basic WASH services in cholera prone areas of N'djamena	OXFAM GB	1,230,002	A. VERY HIGH	N'Djamena

**Chad 2012 Consolidated Appeal**

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
<a href="#">CHD-12/WS/44712/6027</a>	Ensuring access to drinking water and improving sanitary conditions of IDPs, hosts and returnees in Eastern Chad, taking into account the position of women in the social management of water.	PU	520,000	B. HIGH	Ouaddaï
<a href="#">CHD-12/WS/44726/6458</a>	Supporting return movements in Eastern Chad by reinforcing coverage of basic water and sanitation needs	ACTED	874,324	A. VERY HIGH	Sila
<a href="#">CHD-12/WS/44742/6458</a>	Provision of WASH services in Northern Chad main localities and way stations in favor of returnees from Libya and local communities	ACTED	1,203,248	A. VERY HIGH	Tibesti
<a href="#">CHD-12/WS/44750/6458</a>	Provision of WASH services and infrastructures in schools and public places to prevent global sanitary risks and water borne diseases in Eastern Chad	ACTED	994,852	B. HIGH	Bande sahelienne
<a href="#">CHD-12/WS/44834/124</a>	Improving The Health and Living Condition of Vulnerable Populations (IPDs, Host Communities, Returnees, etc) Through Sustainable Access to Water, Sanitation, and improved Hygiene in Eastern, Sahel Band and Sourthen Chad	UNICEF	15,332,000	A. VERY HIGH	Sila
<a href="#">CHD-12/WS/45040/5582</a>	To reduce water bone diseases and improve standard of living and community self-reliance by provision of safe potable water	IAS	1,068,500	A. VERY HIGH	Multiple locations
<a href="#">CHD-12/WS/45615/8058</a>	Sustainable improvement of community health, peace status and living conditions in Salamat and Sila through access to clean water, sanitation, hygiene and food security	IRW	675,800	B. HIGH	Sila
<b>Sub total for WATER AND SANITATION</b>			<b>27,040,611</b>		
<b>Grand Total</b>			<b>455,173,291</b>		

## Table V. Requirements per location

Consolidated Appeal for Chad 2012 as of 15 November 2011 <a href="http://fts.unocha.org">http://fts.unocha.org</a>
--

Compiled by OCHA on the basis of information provided by appealing organizations.

Location	Requirements (\$)
All regions	192,161,623
Bahr El Gazel	4,348,277
Bande sahelienne	27,036,408
Chari Baguirmi	300,000
Kanem	850,000
Lac	1,806,428
Logone Oriental	5,500,000
Multiple locations	163,436,236
N'Djamena	1,984,041
Ouaddaï	12,601,279
Salamat	2,748,861
Sila	39,561,356
Tibesti	1,203,248
Wadi Fira	1,635,534
<b>Grand Total</b>	<b>455,173,291</b>

## Table VI. Requirements by gender marker score

Consolidated Appeal for Chad 2012 as of 15 November 2011 <a href="http://fts.unocha.org">http://fts.unocha.org</a>
--

Compiled by OCHA on the basis of information provided by appealing organizations.

Gender marker	Requirements (\$)
2b - The principal purpose of the project is to advance gender equality	850,000
2a - The project is designed to contribute significantly to gender equality	34,885,207
1 - The project is designed to contribute in some limited way to gender equality	200,507,514
0 - No signs that gender issues were considered in project design	201,313,878
- Not Specified	17,616,692
<b>Grand Total</b>	<b>455,173,291</b>

## Annex II: Needs assessment reference list

### Existing and planned assessments and identification of gaps in assessment information

EVIDENCE BASE FOR THE 2012 CAP: EXISTING NEEDS ASSESSMENTS				
Cluster/ sector	Geographic areas and population groups targeted	Lead agency and partners	Date	Title or Subject
Food Security	Abdi	OCHA, WFP, ACAS	19/01/11	General assessment with focus on food security
Food Security, NFI, Coordination	Biltine/Gonder gue	OCHA, WFP, CRT	03/03/11	Assessment and response to population affected by fire
WASH	Abougoudam	OCHA, WFP, ACAS	16/03/11	General assessment with focus on access to water
Food Security, NFI, Coordination	Djarat village	OCHA, WFP, <i>Programme de développement rural décentralisé d'Assoungha, Biltine et Ouara</i> (Decentralized Rural Development Programme in Assoungha, Biltine and Ouara /PRODABO)	5/04/11	Assessment on populations affected by fire
Protection, WASH, Food Security, NFI, Health	Faya Largeau	OCHA, IRC	14/04/11	Assessment on people repatriated from Libya
Protection, Health, Coordination	Faya Largeau	OCHA, HCR, ONUSIDA	12-14/05/11	Repatriated from Libya: follow up of 14 April mission recommendations
Protection, NFI, WASH, Coordination	Faya Largeau	OCHA, IRC, IOM, UNHCR, CRT	19/05/11 21/05/11	Repatriated from Libya: meeting with humanitarian actors involved in the response, local authorities and beneficiaries
Protection, Health, NFI, WASH, Coordination	Faya Largeau	OCHA, IRC, IOM, UNHCR, CRT	26/05/11 28/05/11	Repatriated from Libya: coordination meeting and discussion with local authorities
Food Security, Health, Protection, NFI, WASH	Zouar & Zouarke	OCHA, UNICEF, UNHCR, ACTED IOM	30/05/11	Assessment on repatriated from Libya and Coordination meeting with local authorities
Protection, Health, Food Security, WASH, Coordination	Faya Largeau	OCHA, UNHCR, IOM, IRC, WHO, WFP, MSF, CRT	3/06/11	Assessment on repatriated from Libya and Coordination meeting with local authorities
Protection, Coordination, NFI, WASH	Faya Largeau	OCHA, UNHCR, IOM, IRC	10/06/11	Repatriated from Libya: meeting with humanitarian actors involved in the response, local authorities and beneficiaries
Coordination, Protection	Goré	GENCAP, OCHA	7-12/03/2011	Training on Mainstreaming gender for implementing actors in CAR refugees' camps, Gore. Follow up of humanitarian situation in the area (epidemics, meeting with local authorities on natural disaster).
Multi-sector	Abeche, Goz Beida, Farchana, Am Timan, Goré,	WFP, HCR, OCHA, CNAR, CSSI, EU, ECHO, CARE, Linking Relief,	14-21/04/2011	Joint assessment on Sudan and CAR refugees' self-reliance.

**Annex II: Needs assessment reference list**

	Maro	Rehabilitation and Development Project (LRRD)/COOPI, LRRD/ACRA, APLFT, LWF, APLFT, <i>Internationaler Christlicher Friedensdienst</i> (International Christian Service for Peace/EIRENE), ASTBF, FPT		
Coordination	Bongor	OCHA, local authorities	9-10 /06/ 2011	Follow up and meeting with local authorities on preparedness for floods
Coordination/ Information Management	Bongor, Pala, Moundou	OCHA, Ministry of Planning, CRA, Local authorities, CRT, ACF, MSF F	19-24/ 09/2011	Identification of needs for a support to CRA in coordination and data collection. Follow-up of humanitarian situation
Food Security, Nutrition, WASH, Health, Coordination	Mao, Bol & Moussouro (03 regions of the Sahel belt)	OCHA/WFP, UNICEF, FAO, ACF, MDM, SIF, Intermon OXFAM and local	24-28/01/ 2011	Assessment and follow-up of the prevailing situation in the food security and nutritional sectors
Food Security, Nutrition, Health, Coordination	Mao, Bol & Moussouro (03 regions of the Sahel belt)	OCHA/WFP, UNICEF, FAO, ACF, MDM, SIF, Intermon OXFAM and local authorities	21-25/03/ 2011	To assess and make the follow of the prevailing situation in the food security and nutritional sectors. To follow up the trend of Chadian returnees from Libya and assess the impact of the Libyan crisis on the living conditions in the Sahel belt.
Food Security, Nutrition, Health, Coordination	Mao, Bol & Moussouro (03 regions of the Sahel belt).	OCHA/WFP, UNICEF, FAO, ACF, MDM, SIF, Intermon OXFAM, and local authorities.	09-13/05/ 2011	To assess and make the follow of the prevailing situation in the food security and nutritional sectors. To follow up the trend of Chadian returnees from Libya and assess the impact of the Libyan crisis on the living conditions in the Sahel belt.
Inter-cluster	Koukou, Tiero-Maréna, Lobotigué	CONSHADIS, UNDP, OCHA, WFP, HCR, FLM/ACT, JRS, APLFT	17-19/05/ 2011	Validation of recovery activities package proposed in 2011 matrix. Validation of the six priority axes and identification of gaps to be filled in 2011 in the retained villages.
Coordination, Security	Koukou, Goz Amir	OCHA, WFP, CONSAHDIS, DIS, UNHCR, UNDP, United Nations Department of Safety and Security (UNDSS)	09/06/2011	Evaluation of logistics and human resources of DIS. Assessment on the operational capacity of DIS.
Coordination Multi Sector	Abougoudam	OCHA, ACAS, Prefect	18/02/2011	Monitoring to lack of access water, health centre and schools
Food Security	Iriba/Guereda	WFP, CNAR, OCHA, HCR, ECHO	14-21/04/ 2011	Review/Re-assessment of the situation of Sudanese and Central African Refugees in Eastern and Southern Chad
Protection, Health, Food Security, WASH, Coordination	Mourdi	MASSNF, UNHCR, CARE, WFP, IOM, ACTED, UNFPA, OCHA	30/07/2011	Assessment of the situation of returnees from Libya living on that site.
	Ndjamena	OCHA/ CMCOORD	08-10/10/ 2011	Meeting with a CIMIC mission from France, UNDSS and CCO
	Abéché city	OCHA/IOM	21/08/2011	Monitoring of returnees from Libya living in Abéché city.
Protection, Health, Food Security, WASH, Coordination	Ounianga Kébir	OCHA/CARE/UNICEF/ UNFPA/IOM	23-25 /08/2011	Assessment of the situation of returnees from Libya living on that site.



**Chad 2012 Consolidated Appeal**

Protection, Health, Food Security, WASH, Coordination	Faya	OCHA/IOM	11-18/10/2011	Assessment and facilitation of the operation of the Sebha returned home has Faya
Food Security	Abdi, Amdam, Wadi Fira	OCHA/FAO/WFP/ <i>Office National pour le Développement Rural</i> (National Office for Rural Development)(ONDR)	17-20/10/2011	Joint assessment with the food security cluster

**CURRENT GAPS IN INFORMATION**

Cluster/sector	Geographic areas and population groups targeted	Title/Subject
Inter cluster	Chadian repatriated from Libya, and autochthons of origin villages	Livelihoods, food security, nutrition
Inter cluster	IDPs return / origin areas, border areas	Basic social services, return conditions
Coordination	CRA in countrywide	Coordination, Information / data collection

**PLANNED NEEDS ASSESSMENTS**

Cluster/sector	Geographic areas and population groups targeted	Lead agency and partners	Planned date	Title/Subject	Funding needed (amount)	To be funded by
Inter-cluster	Djourouf Al Ahmar	OCHA, WFP, UNICEF		Food security		
	Origin villages of returnees from Libya	OCHA, IOM.	Second Semester	Livelihoods		
Inter-cluster	Ouaninga Kebir, Mourdi, Zouar	OCHA, IOM, UNICEF, UNHAS, UNHCR, WFP, ECHO, IRC, Action Social, etc.	End of June	Humanitarian situation of returnees from Libya.		
Inter-cluster	Tiero-Marena axis	OCHA, WFP, HCR, JRS, APLFT, BCI, FLM/ACT, COOPI	September - October	Assessment on general humanitarian situation in origin villages.		
Inter-cluster	Dogdoré	OCHA, WFP, HCR, JRS, APLFT, BCI, FLM/ACT, COOPI	October-November	Assessment on IDPs opting for voluntary return.		
Coordination	South, Sahel	OCHA, Ministry of Planning	November 2011, first trimester 2012	Identification of needs for a support to CRA in coordination and data collection. Follow-up of humanitarian situation, training		

## Annex III: Donor response to the 2011 appeal

### Table VII. Summary of requirements and funding by cluster

Consolidated Appeal for Chad 2011 as of 15 November 2011 <a href="http://fts.unocha.org">http://fts.unocha.org</a>							
Compiled by OCHA on the basis of information provided by donors and appealing organizations.							
Cluster	Original requirements (\$) A	Revised requirements (\$) B	Carry-over (\$) C	Funding (\$) D	Total resources available (\$) E=C+D	Unmet requirements (\$) B-E	% Covered E/B
AGRICULTURE AND LIVELIHOODS	16,046,577	20,454,109	-	6,930,333	6,930,333	13,523,776	34%
COORDINATION AND SUPPORT SERVICES	21,931,013	21,878,999	1,151,116	22,204,515	23,355,631	(1,476,632)	107%
EARLY RECOVERY	7,843,000	7,843,000	-	-	-	7,843,000	0%
EDUCATION	14,023,060	11,162,460	-	1,021,950	1,021,950	10,140,510	9%
FOOD ASSISTANCE	185,559,211	190,587,830	26,383,547	133,739,974	160,123,521	30,464,309	84%
HEALTH	19,291,321	29,580,235	-	15,030,332	15,030,332	14,549,903	51%
MULTI-SECTOR ACTIVITIES FOR REFUGEES	171,847,911	183,869,031	5,514,000	13,597,760	19,111,760	164,757,271	10%
NUTRITION	15,451,605	15,451,605	-	5,587,107	5,587,107	9,864,498	36%
PROTECTION	32,232,108	34,211,828	-	3,547,081	3,547,081	30,664,747	10%
WATER AND SANITATION	22,204,043	20,237,043	-	7,335,237	7,335,237	12,901,806	36%
CLUSTER NOT YET SPECIFIED	-	-	-	61,045,781	61,045,781	n/a	n/a
<b>Grand Total</b>	<b>506,429,849</b>	<b>535,276,140</b>	<b>33,048,663</b>	<b>270,040,070</b>	<b>303,088,733</b>	<b>232,187,407</b>	<b>57%</b>

NOTE: "Funding" means Contributions + Commitments

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([fts.unocha.org](http://fts.unocha.org)).

**Table VIII. Summary of requirements and funding by appealing organization**

Consolidated Appeal for Chad 2011 as of 15 November 2011 <a href="http://fts.unocha.org">http://fts.unocha.org</a>
--

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Appealing organization	Original requirements (\$) A	Revised requirements (\$) B	Carry-over (\$) C	Funding (\$) D	Total resources available (\$) E=C+D	Unmet requirements (\$) B-E	% Covered E/B
ACF - France	-	1,885,383	-	1,428,571	1,428,571	456,812	76%
ACORD	260,330	260,330	-	-	-	260,330	0%
ACTED	1,013,566	1,013,566	-	-	-	1,013,566	0%
CARE International	-	850,767	-	-	-	850,767	0%
CARITAS	-	1,289,039	-	736,993	736,993	552,046	57%
COOPI	1,644,422	1,644,422	-	1,428,572	1,428,572	215,850	87%
FAO	12,467,481	13,967,481	-	5,648,197	5,648,197	8,319,284	40%
IAS	1,720,000	1,720,000	-	-	-	1,720,000	0%
Intermon Oxfam	5,935,000	5,935,000	-	1,965,983	1,965,983	3,969,017	33%
INTERSOS	949,160	849,160	-	413,725	413,725	435,435	49%
IOM	-	660,190	-	243,425	243,425	416,765	37%
IRW	1,805,223	1,805,223	-	1,878,453	1,878,453	(73,230)	100%
MDM	884,632	884,632	-	-	-	884,632	0%
OCHA	4,468,228	4,416,214	1,151,116	2,539,071	3,690,187	726,027	84%
OXFAM GB	609,625	1,914,007	-	653,968	653,968	1,260,039	34%
PU	7,979,000	7,979,000	-	394,218	394,218	7,584,782	5%
Secours Islamique	1,200,000	1,200,000	-	-	-	1,200,000	0%
Solidarités	965,000	965,000	-	1,216,667	1,216,667	(251,667)	100%
UNAIDS	1,500,000	1,500,000	-	278,200	278,200	1,221,800	19%
UNDP	6,200,000	6,200,000	-	-	-	6,200,000	0%
UNFPA	1,920,000	2,142,199	-	981,565	981,565	1,160,634	46%
UNHCR	196,654,685	208,949,721	5,514,000	74,747,311	80,261,311	128,688,410	38%
UNICEF	43,789,234	44,132,702	-	16,866,206	16,866,206	27,266,496	38%
UNIDO	980,000	980,000	-	-	-	980,000	0%
WFP	203,021,996	208,050,615	26,383,547	153,405,418	179,788,965	28,261,650	86%
WHO	10,462,267	14,081,489	-	5,213,527	5,213,527	8,867,962	37%
<b>Grand Total</b>	<b>506,429,849</b>	<b>535,276,140</b>	<b>33,048,663</b>	<b>270,040,070</b>	<b>303,088,733</b>	<b>232,187,407</b>	<b>57%</b>

NOTE: "Funding" means Contributions + Commitments

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([fts.unocha.org](http://fts.unocha.org)).

**Table IX. Total funding per donor (to projects listed in the Appeal)**

Consolidated Appeal for Chad 2011 as of 15 November 2011 <a href="http://fts.unocha.org">http://fts.unocha.org</a>			
Compiled by OCHA on the basis of information provided by donors and appealing organizations.			
Donor	Funding (\$)	% of Grand Total	Uncommitted pledges (\$)
United States	122,512,264	40%	-
Carry-over (donors not specified)	33,048,663	11%	-
European Commission	32,791,555	11%	-
Central Emergency Response Fund (CERF)	19,521,436	6%	-
Japan	18,559,127	6%	-
Allocation of unearmarked funds by UN agencies	11,156,127	4%	-
Canada	10,594,748	3%	-
Belgium	9,392,471	3%	-
Sweden	8,132,165	3%	-
Spain	6,441,674	2%	-
France	5,315,911	2%	-
United Kingdom	4,754,358	2%	-
Netherlands	4,375,000	1%	-
Finland	3,875,625	1%	-
Ireland	2,139,810	1%	-
Russian Federation	1,800,000	1%	-
Various (details not yet provided)	1,540,446	1%	-
Germany	1,310,616	0%	-
Switzerland	1,042,609	0%	-
Korea, Republic of	1,000,000	0%	-
Australia	784,929	0%	-
Denmark	736,993	0%	-
Italy	683,891	0%	-
Brazil	473,333	0%	-
Luxembourg	366,300	0%	-
Private (individuals & organisations)	359,191	0%	-
New Zealand	300,000	0%	-
Czech Republic	79,491	0%	-
<b>Grand Total</b>	<b>303,088,733</b>	<b>100%</b>	<b>-</b>

NOTE: "Funding" means Contributions + Commitments

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([fts.unocha.org](http://fts.unocha.org)).

**Table X. Non-Appeal funding (per IASC standard sector)**

Other humanitarian funding to Chad 2011 as of 15 November 2011 <a href="http://fts.unocha.org">http://fts.unocha.org</a>			
Compiled by OCHA on the basis of information provided by donors and appealing organizations.			
Sector	Funding (\$)	% of Grand Total	Uncommitted pledges (\$)
AGRICULTURE	876,097	1%	-
COORDINATION AND SUPPORT SERVICES	5,866,276	7%	-
ECONOMIC RECOVERY AND INFRASTRUCTURE	249,956	0%	-
EDUCATION	1,600,000	2%	-
FOOD	6,374,989	8%	-
HEALTH	23,972,883	30%	-
MINE ACTION	284,900	0%	-
PROTECTION/HUMAN RIGHTS/RULE OF LAW	2,186,385	3%	-
SHELTER AND NON-FOOD ITEMS	408,719	1%	-
WATER AND SANITATION	2,242,653	3%	-
SECTOR NOT YET SPECIFIED	34,874,578	44%	-
<b>Grand Total</b>	<b>78,937,436</b>	<b>100%</b>	-

NOTE: "Funding" means Contributions + Commitments

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

Please note that this table includes \$3,515,625 of funding that has been contributed in 2011 but that has been confirmed for use in 2012. These contributions are identified with "contribution confirmed for 2012" in the description column of FTS tables A and H.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([fts.unocha.org](http://fts.unocha.org)).

**Table XI. Total humanitarian aid per donor (Appeal plus other\*)**

Chad 2011 as of 15 November 2011 <a href="http://fts.unocha.org">http://fts.unocha.org</a>			
Compiled by OCHA on the basis of information provided by donors and appealing organizations.			
Donor	Funding (\$)	% of Grand Total	Uncommitted pledges (\$)
United States	143,728,331	38%	-
European Commission	76,218,543	20%	-
Carry-over (donors not specified)	33,048,663	9%	-
Japan	22,074,752	6%	-
Central Emergency Response Fund (CERF)	19,521,436	5%	-
Sweden	12,360,635	3%	-
Canada	11,238,015	3%	-
Allocation of unearmarked funds by UN agencies	11,156,127	3%	-
Belgium	9,392,471	2%	-
Spain	6,441,674	2%	-
France	6,002,726	2%	-
Finland	5,659,720	1%	-
United Kingdom	4,754,358	1%	-
Netherlands	4,375,000	1%	-
Germany	3,738,383	1%	-
Ireland	2,139,810	1%	-
Switzerland	1,880,744	0%	-
Russian Federation	1,800,000	0%	-
Various (details not yet provided)	1,540,446	0%	-
Korea, Republic of	1,000,000	0%	-
Denmark	834,526	0%	-
Australia	784,929	0%	-
Italy	683,891	0%	-
Brazil	473,333	0%	-
Luxembourg	438,974	0%	-
Private (individuals & organisations)	359,191	0%	-
New Zealand	300,000	0%	-
Czech Republic	79,491	0%	-
<b>Grand Total</b>	<b>382,026,169</b>	<b>100%</b>	<b>-</b>

NOTE: "Funding" means Contributions + Commitments  
Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)  
Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.  
Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

\* Includes contributions to the Consolidated Appeal and additional contributions outside of the Consolidated Appeal Process (bilateral, Red Cross, etc.)

Please note that this table includes \$3,515,625 of funding that has been contributed in 2011 but that has been confirmed for use in 2012. These contributions are identified with "contribution confirmed for 2012" in the description column of FTS tables A and H.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([fts.unocha.org](http://fts.unocha.org))

## Annex IV: Acronyms and abbreviations

3W	who does what, where
ACAS	<i>Association Culturelle pour la Santé</i> (Cultural Association for Health)
ACF	<i>Action Contre la Faim</i> (Action Against Hunger)
ACORD	Agency for Cooperation and Research in Development
ACRA	Association for Cooperation in Rural areas in Africa and Latina America
ACTED	Agency for Technical Cooperation and Development
ADESK	<i>Association pour le Développement Economique et Social de Kobé</i> (Association for Economic and Social Development in Kobe)
ADRA	Adventist Development and Relief Agency
AFD	<i>Agence Française de Développement</i> (French Development Agency)
AGDM	age, gender and diversity mainstreaming
AIDA	Accessible Information on Development Aid
ANC	antenatal care
ANT	<i>Armée Nationale du Tchad</i>
APLFT	<i>Association pour la promotion des libertés fondamentales au Tchad</i> (Association for the Promotion of Fundamental Liberties in Chad)
ASF	<i>Aviation Sans Frontière</i> (Aviation Without Borders)
ASI	Air Serv International
ATPDH	<i>Association Tchadienne pour la Promotion et la Défense des Droits de l'Homme</i> (Chadian Association for the Promotion and Defence of Human Rights)
BEG	Bahr El Ghazal
BET	Bourkou-Ennedi-Tibesti
BSM	<i>Bureau de Sécurisation et Mouvement</i> (Security and Movement Office)
CAOGs	Chadian armed opposition groups
CAP	consolidated appeal <i>or</i> consolidated appeal process
CAR	Central African Republic
CARE	Cooperative for Assistance and Relief Everywhere
CARITAS	International Conference of Catholic Churches
CASAGC	<i>Comité d'Action pour la Sécurité Alimentaire et la Gestion des Catastrophes</i> (Action Committee for Food Security and Disaster Management)
CBOs	community-based organizations
CCCM	camp coordination and camp management
CCO	<i>Comité de Coordination des ONG au Tchad</i> (Committee for Coordination of NGOs in Chad)
CELIAF	<i>Cellule d'Information et de liaison des Associations Féminines</i> (Women's Associations Liaison and Information Unit)
CERF	Central Emergency Response Fund
CFSVA	Comprehensive Food Security and Vulnerability Analysis
CNARR	<i>Commission Nationale d'Accueil et de Réinsertion des Réfugiés et Rapatriés</i> (Chadian National Refugee and Repatriated Authority)
CNNTA	<i>Centre National de Nutrition et Technologie Alimentaire</i> (National Nutrition and Food Technology Centre)
CONSAHDIS	<i>Coordination Nationale de Soutien aux Activités Humanitaires et au Détachement intégré de Sécurité</i> (National Coordination of Humanitarian Activities and Support for the Integrated Security Detachment)
COOPI	<i>Cooperazione Internazionale</i> (International Cooperation)
CORD	Christian Outreach Relief and Development
CRF	<i>Croix-Rouge française</i> (French Red Cross)
CRS	Catholic Relief Services
CRT	<i>Croix-Rouge du Tchad</i> (Chadian Red Cross)
CSOs	civil society organizations
CSSI	<i>Centre de Support en Santé Internationale</i> (Support Centre for International Health)
DIS	<i>Détachement Intégré de Sécurité</i> (Integrated Security Unit)
DREN	<i>Délégation Régionale de l'Education Nationale</i> (Regional Education Delegates)
DRR	disaster risk reduction



---

**Annex IV: Acronyms and abbreviations**

---

DSR	<i>Division de la Santé de la Reproduction</i> (Division of Reproductive Health)
ECHO	European Commission Directorate-General for Humanitarian Aid and Civil Protection
EFSA	emergency food security assessment
EIRENE	<i>Internationaler Christlicher Friedensdienst</i> (International Christian Service for Peace)
EMOPs	emergency operations
EPI	expanded programme of immunization
ER	early recovery
EU	European Union
FAO	Food and Agriculture Organization of the United Nations
FAWE	Forum for African Women Educationalists
FEWSNET	Famine Early Warning System Network
FCS	food consumption score
FFC	food-for-cash
FFT	food-for-training
FFW	food-for-work
FPT	<i>Futures Portes du Tchad</i>
FTS	Financial Tracking Service
GAM	global acute malnutrition
GBV	gender-based violence
GNNT	<i>Garde National et Nomade du Tchad</i> (National and Nomadic Guard of Chad)
GoC	Government of Chad
GBVIMS	Gender-Based Violence Information Management System
GIZ	<i>Deutsche Gesellschaft für Internationale Zusammenarbeit</i> (German Society for International Cooperation)
HA	hectare
HC	Humanitarian Coordinator
HCR	High Commissioner for Refugees
HCT	Humanitarian Country Team
HDR	Human Development Report
HIAS	Hebrew International Aid Service
HIV/AIDS	human immuno-deficiency virus/acquired immune deficiency syndrome
HRBA	human-rights-based approach
IAS	International Aid Services
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IDPs	internally displaced people
IERP	integrated early recovery programme
IGAs	income-generating activities
IMC	International Medical Corps
IMC	integrated management of child illness
Intermón Oxfam	OXFAM Spain
INTERSOS	<i>Organizzazione Umanitaria per l'Emergenza</i> (Emergency Humanitarian Organization)
IOM	International Organization for Migration
IRC	International Rescue Committee
IRD	International Relief and Development
IRW	Islamic Relief Worldwide
JAM	Joint Assessment Mission
JRS	Jesuit Refugee Service
LEAD TCHAD	(name of a Chadian association)
LRRD	Linking Relief, Rehabilitation and Development (Project)
LWF/ACT Alliance	Lutheran World Federation / Action by Churches Together Alliance
MAG	Mine Action Group
MD	medical doctor
MDM	<i>Médecins du Monde</i> (Doctors of the World)

MINURCAT	<i>Mission des Nations Unies en République Centrafricaine et au Tchad</i> (United Nations Mission in the Central African Republic and Chad)
MENTOR	Malaria Emergency Technical and Operational Response
MSF	<i>Médecins sans frontières</i> (Doctors Without Borders)
MSP	<i>Ministère de la Santé Publique</i> (Ministry of Public Health)
MT(s)	metric ton(s)
NFI(s)	non-food item(s)
NGO(s)	non-governmental organization(s)
OCHA	Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the High Commissioner for Human Rights
OHD	<i>Organisation Humanitaire et Développement</i> (Humanitarian Organization and Development)
ONDR	<i>Office National pour le Développement Rural</i> (National Office for Rural Development)
OXFAM-GB	Oxfam Great Britain
PGRET	<i>Programme Global de relance de l'Est du Tchad</i> (Government of Chad-led Multi-sector-based Recovery Programme of Eastern Chad)
PMTCT	preventing mother-to-child transmission
PRODABO	<i>Programme de développement rural décentralisé d'Assoungha, Biltine et Ouara</i> (Decentralized Rural Development Programme in Assoungha, Biltine and Ouara)
PRRO	protracted relief and recovery operation
PTAs	parent-teacher associations
PU	<i>Première Urgence</i> (First Aid)
RCN	<i>Réseau des Citoyens pour la Justice et la Démocratie</i> (Citizens' Network for Justice and Democracy)
SAM	severe acute malnutrition
SAP	Early Warning System (of the Chadian Government)
SDC	Swiss Agency for Development and Cooperation
SDR	secondary data review
SECADEV	<i>Secours Catholique pour le Développement</i> (Catholic support for Development)
SGBV	sexual and gender-based violence
SIF	<i>Secours Islamic France</i>
SMART	standardize monitoring assessment of relief transition
SPHERE	Humanitarian Charter and Minimum Standards in Disaster Response
STI	sexually transmitted infection
U5	under-five
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UN-HABITAT	United Nations Human Settlements Programme
UNHAS	United Nations Humanitarian Air Service
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organization
UNMAS	United Nations Mine Action Service
UNSC	United Nations Security Council
URD	<i>Groupe Urgence-Réhabilitation-Développement</i> (Emergency-Rehabilitation-Development Group)
UXO	unexploded ordnance
VAM	vulnerability assessment mapping
VCT	voluntary counselling and testing

**Annex IV: Acronyms and abbreviations**

---

WASH	water, sanitation and hygiene
WB	World Bank
WCDO	World Concern Development Organization
WFP	World Food Programme
WHO	World Health Organization
WV	World Vision



**OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS  
(OCHA)**

United Nations Palais des Nations  
New York, N.Y. 10017 1211 Geneva 10  
USA Switzerland