



Chad

2012
**Consolidated Appeal
Mid-Year Review**





SAMPLE OF ORGANIZATIONS PARTICIPATING IN CONSOLIDATED APPEALS

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






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

CHAD - Reference Map 

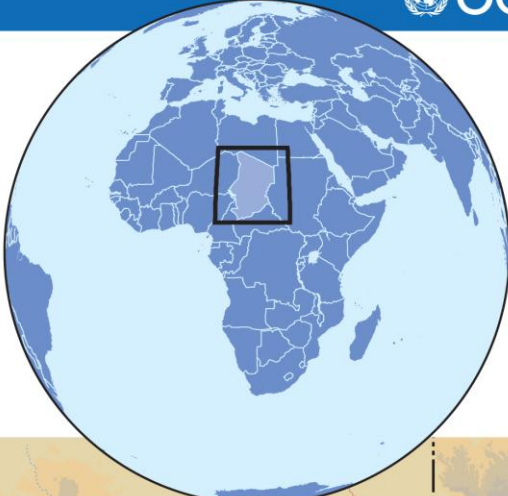
Legend

-  National capital
-  First administrative level capital
-  Populated places
-  International boundary
-  First administrative level boundary

Elevation (meters)

- 5,000 and above
- 4,000 - 5,000
- 3,000 - 4,000
- 2,500 - 3,000
- 2,000 - 2,500
- 1,500 - 2,000
- 1,000 - 1,500
- 800 - 1,000
- 600 - 800
- 400 - 600
- 200 - 400
- 0 - 200

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. **Map data sources:** CGIAR, United Nations Cartographic Section, ESRI, Europa Technologies, UN OCHA.

1. EXECUTIVE SUMMARY

As anticipated, erratic rainfall in 2011 led to below-average harvests in Chad, causing significant food security concerns in 2012. 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 the resilience of affected families. An estimated 1.6 million people already suffering from food insecurity and malnutrition also face longer-term resilience problems. In total, an estimated 3.6 million people are at risk of food insecurity. After two years of continued shocks, the pastoralist communities are facing difficulties in overcoming additional challenges.

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%). Now, however, admissions to nutritional centres for severe acute malnutrition spiked in the first four months of 2012—43,000 people, three to four times more cases than the same period in 2011 and 2010.

The country is experiencing a resurgence of communicable diseases such as poliomyelitis, measles and guinea worm. Fortunately no cholera cases have been confirmed in Chad yet in 2012; however the rainy season has yet to begin.

Displacement and population movements remain a significant cause of concern. Because of the Libyan crisis, more than 90,000 Chadian migrant workers returned to their regions of origin or settled in transit zones, mostly in and around Faya, N'Djamena and the Sahel belt, an area already vulnerable to food crisis. In addition to the 125,000 internally displaced people (IDPs), there are still 281,311 Sudanese refugees in eastern Chad and 54,573 Central African refugees in the southeast of the country.

Although the Government estimates that another 30,000 IDPs are ready to return to their homes, lack of basic social services, the absence of rule of law and the lack of a functioning justice system in return areas prevent many IDPs from returning. A joint effort by the Chadian authorities, United Nations agencies and the humanitarian community was launched through the Early Recovery Cluster, resulting 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 inflation and the degradation of the environment (deforestation, over-exploitation of groundwater and pressure on scarce natural resources). The survival strategies of

Consolidated Appeal for Chad: Key parameters at mid-year	
Duration:	12 months (January-December 2012)
Key milestones in the rest of 2012:	<p>Humanitarian consequences of erratic rainfall on 2011-2012 farming campaign and harvests.</p> <p>The impact of the conflict between Sudan and South Sudan.</p> <p>Security of operations by DIS, GNNT, <i>Armée Nationale du Tchad</i> (Chad National Army), national police and Chad-Sudan mixed force.</p> <p>Reintegration of Chadian migrants who returned from Libya and Nigeria.</p> <p>Recurrent epidemics with the rainy season approaching in 2012.</p>
Target beneficiaries:	<p>IDPs: 125,000</p> <p>IDP returnees: 56,000</p> <p>Refugees: 335,884</p> <p>Returnees from Libya: 90,358</p> <p>Returnees from Nigeria: 1,113</p> <p>Food-insecurity-affected people needing assistance: 1.6 million</p> <p>Total beneficiaries: 5,480,000</p>
Total funding requested:	\$572,057,578
Funding request per beneficiary:	\$104

host communities often depend on climate conditions characterized by 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 since the 2010 withdrawal of the *Mission des Nations Unies en République Centrafricaine et au Tchad* (United Nations Mission in the Central African Republic and Chad / MINURCAT). Arrangements have been implemented to reinforce security conditions in eastern and southern Chad, including additional deployments of the national police and gendarmerie, the *Garde Nationale et Nomade du Tchad* (National and Nomadic Guard of Chad - GNNT), the *Détachement Intégré de Sécurité* (Integrated Security Unit / DIS), and the continued deployment of joint Chad-Sudan mixed forces along the border. As the situation in eastern Chad continues to slowly improve, humanitarian access to vulnerable people and returnee villages has increased. Nonetheless, UN agencies still require armed escorts by DIS to carry out humanitarian actions in eastern Chad and in certain areas in southern Chad. The judicial system remains weak overall and impunity prevails.

Political instability in the Sahel, particularly in Niger and Mali, may well increase the risk of criminal activities in northern Chad in the second half of 2012. Additionally, armed clashes in the southern Libyan cities of Kufra and Sabha remain a serious concern. This increased threat of criminality affects both civilians and humanitarian actors. The presence of unexploded ordnance in the north and east 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 focus on durable solutions while maintaining life-saving assistance to the most vulnerable (IDPs, refugees, returnees and local populations). The transition from emergency assistance to recovery is of fundamental importance and funds are required to support multidimensional activities and eventual medium- to long-term development projects in order to boost sustainable growth. Strengthening the capacity of national actors and local communities to prevent, respond to, and manage crisis situations and their humanitarian consequences remains an important strategic priority. Through the consolidated appeal process (CAP), the humanitarian community supports the Government of Chad in its efforts to respond to emergencies. For example, in response to the 2012 food security crisis, the Government prepositioned 24,918 tons of cereal country-wide through its National Office for Food Security and expects to deliver 53,000 tons of cereals through subsidized sales to vulnerable people in response to the food security and nutrition crisis in 2012.

As of June 30, the 2012 Chad Consolidated Appeal has received 57% of required funding. Some sectors remain largely underfunded, including Protection 7%, Education 11%, Health 14%, and Water, Sanitation and Hygiene (WASH) 15%. Food security and nutrition are essential, but require clean water and protection elements to succeed. Balanced funding among the different sectors of humanitarian action is essential to ensure complementarity and a comprehensive humanitarian response. This revised consolidated appeal identifies as priorities the humanitarian needs in six areas: malnutrition/food insecurity, epidemics, water, sanitation and hygiene, protection, population movements and the impact of the Libyan crisis. To implement the projects submitted in this appeal, nine United Nations agencies, the International Organization for

Migration and 19 non-governmental organizations in consultation with the Chadian Government and local actors are appealing for \$572 million.¹

¹ All dollar signs in this document denote United States dollars. Funding for this appeal should be reported to the Financial Tracking Service (FTS, fts@un.org), which will display its requirements and funding on the current appeals page.

Chad Humanitarian Dashboard (as of 24 June 2012)

Key figures

3.1 million

People in need of food assistance (source, Food Security Cluster)

127,300

Children suffering from severe acute malnutrition in 2012 (UNICEF)

Baseline

Population (RGPH 2009).	11.2 million
Adult literacy rate, both sexes (Source UNDP).	33.6% (aged 15 and above)
Life expectancy (UNDP HDR 2011).	49.6 years
Under-five mortality (UNDP).	209/1,000
Under-five global acute malnutrition rate (%) (source UNICEF/MSP 2011)	Lac: 13.1 Kanem: 20.1 BEG: 17.8 HL: 15.7 Batha: 16.2 Guera: 13.3 WF: 18.0 Ouadai: 12.7 Sila: 12.8 Salamat: 15.4 Ndj: 14.0
Multidimensional Poverty Index (%)	0.344

Funding

\$572 million

requested (US\$)

57% funded

Crisis description

Chad continues to face challenges related to protection and assistance for refugees, the repatriation and reintegration of migrants from Libya and Nigeria, 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 areas:

- West and centre (Sahel belt): large-scale severe malnutrition and food insecurity.
- Border areas in the extreme north, south and east: high levels of insecurity due to banditry and organized crime.
- Areas prone to floods.

Most-affected groups:

- People affected by conflict including refugees, IDPs and migrants returning from Libya and Nigeria.
- People affected by food insecurity and malnutrition.
- People affected by epidemics and natural disasters.

Main drivers of the crisis:

Insecurity from rebel groups and bandits operating around and across borders with Sudan and Central African Republic; impact of sub-regional crises (Libya, Nigeria); erratic climate conditions with frequent natural disasters such as floods or droughts affecting vulnerable populations; recurrent epidemics and water-related diseases.

Progress towards strategic objectives

- Ensure access to protection and assistance for the most vulnerable individuals affected by humanitarian crises, with an emphasis on identifying /reinforcing durable solutions:** coordinated effort to address the needs of victims of the food security and nutrition crises, refugees and IDPs aiming to build resilience to future shocks affecting their livelihoods.
- Increase and reinforce humanitarian space, by also strengthening government capacity to enforce the rule of law and provide effective basic services to the population:** humanitarian aid delivery has not been interrupted so far in 2012. The majority of planned programs were executed, even though the lack of capacity of governmental security forces remains a matter of concern. Northern regions such as the Tibesti and the southern city of Tissy are a challenge for humanitarian access.
- 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-stakeholder crisis prevention and response management:** capacity-building of the members of the *Comité Régional d'Action* (Regional Action Committee) were assured by OCHA. Nine clusters are active in Ndjamena and inter-cluster meetings are held regularly around the country.
- Sensitize and mobilize key development actors (donors, technical agencies, and NGOs) to invest more consequently into community and national development priorities:** Early Recovery Cluster funded at 15%, compared to 0% last year. Number of multi-dimensional programmes by actors increased.

People in need

281,311

Refugees from Sudan (UNHCR)

125,000

Internally displaced people (UNHCR)

90,358

Chadian returnees from Libya (IOM)

54,573

Refugees from Central Africa Republic (UNHCR)

56,000

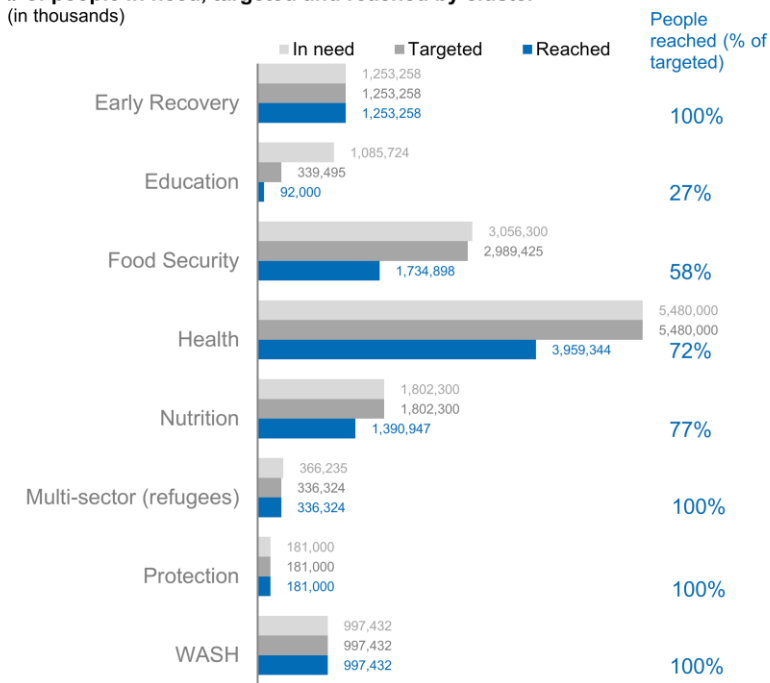
Returnees since 2010—former IDPs (UNHCR/ INTERSOS)

1,113

Chadian returnees from Nigeria (IOM)

Cluster overview

of people in need, targeted and reached by cluster (in thousands)

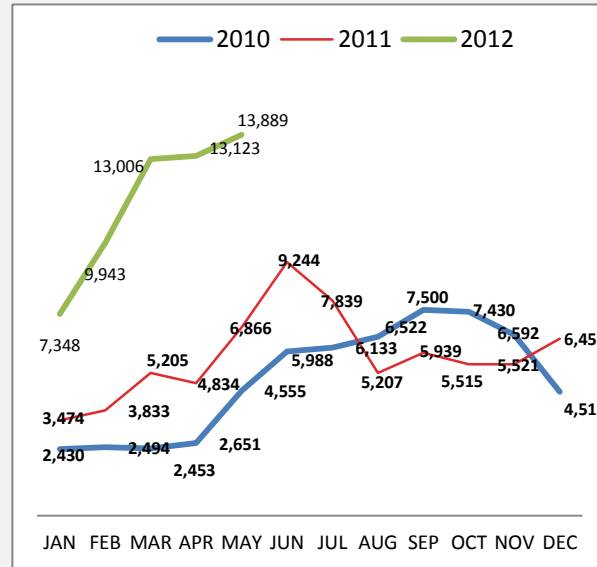


Chad Humanitarian Dashboard (as of 24 June 2012)

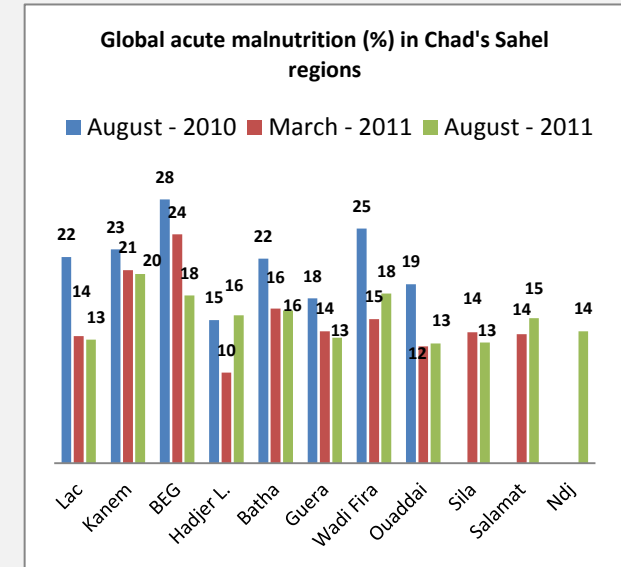
Evolution of needs

- **Trend:** return, integration or relocation of IDPs in eastern Chad and limited return of refugees. Significant impact of Chadian migrants from Libya on the livelihoods of host communities. Growing admissions to nutrition centres in the Sahel. Moderate number of cholera and polio cases. Natural disasters (floods and droughts) may hamper aid delivery, destroy infrastructures and cause new displacements. Instability in other Sahel countries and conflict in Sudan.
- **Evolution of priority needs:** as expected, the food security and nutrition crisis in the Sahel remains the priority in 2012. Early recovery activities are paramount in order to support a transition from emergency to longer-term solutions.
- **Most likely scenario of needs:** addressing immediate food and nutrition needs. Sustainable agriculture and livelihoods are needed in order to build the resilience of affected people. Reintegration of migrants coming from Libya and Nigeria is needed in order to avoid intercommunity tensions over scarce resources. The lack of basic social services is slowing the pace of IDP return in the east. Protection issues including GBV continue to require close monitoring. Education, health and WASH programs continue to be of utmost importance to build a sustainable path towards recovery.
- **Worst-case scenario:** degradation of nutritional, food access and sanitary situation. Massive withdrawal or limited presence of humanitarian agencies. Restricted humanitarian space. Discontinuity in public services. Protection issues worsening.

Severe acute malnutrition-nutrition centre admissions 2010-2012 (UNICEF)



Nutritional Situation – SMART Survey (UNICEF/MSP 2010-2011)



Progress of response and gap analysis

Clusters	Response and gap analysis	Clusters	Response and gap analysis
Early Recovery	Uneven integration of the early recovery concept on the projects implemented by other actors in the humanitarian community. Underfunding is creating response gaps.	Protection	UNHCR organized returns for 5,466 IDPs (out of the total 125,000 IDPs in Chad) to their village of origin or areas of relocation. Underfunding is creating response gaps.
Education	Ensuring access to quality education for 21,900 primary school-aged children in the east. Over 19,000 pupils (41%) girls are able to continue attend school. Because of lack of resources, over 339,495 children risk continuing to attend school in unacceptable conditions.	WASH	UNICEF pre-positioned cholera preventive and curative materials supplies in 37 high-risk districts and reacted District Crisis Committees (DCC) before the long rains. Due to underfunding, critical life-saving activities planned to reduce malnutrition-related shocks and prevent the recurrence of cholera may not be achieved, putting approximately 400,000 children living in the Sahel region at risk.
Food Security	Over 980,000 people already received assorted food commodities. In addition, about 522,800 people are receiving agricultural inputs to reinforce their livelihoods.	Multi-sector Ass. for Ref.	National Sudanese exam for more than 100 Grade 11 candidates has been organized and over 3,000 Grade 8 candidates are registered and will seat for exams in June. Risk of SGBV is reduced.
Health	All essential medicine, health kits and vaccines procured and immunization campaigns are ongoing. Underfunding may oblige the cluster to scale down immunization campaigns. This will increase morbidity and mortality from preventable and treatable diseases among vulnerable communities' children under five and women.	Coord. and Support	WFP/UNHAS transported a cumulative total of 27,620 humanitarian passengers in the first five months of 2012 (NGOs, 49%; UN agencies, 48%; donors/diplomats/government/media representatives, 3%). Coordination remains essential for an effective response: joint assessments and inter-cluster coordination (ICC) have been scaled up.
Nutrition	New admissions in therapeutic feeding programs account for 43,420 people in 2012 (through April). Integrated community screening has to be reinforced in all villages. Need to open TFCs in all health districts.		

Additional basic humanitarian and development indicators for Chad

Sector	Indicator	Most recent data	Previous data or pre-crisis baseline	Trend *
Health	Maternal mortality	1,200/100,000 live births (UNDP HDR, 2011)	1,200/100,000 live births (UNICEF/ WHO / UNFPA/WB, 2008).	↔
	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-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.	↓
Food Security	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% (EFSA Sahel, 2011)	Poor=16.4%, Borderline =25% Acceptable=58.6% (CFSVA 2009)	↓
WASH	Number of litres potable water consumed per person per day in affected population.	15 litres/person/day	7.5-10 litres/person/day	↑
	Proportion of population without sustainable access to an improved drinking water source.	48.2%	57%	↓
Economic Status	Gross domestic product per capita (PPP \$).	\$1,330 (UNDP 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)	N/A
Other vulnerability indices	ECHO Vulnerability and Crisis Index score.	Three (ECHO 2011)	N/A	N/A
	Human Development Index	0.328 (UNDP HDR, 2011)	0.295 (UNDP HDR, 2005)	↑

* The symbols mean: ↑ situation improved; ↓ situation worsened; ↔ situation remains more or less the same.

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

TABLE I. REQUIREMENTS AND FUNDING TO DATE PER CLUSTER

Consolidated Appeal for Chad 2012 as of 30 June 2012 http://fts.unocha.org
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Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Cluster	Original requirements (\$) A	Revised requirements (\$) B	Funding (\$) C	Unmet requirements (\$) D=B-C	% Covered E=C/B	Uncommitted pledges (\$) F
AGRICULTURE AND LIVELIHOODS	23,805,866	24,932,067	9,525,316	15,406,751	38%	-
COORDINATION AND SUPPORT SERVICES	22,236,086	22,443,678	13,118,153	9,325,525	58%	-
EARLY RECOVERY	4,462,934	4,494,554	671,215	3,823,339	15%	-
EDUCATION	8,192,462	4,433,962	500,236	3,933,726	11%	-
FOOD ASSISTANCE	132,290,772	236,406,322	208,395,432	28,010,890	88%	327,654
HEALTH	22,969,612	31,364,492	4,306,330	27,058,162	14%	-
MULTI-SECTOR ACTIVITIES FOR REFUGEES	159,394,146	159,526,163	41,595,071	117,931,092	26%	-
NUTRITION	33,114,892	46,568,392	36,144,803	10,423,589	78%	-
PROTECTION	23,859,765	21,530,986	1,429,882	20,101,104	7%	-
WATER AND SANITATION	27,040,611	20,356,962	3,120,079	17,236,883	15%	-
CLUSTER NOT YET SPECIFIED	-	-	5,007,537	n/a	n/a	-
Grand Total	457,367,146	572,057,578	323,814,054	248,243,524	57%	327,654

NOTE: "Funding" means Contributions + Commitments + Carry-over

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

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

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.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2012. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

TABLE II. REQUIREMENTS AND FUNDING TO DATE PER PRIORITY LEVEL

Consolidated Appeal for Chad 2012
as of 30 June 2012
<http://fts.unocha.org>

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

Priority	Original requirements (\$) A	Revised requirements (\$) B	Funding (\$) C	Unmet requirements (\$) D=B-C	% Covered E=C/B	Uncommitted pledges (\$) F
A. VERY HIGH	438,368,828	551,290,495	305,537,822	245,752,673	55%	327,654
B. HIGH	16,105,411	17,874,176	11,602,008	6,272,168	65%	-
C. MEDIUM	2,892,907	2,892,907	1,666,687	1,226,220	58%	-
D. NOT SPECIFIED	-	-	5,007,537	n/a	n/a	-
Grand Total	457,367,146	572,057,578	323,814,054	248,243,524	57%	327,654

NOTE: "Funding" means Contributions + Commitments + Carry-over

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

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The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2012. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

TABLE III. REQUIREMENTS AND FUNDING TO DATE PER ORGANIZATION

Consolidated Appeal for Chad 2012
as of 30 June 2012
<http://fts.unocha.org>

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

Appealing organization	Original requirements (\$) A	Revised requirements (\$) B	Funding (\$) C	Unmet requirements (\$) D=B-C	% Covered E=C/B	Uncommitted pledges (\$) F
ACF - France	4,875,387	5,957,530	4,004,256	1,953,274	67%	-
ACRA	1,226,220	1,226,220	-	1,226,220	0%	-
ACTED	8,875,372	8,875,372	4,890,774	3,984,598	55%	-
CCO	300,000	300,000	-	300,000	0%	-
ESMS	-	196,347	-	196,347	0%	-
FAO	17,898,223	17,898,223	4,881,129	13,017,094	27%	-
IAS	1,068,500	1,068,500	-	1,068,500	0%	-
IMC	2,100,000	2,100,000	1,863,354	236,646	89%	-
INTERSOS	2,335,742	2,017,942	804,290	1,213,652	40%	-
IOM	660,190	660,190	-	660,190	0%	-
IRC	133,750	133,750	133,750	-	100%	-
IRW	1,264,655	1,264,655	305,188	959,467	24%	-
MDM France	850,000	850,000	-	850,000	0%	-
MERLIN	-	2,625,484	2,418,302	207,182	92%	-
Mines Advisory Group	459,600	459,600	-	459,600	0%	-
OCHA	4,319,394	4,526,986	1,828,646	2,698,340	40%	-
OXFAM GB	4,242,587	4,242,587	2,800,482	1,442,105	66%	-
PU	3,235,000	3,715,000	-	3,715,000	0%	-
Secours Islamique	510,614	510,614	-	510,614	0%	-
Solidarités	1,522,641	3,320,746	2,150,720	1,170,026	65%	-
UNAD	-	755,456	-	755,456	0%	-
UNAIDS	1,500,000	1,500,000	342,935	1,157,065	23%	-
UNDP	2,255,934	2,255,934	500,015	1,755,919	22%	-
UNFPA	1,485,000	1,485,000	283,336	1,201,664	19%	-
UNHCR	177,480,767	177,077,784	41,878,404	135,199,380	24%	-
UNICEF	45,783,279	47,639,000	24,327,228	23,311,772	51%	-
WCDO	-	1,040,749	-	1,040,749	0%	-
WFP	160,708,104	264,382,842	230,050,559	34,332,283	87%	327,654
WHO	12,276,187	13,971,067	350,686	13,620,381	3%	-
Grand Total	457,367,146	572,057,578	323,814,054	248,243,524	57%	327,654

NOTE: "Funding" means Contributions + Commitments + Carry-over

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

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

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.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2012. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

2. CHANGES IN THE CONTEXT, HUMANITARIAN NEEDS, AND RESPONSE

2.1 CHANGES IN THE CONTEXT

Political and security

Chad continues to move towards stabilization and recovery despite ongoing tension and crisis in neighbouring countries. At the field level, the security situation remains stable, even though cases of banditry and theft are regularly reported. United Nations (UN) agencies and some implementing partners continue to utilize armed escorts for movements in certain routes of southern and eastern Chad as a result.

Unexploded ordnance (UXO) remains a threat in some areas and the proliferation of small arms among the civilian population is of concern. With the continued weak judicial system and the absence of rule of law, impunity prevails.

While the context remains mostly unchanged throughout 2012, some new elements have emerged, and relate to national, sub-regional and global concerns. The ongoing crisis in Darfur and the armed clashes between South Sudan and Sudan continue to be problematic. Contingency plans are being renewed in the event of potential new cross-border arrivals in eastern Chad. As of June 2012 no new arrivals have been reported and agencies continue to monitor the border region. Security along the border with Sudan continues to be reinforced by the Chad-Sudan joint border force.

The security situation in Chad also depends on developments in the sub-region. The impact of the Libyan crisis continues to be felt across the Sahel. Following the fall of the political regime in Tripoli, authorities struggle to ensure security in southern Libya and the traffic of small arms, light weapons and stolen vehicles is visible in northern Chad. Major supply routes to populations living in Bourkou, Ennedi and Tibesti (BET) are affected by insecurity in the Libyan cities of Al Kufra and Sabha. Because of this, basic commodities are scarce and prices have reportedly increased. In addition, the return of 90,358 migrants to northern Chad and other areas has increased stress on households due to competition for meagre resources and land tenureship.

Concerning the Lake Chad region, in April 2012 the Governments of Nigeria, Chad, Niger and Cameroon committed to reactivate their joint mixed force in an effort to respond to security threats along shared borders. Due to the activities of extremist groups such as Boko Haram in northern and central Nigeria, 1,113 Chadians crossed into the border village of Ngouboua, and have been assisted and transported to villages of return. As of June, no new returnees from Nigeria have been reported. The humanitarian community continues to monitor this potentially volatile situation.

To the south, in April 2012, the UN Special Representative for Central Africa and head of the UN Office for Central Africa (UNOCA) and the Special Envoy of the African Union for the Lord's Resistance Army (LRA) arrived in Chad to meet with the President and discuss issues of concern. There continues to be no indication of LRA presence or activities within Chad's borders and preventive diplomacy initiatives are underway. Should the situation change, this issue could

be destabilizing for the security of border areas in south-eastern Chad and potentially prevent refugee returns to Central African Republic.

At the global level, drug trafficking, arms circulation, the influence of radical groups such as *Al-Qaeda au Maghreb Islamique* (Al-Qaeda in the Islamic Maghreb) and Boko Haram, major political changes in Arab and West African states, and general price increases may all have serious negative consequences on the political situation in Chad.

Humanitarian needs – malnutrition, food insecurity

Despite the stabilization of the security situation, humanitarian needs in Chad remain immense. The predicted food security and nutritional crisis in the Sahel belt has materialized and the food security cluster members are proactively targeting 382,781 households in response. An estimated 1.6 million Chadians continue to be affected by food insecurity and malnutrition and according to the United Nations Children's Fund (UNICEF), 127,300 children are at risk of suffering from severe acute malnutrition in 2012. Communities suffer a lack of livelihoods and the survival strategies of host populations are weak, and subject to shocks caused by natural disasters such as flooding and drought. The Government predicts an estimated deficit of 597,473 tonnes of cereals this year and humanitarian agencies and other actors are working to fill that gap. This crisis will remain the focus of humanitarian action and attention for the remainder of the year.

The impact of the Libya crisis was particularly felt by the disadvantaged population in the Sahel belt, an area already weakened by recurrent food crisis. Their plight is shared by the stable refugee population of 342,503 refugees from Sudan and Central African Republic (CAR) and asylum seekers, 125,000 IDPs and a number of former IDPs who have returned to their areas of origin and the population already affected by the food insecurity and malnutrition crisis.

To date, approximately 56,000 IDPs have returned from displacement sites to their villages of origin. A key challenge for sustainable return is the very limited access to basic social services, water and sanitation, the absence of rule of law and the challenges related to the establishment of local administrative structures. Since January 2012 returns continue in Ouadai. Return convoys are ongoing from Goz Beida town while returns from Koukou have been completed and only a small number of families in Assoungha remain. Humanitarian efforts in these areas now focus on relocation and integration to ensure that durable solutions for IDPs are achieved prior to the end of the year. In most areas of return, potable water sources do not exist, health facilities are very basic, and schools suffer from a lack of qualified teachers and adequate infrastructure. Furthermore, achieving sustainable solutions for IDPs will require strengthening communities' capacities to develop income-generating activities that would ensure self-reliance.

The current Government approach focuses on the facilitation of voluntary returns or integration with the aim of providing sustainable solutions to reduce IDPs' dependence on humanitarian aid. A joint effort by 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. Through the ongoing dialogue that emerged following the passage of UN Security Council Resolution (UNSCR) 1923, humanitarian actors and the Government of Chad are in continuous discussions regarding the protection of civilians (PoC), the support to durable solutions for IDP returns, humanitarian access and early recovery initiatives that attempt to bridge the gap between emergency interventions and longer-term development approaches.

Humanitarian aid remains the predominant form of international support to Chad. With the stabilization of eastern Chad, the Government of Chad and its international partners are placing increased emphasis on early recovery and longer-term development assistance. The priorities of the Government of Chad have been articulated in its *Programme Global de relance de l'Est du Tchad* (Government of Chad-led Multi-sector based Recovery Programme of Eastern Chad/PGRET). The programme's goal is to assist people affected by the humanitarian crisis in eastern Chad by providing a sustainable solution to their socioeconomic challenges. These challenges are exacerbated by the lack of such basic services as access to clean drinking water and sanitation, health and education. It also aims to strengthen the capacity of national authorities and local communities to promote sustainable development, and to prevent and respond to crises. 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 SUMMARY OF RESPONSE TO DATE

Globally, the humanitarian response during the first half of 2012 has been satisfactory, having enabled some 4 million people – including refugees, IDPs, and host populations affected by the malnutrition and other crises and heavily reliant on humanitarian aid – to survive. In some sectors it has met the expectations formulated in the original appeal, such as Food Assistance and Nutrition sectors, while in others there have been shortfalls in funding, such as in the areas of Protection, Education and Health. Early Recovery is currently funded at 15%, an improvement from last year when the sector received no funding at all.

Early Recovery Cluster

Among the six projects submitted to the CAP 2012 by Early Recovery Cluster, only one project (Vulnerability Reduction for IDPs) has been financed through the Central Emergency Response Fund (CERF). The activities under the framework of this project are currently being implemented. Other projects focusing on sustainable solutions to strengthen the resilience of IDPs that are complementary to the work of the Early Recovery Cluster have also been funded by the CERF. The agencies who have received these funds have already identified partners and are working at an accelerated pace to conclude these projects in the second semester of 2012.

In the field of early recovery, because of the low level of funding as of mid-year 2012 and the uneven integration of the early recovery concept into the projects implemented by other actors of the humanitarian and development community, there remains a major response gap. Aid projects to support sustainable solutions for IDPs are insufficient to ensure a dignified life for those who have decided to return to their areas of origin, to be integrated locally or to relocate in another part of the country.

Access to basic social services (water, sanitation and hygiene (WASH), education, health, etc.) remains low for displaced persons across eastern Chad, especially women, putting many lives at risk. Considerable gaps have also been identified in the field of natural resource management, disaster risk reduction (DRR), peace-building, transition from emergency interventions to sustainable economic development, and vocational training for young people and women to

increase their potential of joining the labour market and contributing to the prosperity of their communities.

Education Cluster

Throughout the first semester of 2012, the Cluster was able to support the rehabilitation of nine hangars for primary schools and commit community members to mobilize materials for the rehabilitation of 50 hangars and equip 24 classes with benches and 131 classes with plastic mats.

The Education Cluster received support from the WASH Cluster for the construction of ten school latrines, in a successful inter-cluster collaboration.

In addition, the cluster trained 60 mother of pupils associations (MPAs) for income-generating activity (IGA) development and 98 parent-teacher associations (PTAs) on school management, distributed school supplies for approximately 92,000 pupils, organized sensitization campaigns on HIV/AIDS, sexual and gender-based violence (SGBV) and sexually-transmitted diseases (STDs) targeting over 20,000 pupils.

Finally, 250 teachers were trained on pedagogical techniques and teaching methodology in emergency situations.

Food Security Cluster (FSC)

To respond to the current food and nutritional crisis that was partially induced by the 2011-2012 poor agricultural campaign, food security actors mobilized and planned food assistance, agriculture and livelihoods interventions to cover the most vulnerable households' food needs and to support their livelihoods.² Food assistance interventions for most vulnerable households include various modalities such as general food distributions (GFDs), blanket feeding for children six to 23 months and lactating women, food vouchers, food fairs, cash transfer and food-for-work/food-for-assets (FFW/FFA) activities, while agriculture and livelihoods interventions focus on protection of the most vulnerable households' livelihoods through animal feeding, animal health services, seeds and/or tools distributions and seed fairs.

Food assistance activities started in April-May 2012 depending on the region to allow for good coverage of food needs during the early lean season. These activities will continue until harvesting. Some activities contributing to livelihoods support began in May 2012, while most seeds distributions will be done before the start of the rainy season. So far, the most important achievement of the FSC as of mid-year 2012 has been to contribute to saving lives and improving the food security of vulnerable populations in targeted areas affected by the crisis. Over 980,000 beneficiaries already received assorted food commodities. In addition, some 522,800 beneficiaries are receiving or are about to receive agricultural inputs to reinforce their livelihoods and supporting their self-reliance.

Furthermore, some IGAs and community assets have also been created through FFW. The FSC has made tremendous efforts to improve food security data collection, analysis and information management and has reinforced coordination mechanisms within the sector, as well as with national counterparts.

Please note that not all interventions of food security cluster members are included in the CAP 2012.

Health Cluster

As of May 2012, the cluster has been involved in the following areas of intervention:

- Response to meningitis, measles and cholera outbreaks: Recurrent epidemics affected Chad during the first semester of 2012. As of June 3, 12 health districts were affected by meningitis, with 3,762 cases and 155 deaths (case fatality rate/CFR: 4.1%). 36 health districts were affected by measles with 7,534 cases of measles and 55 deaths (CFR: 0.7%). Mass vaccination campaigns against meningitis were conducted in 12 districts affected by meningitis epidemics where 1,470,000 people aged one to 29 years were immunized. Mass vaccination campaigns against measles were also conducted in the whole country benefiting 2,378,434 children aged six months to 59 months. No cases of cholera were registered since January 2012. However, with the beginning of the rainy season in several localities of the country, and reported cholera cases in neighbouring countries such as Nigeria (State de Combe, close to Borno), Niger (in the west and in the south) and in Cameroon, the risk of a cholera outbreak in Chad still remains high. Preventive and control measures are ongoing with the support of UN agencies and non-governmental organizations (NGOs). The other public health problem in Chad is the polio outbreak with increasing number of cases from 26 cases in 2010 to 132 cases in 2011. This year as of 3 July, 4 cases have been reported.
- Medical complications of severe malnutrition: The nutrition crisis in the Sahel belt is still ongoing. 56,516 severely malnourished children were treated for associated medical illness (mainly malaria, diarrhoea, respiratory diseases) in the first five months of 2012. To this end, actions have been implemented to strengthen health facilities to improve case management of medical complications. Actions have included: ensuring technical support and drug provision for case management of medical complications of severe acute malnutrition (SAM) in therapeutic nutrition centres; training of 96 health workers on revised integrated management of child illness (IMCI) protocol; integrating the nutrition case management; and reinforcing a nutritional surveillance system integrated in the existing Health Information System (HIS) for a weekly nutrition data collection and analysis in ten more affected areas in the Sahel belt. Two mobile clinics are running to support the nomadic population in Kanem and Bahr El Ghazal and five mobile clinics work in eastern Chad, to improve access to nutrition services and referrals to therapeutic nutrition centres (TNCs).
- Primary health care (PHC): UN agencies and NGOs supported the improving of accessibility to basic health services (BHS) in regions affected by crises by providing BHS to health facilities in the east of Chad, and supplying medical supplies and equipment to reinforce general surgical procedures.
- HIV/AIDS: The implementation of activities by NGOs, with the support of UN agencies, contributed to the improvement of universal access to prevention, treatment and care related to HIV/AIDS in eastern Chad. Selected interventions focus on the intensification of HIV prevention in refugee camps, IDPs and host populations were conducted. The capacities of young associations were strengthened to encourage voluntary testing and the use of condoms. Technical and financial support was provided to civil society associations for the implementation of anti-stigma and non-discrimination activities. 15% of refugees, IDPs and the host population have been tested for HIV.

- Gender-based violence (GBV): Some actions were implemented to improve access to reproductive health (RH) information and services including medical care for GBV survivors: training of traditional birth attendants on early detection of danger signs in pregnancy/labour and referral of complications; provision of clean delivery kits and rape treatment / post-exposure prophylaxis (PEP) kits (also for HIV prevention) to health facilities; and strengthening the capacity of health service providers in the use of the various treatment protocols and kits.

Nutrition Cluster

Chad continues to be facing a severe food and nutrition crisis. In 2012, an estimated 127,300 under five children are at risk of severe acute malnutrition and 300,000 of moderate acute malnutrition in the Sahel belt of Chad. The Sahel belt of Chad is the part of the country most affected by this crisis food and nutrition, which the nutritional status of children under five, pregnant and lactating women are the most vulnerable groups affected. The latest SMART nutrition survey which was conducted in Chad in August 2011 showed that in six of ten regions in the Sahel belt, the rate of Global Acute Malnutrition (GAM) was above the emergency threshold of 15%. In four regions of the Sahel, the GAM rates were between 12 and 15%. High mortality rates and recurrent epidemics (mainly cholera and measles) are aggravating factors of health and nutrition status especially for children under five and pregnant and lactating women. A new SMART (May 2012) survey is being conducted to refine these estimates.

In June 2012, a total of 286 health centres have already integrated the activities of management of acute malnutrition, including 28 inpatient therapeutic programs (CNT), 265 outpatient therapeutic programs (CNA), and 236 supplementary nutrition programs. It is estimated that the number of health centres integrating nutrition activities will reach 400 by the end of 2012.

Over 127,300 severely malnourished children are estimated to be treated in 2012; nearly 57,000 SAM children have been reached for treatment as of May 2012 and over 62,000 MAM children.

Proactive prevention interventions are also being implemented by UNICEF and the World Food Programme (WFP) during the hunger gap season (April-September 2012) by distributing ready-to-use supplementary foods to 300,000 children aged six to 23 months across the Sahel belt region of Chad. During distribution, an integrated dissemination message on essential family care practices is provided. This age group is the most vulnerable to acute malnutrition.

Multi-Sector Assistance to Refugees

The strategic interventions for protection and assistance of refugees are mostly in place, but still much to do remain. Key actions have been conducted successfully. A total of 2,056 Grade eight candidates are scheduled to take their exams in June 2012; new water points were completed, including seven wells in Iriba SO, 11 boreholes in Goz Amir Camp and three in Djabal camp.

In addition, food distribution resumed for the CAR refugees in Yaroungou camp as the result of the joint WFP/UNHCR food security assessment of February 2012. Two biannual Post Distribution Monitoring surveys covering the Sudanese and CAR refugee camps were completed in March 2012.

Key health indicators were maintained within the standard range: under five mortality rate was maintained at five deaths per 1,000/month and the vaccination coverage rate was 97%. For CAR refugees in Yaroungou camp all activities are improving, especially in the health sector, where consultation cases have increased from 0.3 to 0.8 new visits / refugee / year.

The regeneration of ecosystems has been achieved through the production of more than 300,000 different seedlings (fruit and forest tree species) to support the forestation of about 400 ha.

In the UNHCR Sub-office Gore, a forum was organized to develop a regional strategy for income-generating activities (IGA). This aims to improve the impact of grants and credit programmes in the region, given the significant potential for improved livelihoods for CAR refugees through these mechanisms.

Finally, the construction of Haraze Airstrip was successfully completed in June. This will ensure access to the south eastern region of Chad, and help avoid the cost of helicopter hiring during the rainy season (May to August).

Protection Cluster

During the reporting period (January-May 2012), and given the Government's commitment to find solutions for all IDPs, the Protection Cluster continued to focus on return/relocation planning, local integration whenever feasible. The information was provided to IDPs in order for them to make an informed and free decision on durable solutions options.

Since 2008, approximately 91,000 people have returned to their areas of origin or locally integrated, including the 56,000 who have returned since 2010. Approximately 5,600 IDPs were assisted to return to Dar Sila and Assounga regions in the first half of 2012, and 6,600 in 2011. About 125,000 persons currently remain on the IDP sites.

The Protection Cluster strengthened its support for monitoring IDP returns. In Assounga region participatory assessments were conducted in the local integration areas as well as in the main sites of return / relocation. According to the assessment findings, the main priorities and concerns for the returnees are related to education, water / sanitation, health and income generating activities.

UNHCR through its partners is supporting return and reintegration through the construction of wells in Assounga and shelters for vulnerable persons in Assounga and Dar Sila regions.

In Dar Sila (Koukou) and Assounga regions, land-plots have been allocated to those wishing to return or to integrate into their current sites. Key UNHCR partners, such as CNARR and APLFT conduct human rights monitoring and promotion, including through improving access to justice and promoting inter-community dialogue. CNARR and APLFT engage with authorities at the prefectural, sub-prefectural, and cantonal level, as well as with mixed committees of IDP returnees and local populations. Reception committees were strengthened in the main zones of return and relocation.

With regard to the Child Protection Sub Cluster, the majority of children formerly associated with armed forces and groups were demobilized and reunited with families. 22% are benefiting from socioeconomic reintegration activities in their communities. Community monitoring and reporting structures to reduce child recruitment were reinforced in Ouaddai, Sila, and Wadi Fira regions.

Under the work of the SGBV Sub Cluster, SGBV prevention and response mechanisms including legal, medical and psychosocial services were improved. However, due to lack of funding, the activities only started in April 2012.

In support of the local reintegration of returnees from Libya, IOM established a psychosocial support infrastructure for vulnerable and traumatized returnees. Support through this project is continuing in 2012.

WASH Cluster

The WASH Cluster actions foreseen for 2012 are estimated to result in 22% coverage for access to drinking water objective, 41.6% for sanitation objective and 31% regarding hygiene objective. Activities focus mainly on the villages of return and the IDPs and the host populations in areas affected by the food crisis in the Sahel regions.

In total, 85 boreholes were completed and others are under construction. With regard to sanitation aspects, community-led total sanitation (CLTS) was developed in 196 villages in the Sahel and the south with 35 villages becoming open defecation-free. In the east, ten schools were also equipped with latrines (separated for girls and boys) and hand washing facilities. Mixed school hygiene clubs (girls and boys) were implemented in ten schools to support and promote the latrine maintenance activities.

However, it should be mentioned that underfunding of the WASH Sector for the year 2012—only 15% of resources are mobilized—is one of the major constraints that restricted the implementation of WASH activities initially planned. Insisting on the need for access to quality and quantity of water, and for sanitation and hygiene is always persistent in the Sahel regions, in the villages of return in eastern Chad and in districts at high risk of cholera outbreak.

Coordination and Support Services Cluster

The WFP/United Nations Humanitarian Air Service (WFP/UNHAS) transported a cumulative total of 27,620 humanitarian passengers in the first five months of 2012 (NGOs, 49%; UN agencies, 48%; donors/diplomats/government/media representatives, 3%). A total of 54 metric tons (MTs) of humanitarian cargo was transported and 35 security/medical evacuations were carried out. The WFP/UNHAS User Group will remain crucial for the implementation of many humanitarian activities in Chad in the second half of the year.

2.3 UPDATED NEEDS ANALYSIS

The challenges of responding to the crises in the east and in the Sahel are compounded by the arrival of returning Chadian migrants returning from Libya, who lack access to basic services and need assistance to reintegration. Assistance to refugees in eastern and southern Chad will continue, and at the same time, the return of IDPs requires attention and must be adequately dealt with. The lack of essential social services for a dignified life in zones of return may slow the return pace. Some IDPs are continuing to return to their places of origin, others prefer to be integrated in their region of displacement, and others wish to relocate to a third location. A strategy for reintegration must be developed, including access to land, protection, rule of law and basic social services, bearing in mind the special needs of women, girls, men and boys.

Food insecurity and the malnutrition crisis in western Chad remains a matter of concern, while an insufficient number of humanitarian actors are present in these areas. Additional human and financial resources are urgently needed in order to adequately respond to the crisis.

Early Recovery Cluster (ERC)

The ERC urgently needs to be reinforced, including capacity-building for its members, facilitators and Government partners as well as stronger donor engagement. It is paramount to highlight the transversal character of the ERC in comparison with its thematic counterparts and the need to continue on the path of improved ICC. A greater cooperation between clusters will also ensure accountability in relation to programs with early recovery components that are listed under different clusters.

The priorities for the next six months are as follows:

- Continue to support sustainable solutions for IDPs (essential social structures, basic life conditions and livelihoods, etc.).
- Support for professional training and vocational training for women and men to encourage self-employment.
- Develop DRR strategies.
- Support mediation and peaceful conflict resolution structures.

Education Cluster

Responding to the educational needs of children in IDP sites, returnee villages and host communities in eastern and southern Chad remains essential for peace consolidation. There is still a major deficiency of school infrastructure, a lack of qualified teachers, a lack of equipment, a lack of school supplies and a lack of preschool activities. In addition, the nutritional crisis in the Sahel belt affects the cognitive development of children. An integrated response through the development of educational nutrition activities is crucial at this stage.

Therefore, the education cluster will continue ensuring equitable access to quality basic education for all children, with special attention to girls, and their retention until the end of the primary school cycle. This will be done through classroom construction or rehabilitation and equipment in order to improve the physical environment (equipped classrooms, separate latrines

and safe water and hand washing facilities); teachers' training, distribution of teaching and learning materials for improved learning 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. 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.

Finally, with regard to the nutritional crisis, the Education Cluster will focus on the development of appropriate pedagogical interventions intended to contribute reducing the prevalence of the malnutrition.

Unfortunately, as of 2012 CAP mid-year review (MYR) date, the Education Cluster has only received 11% of its required funding. A reasonable funding level for the Education Cluster is essential to ensure response to basic education needs for affected children who obviously impact on peace consolidation, contribute to durable solutions and acceptable living conditions for vulnerable communities.

Food Security Cluster

The 2011/12 agricultural season in Chad was characterized by insufficient, irregular and poorly distributed rainfall, which combined with pests, had strong negative effects on agricultural production, as forecasted by the joint assessment mission of the Government, the Permanent Interstate Committee for Drought Control in the Sahel, the Food and Agriculture Organization of the United Nations (FAO), the Famine Early Warning Systems Network (FEWSNET) and WFP.

The Ministry of Agriculture and Irrigation (MoAI) estimated the cereal production deficit in 2011/12 at 30% of Chad's cereal needs; mainly in the Sahel belt, which includes the administrative regions of Bahr-el-Ghazal, Batha, Guéra, Hadjer-Lamis, Kanem, Lac, Ouaddai, and Wadi-Fira. Pockets of production deficit and zones at-risk have also been identified in the Sudanese belt in the administrative regions of Logone Occidental, Logone Oriental and Moyen-Chari. The drought has affected pastures, triggering early movements of pastoralists towards the south by the end of the 2011 rainy season. A critical fodder shortage in 2012 is expected, with severe consequences for pastoralists' livelihoods.

A national post-harvest food security assessment of rural households by WFP, FAO and the Government in December 2011 indicated that 3.6 million rural people are food-insecure or risk becoming food-insecure during the 2012 lean season. Of the affected population, 1.2 million are poor food-insecure people in the Sahel belt who will require food assistance during the 2012 lean season because they: i) have less than three months' cereal stocks; ii) are vulnerable to any shock in view of their few assets and residence in areas with low resilience; and iii) have not recovered from the 2009 drought, the 2010 floods and the 2011 drought. Most of these households are indebted and are obliged to use their harvests to repay debts. The situation is critical in Bahr-el-Ghazal, Batha, Kanem, Guéra, Wadi-Fira, Ouaddai and Sila and in some areas of Lac and Hadjer-Lamis.

Volatile food prices are characteristic of markets in Chad. The post-harvest period typically begins in October, with a decline in the price of cereals until March. After the poor harvest in 2011/12, however, prices increased slightly in the Sahel belt and remained steady in the Sudanese belt; the price of staple cereals are substantially higher than the five-year average and remained high in 2012. These high food prices seriously exacerbate the food security of vulnerable households that depend on markets. Rising cereal prices have resulted in significant decrease in sheep-to-millet terms of trade in the Sahel belt, further reducing poor households' access to food for the 2012 lean season. The Libyan crisis has also worsened the household food economy of populations in the Sahel that were depending on trade flow and remittances from Libya. Malnutrition remains a key concern, as the World Health Organization's (WHO) 15% critical GAM threshold for emergency interventions is exceeded in 15 of Chad's 22 regions; prevalence exceeds 25% in five regions of the Sahel belt.

To face the food and nutrition crisis and adequately cover immediate needs of the most vulnerable households, the FSC's partners programmed response activities in terms of food assistance, agriculture and livelihoods. As of mid-2012, most drought-affected areas benefit from support, especially in the Sahel belt, where food assistance and seeds distributions are planned in all regions. However, if emergency food and agriculture needs are somewhat covered, livelihoods and resilience support activities are not yet in place. These activities, aimed at building resilience of vulnerable households, consist of gardening activities and support to herders (animal health, for instance) to enable beneficiaries to engage in sustainable economic activities, thus decreasing their vulnerability against recurrent crises. Therefore, the Food Security Sector identifies resilience activities as priority needs for the second half of year 2012.

Health Cluster

The seasonal rain that happens during the period from July to October results in disrupted health services in flooded regions, where poor hygiene and sanitation is worsened by the flood, leading to increased incidence of water-borne diseases (mostly cholera), malaria and respiratory diseases. Reported cholera cases in Chad's neighbouring countries, Nigeria, Niger and Cameroon, increase the risk of outbreak of cholera in Chad. The risk of spreading of polio in these three countries, Chad, Niger and Nigeria is another threat to public health.

The critical nutritional situation in the Sahel belt is still ongoing, 56,516 SAM children were treated for associated medical illness (mainly malaria, diarrhoea, respiratory diseases) during the first five months of 2012. In this context of lack of adequate infrastructure, insufficient health workers and insufficient drug and medical supplies in the Sahel belt region, there is a greater need for more medical support to health facilities, to deal with malnutrition and associated medical complications.

During the first half year, the health sector was under-funded (only 14% of the needs were covered) resulting in many health activities which have not been able to be implemented as a result of this under-funding; like providing high coverage rates of basic health services as planned to refugees, IDPs and returnees in eastern Chad; conducting the planned survey to assess the effects of CERF; strengthening the Integrated Disease Surveillance and Response (IDSR) for rapid outbreaks control in the framework of International Health regulation and supporting the delivery of Reproductive Health (RH) services to the conflict-affected populations in the east and south of Chad

Nutrition Cluster

The coverage of nutrition interventions is still in progress. 286 of 486 health centres integrate nutrition activities that are primarily done at health centres. Furthermore, Cluster members are supporting community-level interventions. This is mainly due to the limited number of implementing partners, the shortage of technical staff at the Ministry of Health (MoH), the large zone to cover and inadequate resources. Many villages are located far from health facilities, which do not allow all the children suffering from severe malnutrition to be adequately identified and treated.

Some efforts will be made to do the following:

- Expanding screening at community level.
- Extend the number of health centres which implements the nutrition interventions from 286 to 400 in 2012 and 486 in 2013.
- Support the referral system of malnourished cases.
- Increase the capacity of support at regional, hospital and health centre levels.
- Support the medical treatment of diseases associated with malnutrition.
- Support the prevention of malnutrition through health and nutrition education, tracking cases at home and systematic treatment.
- Strengthen the coordination and the monitoring / evaluation.

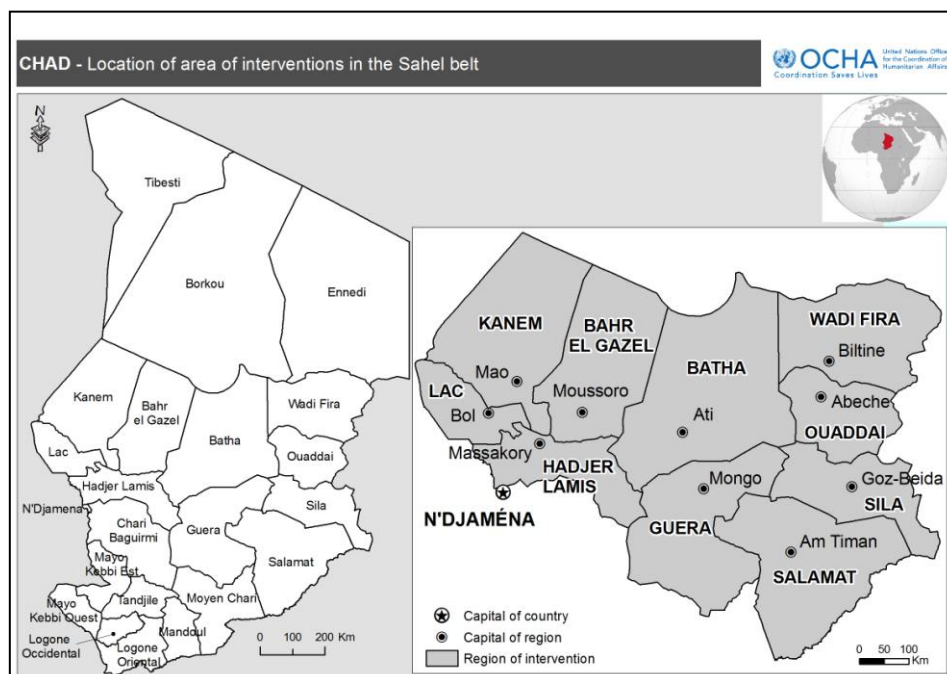


Figure 1: 11 areas of intervention in the Sahel belt of Chad

Multi-Sector Assistance to Refugees

The security situation in Chad remains volatile. Although incidents of criminality have become less frequent since 2010 numerous incidents of armed robbery, car hijackings, burglaries, and attacks on individuals in towns continue to occur in both eastern and southern Chad. The support of the Chadian security force, DIS, which provides vital security protection for refugees, IDPs and humanitarian workers in Chad, therefore continue to remain indispensable to the continuation of humanitarian operations in Chad. Since the beginning of the year 2012, the budget for the joint project to support DIS has received very little funding.

Although basic services are implemented in all camps, the funding received covered only around a quarter of refugees needs, with the current level of funding. Construction or rehabilitation of infrastructure in education, health, and shelter was limited in particular for refugees recently re-located from Daha to Haraze.

Medical equipment used in many health centres still needs replacing, especially those used in maternity wards which are over-used on regular basis. And although anaemia and nutrition programmes are implemented, prevalence of anaemia and chronic malnutrition may not improve if these programmes are not strengthened.

Construction and upgrading of water systems are implemented only in a few camps. Half of refugee households continue to live in inadequate shelters, especially persons with special needs.

Protection Cluster

In line with the Government's commitment to seek durable solutions for IDPs and the improvement of the security situation in eastern Chad, the return of IDPs continued to take place in Assoungba and Dar Sila regions. Spontaneous and facilitated returns are likely to continue, but the continued absence of basic services in return areas is deterring the pace of return. Water, health and education projects continue to be urgently needed in order to reinforce the provision of basic services in returnee zones. Similarly, returnees from Libya and Nigeria are affected by the lack of basic infrastructure particularly in the north and the centre of the country. For this population psychosocial support structures are imminently needed.

The Child Protection Sub Cluster and the SGBV Sub Cluster will continue to monitor protection trends in their areas of expertise as these remain a matter of concern for the humanitarian actors and authorities.

WASH Cluster

Compounding the issues related to the displaced and returned populations in eastern Chad since 2004, there now exists an aggravating chronic situation of food crisis in the Sahel and the risk of cholera epidemic. Moreover, there is a lack of basic services for the affected population (women, children and men). These multiple crises exacerbate the precarious living conditions of the population.

In brief, the major challenges in the region before the end of the year are to fill gaps in WASH in the Sahel belt, in cholera endemic areas and in the villages of return and host communities in eastern Chad. The food crisis and the risk of a cholera epidemic are priorities for the WASH

Cluster and require broadening and strengthening the WASH/Nutrition strategy. For activities against cholera, the WASH Cluster has already set up emergency stocks for preventative response in high-risk districts.

In terms of ICC, the WASH Cluster will work closely with the Health, Nutrition, and Food Security Clusters, in particular to define and prioritize areas of assessment and intervention.

Coordination and Support Services Cluster

As established at the last user group meetings, even though the budget for 2012 covers five aircraft, a reduced fleet of four and an adjusted schedule is to be maintained until such time as the need necessitates the augmentation of the fleet size. The 2012 budget for UNHAS CHAD is \$17,616,692 (same as 2011), this is needed to ensure continuity of operation.

2.4 ANALYSIS OF FUNDING TO DATE

As of 30 June, out of 572 million currently requested by the CAP, \$323.8 million has been received or committed. The CAP is hence financed at 57%, compared to 46% at the MYR last year. This increase in funding compared to the midpoint of 2011 is due to the higher media coverage and effective advocacy by the Humanitarian Country Team (HCT) members. Direct donor funding (\$299 million) accounts for 92% of the funds secured, while the remaining 8% (\$25 million) comprises CERF contributions, allocations of un-earmarked funds by the United Nations, and carry-over funds.

Some sectors have been relatively well funded, such as Food Assistance (88% of requirements), and Nutrition (78%), while others have received little funding, such as Protection (7%), Multi-Sector Assistance to Refugees (26%), Education (11%) and Health (14%). The ERC, a key sector to support a smooth transition from emergency to development has received 15% of requirements.

3. PROGRESS TOWARDS ACHIEVING STRATEGIC OBJECTIVES AND SECTORAL TARGETS

3.1 STRATEGIC OBJECTIVES

1

Ensure access to protection and assistance for the most vulnerable individuals affected by humanitarian crisis, with an emphasis on identifying /reinforcing durable solutions

Indicator	Target	Achieved as of mid-year
Number of IDPs assisted in origin areas.	181,000 people (100%)	80%
Number of IDPs assisted for integration in displacement areas.		10%
Number of refugees engaged in self-reliance activities.	100%	100%
Number of victims of epidemics cured and affected populations assisted.	100%	80%
Number of victims in areas of natural disasters.	N/A	N/A
Number of cases of malnutrition addressed.	80%	70%
Number of household supported with food security and livelihoods activities (in line with sustainability strategy)		

2

Increase and reinforce humanitarian space, by also strengthening government capacity to enforce the rule of law and provide effective basic services to the population.

Indicator	Target	Achieved as of mid-year
Safe movements of humanitarian actors in security assessed areas.	100% of planned field missions achieved.	The <i>Bureaus de Sécurisation et Mouvement</i> (Security and Movement Offices/BSMs) in eastern Chad continues to coordinate the security mechanisms involved in ensuring an open humanitarian space. 80% of the planned field missions were completed. However, access to extreme border areas such as the BET and the southern city of Tissy remain difficult or inexistent for most humanitarian actors either because of security impediments or logistics constraints.
Uninterrupted humanitarian aid to beneficiaries.	100% of programs not interrupted.	Humanitarian aid delivery has not been interrupted in the first six months of the year. Thus, 90% of programs were executed, even though the lack of capacity of some governmental security forces remains a matter of concern.

3

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.

Indicator	Target	Achieved as of mid-year
DRR strategy implemented.	Countrywide.	50%, ongoing.
Number of community and local authorities trained.	60% of affected population and local authorities.	80% - Capacity-building training sessions of the members of the <i>Comité Régional d'Action</i> (Regional Action Committee/CRA) were assured by the Office for the Coordination of Humanitarian Affairs (OCHA).
Number of crises addressed by local crisis committees.	Epidemics, floods, etc.	The CRAs have been involved with the response to the food security crisis in the Sahel.

4

Sensitize and mobilize key development actors (donors, technical agencies, and NGOs) to invest more consequently into community and national development priorities.

Indicator	Target	Achieved as of mid-year
Engagement of new funding streams/donors.	Shift in focus of key players.	ERC funded at 15% as of June 30th, compared to 0% last year. Increased funding raising advocacy for development projects ongoing. Number of multi-dimensional programmes by actors increased: arrival of new NGOs such as Medair, Malaria no More, Merlin, <i>Avocats sans Frontières</i> and many others.

3.2 CLUSTER RESPONSE UPDATES



3.2.1 EARLY RECOVERY

Summary of updated cluster response plan

Cluster lead agency	UNITED NATIONS DEVELOPMENT PROGRAMME
Cluster member organizations	ACORD, ACTED, ADESK, AFJT., ATPDH, ATURAD, CHORA, CONSAHDIS, COOPI, DUE, FAO, FPT, INTERMON/OXFAM, INTERSOS, LTDH, Ministère de l'Action sociale, Ministère de l'Agriculture et de l'Irrigation, Ministère de l'Hydraulique, Ministère de la Justice, Ministère du Plan, PAM, PNUD, PU-AMI, UNESCO, UNHCR, UNICEF.
Number of projects	8
Cluster objectives	<ul style="list-style-type: none"> • Contribute to improve living conditions, return and reintegration of populations affected by displacement. • Contribute to the rational management of natural resources and to the reduction of natural disasters risks and impacts. • Support capacity-building of national and local institutes, civil society, for post-crisis transition. • Facilitate the self-reliance of populations affected by crises, particularly women, young and vulnerable people. • Ensure clusters integrate early recovery activities into their response plans.
Funds required	Original: \$4,462,934 Revised at mid-year: \$4,494,554
Funds required per priority level	Very High: \$4,145,134 High: \$349,420
Funding to date	\$671,215 (15% of requirements)
Contact information	Elie Yanyara Djimadoumadji – elie.yanyara@undp.org Allassoum Bedoum – allassoum.bedoum@undp.org

Categories and disaggregated numbers of affected population and beneficiaries

Category of people in need	Number of people in need			Number of targeted beneficiaries			Number of people covered		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
Refugees	135,200	124,800	260,000	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	68,120	62,820	130,940
IDP returnees	26,000	24,000	50,000	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	15,600	14,400	30,000
Libya related vulnerabilities	12,318	70,000	82,318	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	400,000	300,000	700,000
Total	657,238	596,020	1,253,258	657,238	596,020	1,253,258	596,020	596,020	1,253,258

Narrative

The early recovery cluster is supporting displaced people and victims of natural disasters with a transformative process of resilient recovery. Competition for scarce resources such as water, land, livestock and wood between IDPs, refugees, returnees and host communities can foster inter-community tensions that could slow down the pace of stabilization in affected areas. In order to prevent such situation, the early recovery cluster will continue to support sustainable solutions for the displaced population and host communities with a focus on strengthening and restoring the provision of basic services, livelihoods, governance, rule of law and security. The multidimensional and transversal aspect of early recovery activities entails the possibility of classifying them under many of the different thematic sectors in this Consolidated Appeal and most clusters have been working closely with the ER cluster for this matter. The projects presented by the ER cluster members are unique however, in the sense that they aim to fill the gaps not being addressed by other clusters. The majority of actions in the early recovery cluster are focused primarily on the situation in the IDP sites and return zones of Assounga and Sila in eastern Chad, issues related with refugees from Sudan and CAR, the Sahel crisis and the impact of the Libyan crisis across the country, particularly on transit zones of returnees such as Faya Largeau, Ouninaga Kebir and Zouarke in the BET region. In the first 5 months of 2012, the Early Recovery has catalysed opportunities and brought together technical expertise and financial resources to:

- Support for socio-economic reintegration of affected populations and host communities, with the provision of essential services with dignity;
- Strengthen rule of law, local governance and social cohesion;
- Protect and promote the environment;

- Promote vocational training for youth and women and foster the development of small local businesses.

In the second half of 2012, bearing in mind that every dollar spent reducing people's vulnerability to disasters saves around 7 dollars in livelihood losses, the ER cluster will continue to support initiatives that put resilience and disaster preparedness and prevention at the core of its activities:

- Support the creation of 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 early recovery cluster will continue to advocate for increased funding as the cluster has received 15% of funds in the CAP, but this represents a small amount compared to the complex needs of the recovery sector in Chad. Only two projects have been funded so far and if no additional funding is given, cluster members will not be able to continue to support income generating activities such as vocational trainings, civil society capacity building, workshops on women leadership and management as well as the distribution of rural tools in return zones.

The cluster will continue to seek greater coordination with other clusters. Given the cross-sectorial work of the ER cluster, coordination with other clusters should be further strengthened through joint inter-cluster meetings and joint needs assessments like the Multi-Cluster Needs Assessment Mission to northern Chad on February 2012. Finally, dissemination and popularization of the ER cluster activities remains a challenge. Best practices of ER programming must be shared among the clusters, the humanitarian community, national and international NGOs, and local and national actors in order to foster complementarity and synergies between different actors.

Table of mid-year monitoring vs. objectives

Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline	Achieved as mid-year
Cluster objective 1: Contribute to improve living conditions, return and reintegration of populations affected by displacement.			
Decrease of commuting population movements.	Short term income-generating activities (CFW, FFW, Cash transfer, etc.).	Number of returnees, displaced, and relocated population with improved life conditions.	IGAs ongoing. Rural tools been distributed in return zones.
Basic social services are available.	Effective setting of basic social services (shelters, health services, WASH, etc.).	Number of water supply systems, health centres, schools, built.	Underfunded.
Limited impact of population displacement on host communities.	Monitoring of return and advocacy at local, national and international level.	Number of surveys and assessments undertaken and published.	Two early recovery assessment missions (Ade and Modeina).
Pacific co-existence facilitates the stabilization of the population.		Number of workshops related to peaceful co-existence organized.	Underfunded.
Cluster objective 2: Contribute to the rational management of natural resources and to the reduction of natural disasters risks and impacts.			
Risks of natural disasters are analysed, understood and reduced.	Analyses of environmental and natural risks.	Existence of contingency plans.	Discussions ongoing with the ministry of agriculture to develop a strategy of sustainable agriculture that strengthens the environment around it.
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.	Underfunded.
The methods used for sustained energies are promoted.	Re-enforcement of local communities' capacity for rational management of natural resources.	Number of households sensitized. Number of households using improved stoves.	Support to the management of national park of Manda in Moyen Chari.
Local communities adopt good practices to	Contingency plans are set at national	Number of seed nurseries available.	

Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline	Achieved as mid-year
preserve environment and prevent natural disasters.	and local levels.		
Cluster objective 3: Support capacity-building of national and local institutes, civil society, for post-crisis transition.			
Local and national authorities are able to analyse and respond by themselves to post-crisis development issues.	Training of national staff and local bodies', civil society on good governance and human rights.	Number of public staff trained.	Civil society capacity-building - Training on rule of law, judicial assistance, access to justice system. Workshop in Ndjamena – Capacity-building for government officials on local elections, decentralization. To be extended to other regions in Chad.
Good governance and respect of human rights are promoted at all levels.	Support to civil society to be developed and recognized as development actors.	Number of CSOs rehabilitated and recognized.	
Civil society organizations (CSOs) are active and able to participate in socio-economic recovery and human rights promotion.	Support for rehabilitation, formalization and functioning of local and decentralized structures and CSOs.	Number of public structures rehabilitated. Number of workshops organized.	
		Quantity of equipment and material provided.	
Cluster objective 4: Facilitate the self-reliance of populations affected by crises, particularly women, young and vulnerable people.			
Procedures for socioeconomic recovery analysed, spread and implemented.	Analysis and research markets and promising sectors.	Number of analyses undertaken and published.	Workshop in Assoungba for women – Management, IGAs and leadership (100 women attended).
Socioeconomic sector in affected areas is restored and revitalized.	Capacity enforcement for women young organizations.	Number of IGA supported.	
Micro enterprises' role in peace building is promoted.	Vocational training.	Number of beneficiaries trained.	Inclusive microfinance program started.
Key economic structures (micro-credit, mills, attics, vocational centres etc.) are supported and enforced.	Set up of IGAs. Provision of micro-credit services.	Number micro-credit organizations created and supported.	
Access to resources (financial and education namely) for the most vulnerable is supported and encouraged.	Rehabilitation, creation and support to community based socio-economic structures (crafts, fairs, community attics, markets etc.).		

Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline	Achieved as mid-year
Cluster objective 5: Ensure clusters integrate early recovery activities into their response plans.			
<p>ICC is effective.</p> <p>ICC 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 ERC lead in other clusters' meetings.</p> <p>Coordination with other cluster clusters.</p> <p>Inform other clusters on Early Recovery cluster's activities.</p>	<p>Inter-cluster meetings held.</p> <p>Coordination with other clusters.</p>	<p>ERC coordinated activities effectively with other clusters.</p> <p>In partnership with OCHA, advocacy is ongoing for increased ICC.</p> <p>Table with areas of intervention and overlapping activities with the early recovery cluster has been shared with other cluster coordinators.</p>



3.2.2 EDUCATION

Summary of updated cluster response plan

Cluster lead agency	UNITED NATIONS CHILDREN'S FUND
Cluster member organizations	ACRA, ADRA, CARE, CORD, DRAS, DRENS, FAWE, INTERSOS , IRC, JRS, LEAD TCHAD, MEN, OPAD, Première Urgence, UNHCR, WFP.
Number of projects	4
Cluster objectives	<ul style="list-style-type: none"> • Promoting early childhood development activities in order to alleviate the domestic chores for girls and promote their access to primary school. • Promoting access and equity in education for all children including girls and school-aged children. • Providing quality basic education for all school-aged children, especially girls, in a healthy and protective school environment. • 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. • Contribute to reducing the prevalence of malnutrition through the promotion of nutritional education and life-skills.
Funds required	Original: \$8,192,462 Revised at mid-year: \$ 4,433,962
Funds required per priority level	Very High: \$3,207,742 Medium: \$1,226,220
Funding to date	\$500,236 (11% of requirements).
Contact information	Beatrice Wakimunu – bwakimunu@unicef.org

Categories and disaggregated numbers of affected population and beneficiaries

Category of people in need	Number of people in need			Number of targeted beneficiaries			Number of people covered		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
IDPs, and returnees in east	79,519	89,948	169,467	26,366	27,164	53,530	8,200	11,800	20,000
Sudanese refugees in eastern Chad (pre- and primary school-aged children)	147,184	110,600	257,784	46,549	37,837	84,386	22,000	35,000	57,000
CAR refugees in Southern Chad and host-communities	35,985	28,822	64,807	10,919	12,560	23,479	5,000	10,000	15,000
Sahel belt (regions of Kanem, Batha, Guerra, Bar El Ghazal)	356,199	237,467	593,666	83,126	94,974	178,100	-	-	-
Total	618,887	466,837	1,085,724	166,960	172,535	339,495	35,200	56,800	92,000

Narrative

Due to the nutritional crisis in the Sahel belt affecting children, the Education Cluster reviewed its objectives in the 2012 CAP by adding a specific fifth objective intended to contribute towards the reduction malnutrition prevalence through the promotion of nutritional education and life-skills. An additional project in response to the nutritional crisis in the Sahel belt was added along with that objective.

In collaboration with the WASH Cluster that supported the construction of ten latrines in schools within returnees' villages in eastern Chad. However due to lack of funding, the Cluster could not implement activities related to the objective one (targeting preschools children). Nonetheless, efforts from other actors made it possible to construct 17 semi-permanent hangars for nine preschools covering over 3,500 preschool-aged children from IDPs sites.

The cluster strategies and activities continue to ensure community involvement in supporting the education system, and girls' education in particular. The active participation and presence of women in the various activities will contribute to maintaining sustainable peace and prosperity as per UNSCR 1325.

Table of mid-year monitoring vs. objectives

Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline	Achieved as mid-year
Cluster objective 1: Promoting early childhood development activities in order to alleviate the domestic chores for girls and promote their access to primary school.			
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.	17 semi-permanent hangars for nine preschools were built for approximately 3,500 children.
Cluster objective 2: Promoting access and equity in education for all children including girls and school-aged children.			
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-aged children. 400 EPAs and 300 PMAs support and promote girls' education.	339,495 children have access to education including girls and over school-aged 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.	Nine primary school hangars rehabilitated and materials (bricks, sand, gravels etc...) for the rehabilitation of 50 primary schools hangars will be available. 24 classes out of 170 equipped with benches (seats for three pupils) i.e. 400 benches. 131 classes equipped with plastic mats i.e. four mats per class. Ten school latrines constructed by WASH Cluster. 60 out of 300 MPAs were trained in IGA development and benefited from inputs for IGA implementation. 98 out of 400 PTAs trained on how to manage schools and get involved in education activities.
Cluster objective 3: Providing quality basic education for all school-aged children, especially girls, in a healthy and protective school environment.			
Facilitators of non-formal education structures received training in life skills (HIV/AIDS, gender, STIs).	339,495 school-aged children have access to a quality basic in a healthy and protective environment.	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).	Approximately 20,000 received schools supplies.

Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline	Achieved as mid-year
<p>339,495 children are in schools and received school supplies to have a quality primary education.</p> <p>2,000 untrained teachers in IDP sites, returnees and host communities received pedagogical training and teaching materials.</p>	<p>Teachings skills are improved for 2,000 untrained teachers.</p>	<p>80% of school-aged children (IDPs, returnees, refugees, host communities in the east and south) have access to quality primary education and receive school supplies.</p> <p>100% of teachers in IDP sites, returnees and host communities benefit from pedagogical training and teaching materials.</p>	<p>Sensitization campaigns on HIV/AIDS, SGBV & STDs were realized in IDPs schools.</p> <p>250 out of 2,000 targeted teachers received refresh training on pedagogical technics and teaching methodology in emergency situation.</p> <p>Professional development days for teachers were organized in order to strengthen pedagogical capacity of community teachers.</p>

Cluster objective 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.

<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 approach.</p> <p>Advocacy activities undertaken at local Ministry of Education (MoE) authorities for the integration of female teachers.</p> <p>Traditional leaders at community 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 MoE.</p> <p>The percentage of female teachers increased within teachers' staff.</p> <p>Traditional leaders are sensitized on the role of female teachers.</p>	<p>100% of the decentralized structures of the MoE benefit from technical and logistical support for better systems management and monitoring.</p> <p>Number of new female teachers within teachers' staff by DREN.</p> <p>100% of targeted traditional leaders sensitized.</p>	NTR
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Cluster objective 5: Contribute to reducing the prevalence of malnutrition through the promotion of nutritional education and life-skills.

<p>10 Education Inspectorates from nutritional crisis-affected areas are supported in the development of innovative pedagogical techniques oriented towards nutritional education, hygiene promotion, immunization follow-up, environmental education and life skills (HIV/AIDS, gender & STIs).</p>	<p>Knowledge on nutritional education, hygiene promotion, immunization follow-up, environmental education and life skills (HIV/AIDS, gender & STIs) are improved in at least ten Education Inspectorates, targeting approximately 3,000 pupils to transmit keys messages and best practices at household level.</p>	<p>100% of Education Inspectorates from areas affected by the nutritional crisis receive support for development and follow up of pedagogical innovations.</p>	NTR
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3.2.3 FOOD SECURITY

Summary of updated cluster response plan

Cluster lead agency	WORLD FOOD PROGRAMME and THE FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS
Cluster member organizations	ACF, ACORD, ACRA, ACTED, AFRICARE, CARE, CCO, COOPI, CONCERN WW, CRF, CRS, CRT, FAO, FEWSNET, GIZ, IMC, INTERSOS, MDM, MSF-Suisse, MSF-France, MSF-Hollande, OHD, OXFAM Intermon, OXFAM GB, Première Urgence-Aide Médicale Internationale, SIF, Solidarités, WFP.
Number of projects	14
Cluster objectives	<ul style="list-style-type: none"> • Save lives and improve food security of vulnerable population (men and women) affected by crisis. • Reinforce and diversify livelihoods to strengthen resilience of vulnerable population (men and women) and communities in emergencies and early recovery. • Improve food security analysis and information management while ensuring the availability of gender disaggregated information. • Reinforce coordination and enhance the capacity of field actors.
Funds required	Original: \$156,096,638 Revised at mid-year: \$261,338,389
Funds required per priority level	Very High: \$259,169,980 High: \$2,168,409
Funding to date	\$ 217,920,748 (83% of requirements)
Contact information	WFP: Alice Martin-Daihirou – alice.Martin-Daihirou@wfp.org FAO: Rémy Courcier – remy.Courcier@fao.org

Categories and disaggregated numbers of affected population and beneficiaries

Category of people in need	Number of people in need			Number of targeted beneficiaries			Number of people covered		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
Vulnerable households affected by crisis (droughts, malnutrition, floods).	1,236,150	1,236,150	2,472,300	1,279,773 ³	1,211,727	2,491,500	723,823	649,458	1,373,281
Returnees and IDPs	110,500	110,500	221,000	58,448	76,877	134,925 ⁴	425	11,000	11,425
Refugees	203,451	159,549	363,000	164,900	164,900 ⁵	329,800	196,107	154,085	350,192
Total	1,550,101	1,506,199	3,056,300	1,541,272	1,448,153	2,989,425	920,355	814,543	1,734,898

Narrative

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 the household level. When the 2012 CAP was elaborated, the food and nutrition crisis in the Sahel was already looming and the FSC members identified needs and necessary actions to respond to a deterioration of the food security situation, in particular in the Sahel belt. This explains why no major change in terms of type of interventions was required based on assessments results. However, the WFP, FAO and the Government food security assessment conducted in December 2011 provided insight of the severity and scope of the crisis, therefore leading to i) a re-estimation of the number of people requiring assistance, and ii) an increase of the assistance duration, in order to cover an earlier and longer lean season than expected. Other needs were also identified within the Agriculture and Livelihoods Sector, such as reinforcing vulnerable households' livelihoods and resilience and have to be taken into account in the second part of 2012.

³ 1,236,150 women in need vs. 1,279,773 women targeted. Number of people in need is based on the National Post-Harvest Food Security Assessment conducted in December 2011 (WFP, FAO, MAI). The figures inserted in the table are estimations of the food-insecure people, in need of Agriculture, Livelihoods and/or Food Assistance, in the various regions/zones covered by the CAP; in those projections, a 50% male/50% female ratio was applied. Number of women targeted is estimated by adding up beneficiary targeting figures as stated by each organisation on its project sheet.

⁴ Official figures for returnees from Libya and IDPs in eastern Chad were estimated at 221,000, based on projections and scenarios. Figures for targeted beneficiaries belonging to these groups are calculated by adding up those specifically targeted in the project sheets, as per their status. However, additional returnees and IDPs are covered by food security interventions, e.g. food assistance, based on their food insecurity and not because of their status. Therefore, they do not specifically appear in the targeted beneficiaries figures as returnees or IDPs. Project monitoring during implementation will provide figures for those additional returnees/IDPs covered.

⁵ Discrepancies regarding refugees' figures are induced by a change in the caseloads provided by UNHCR for food distributions, which take into account demographic growth. This explains the increase in the targeted and covered figures, vs. planned who were estimated before having those information. Again, the gender ratio applied while estimating the beneficiaries on the project sheets was a 50%male/50% female, in absence of actual ratio while writing. Project implementation monitoring provides and will continue to provide actual figures by gender.

Based on the above situational analysis, the major challenges in the Food Security Cluster, in addition to the current food and nutrition crisis, remain:

- Low self-sufficiency capacity of refugees and host populations which needs to be addressed through direct food distributions, cash transfers, improving access to land, provision of agricultural inputs as well as creation of IGAs.
- High frequency of natural and human disasters and need to strengthen livelihoods and creation of community assets so as to reinforce resilience to shocks and disasters.
- Limited presence and weak technical capacity of state and other implementing partners.
- Limited funding for livelihood, agriculture and early recovery activities.

As per the situational analysis and challenges, the sector objectives remain overall the same as initially stated in the 2012 CAP:

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

The following activities will be implemented based on the priority needs of the affected population:

- Targeted distributions of food commodities to vulnerable groups in affected areas.
- Cash and voucher-based interventions to vulnerable poor households.
- Targeted distributions of agricultural seeds, inputs and tools to affected populations.
- Animal feed, animal health and technical services.
- Support to construction of community assets and rehabilitation of infrastructures.
- Support to asset-creation and IGAs.
- Reinforcement of food security assessments, monitoring and information sharing.

- Provision of technical training to government stakeholders and implementing partners.
- Coordination of FSC meetings at national and regional level.
- Liaison between humanitarian and development actors and with national crisis management bodies.

The important achievements of the FSC as of mid-2012 were aimed at saving lives and improving food security of vulnerable populations affected by crisis. This was achieved through targeted food distributions, blanket feeding, food vouchers and fairs and cash transfers. All planned food assistance interventions are being implemented. Out of the 2,989,425 targeted beneficiaries for food assistance, 988,482 people (164,747 households) have already received a first food ration (10,063 tons of food distributed). In addition, 377,792 beneficiaries of blanket feeding to prevent malnutrition were reached (301,434 children six to 23 months and 76,358 PLW).

In terms of agriculture and livelihoods, interventions are also ongoing or about to start. Out of 120,000 households targeted for cereals and seeds, 82,000 households (492,000 people) who have lost all or a large part of crops and/or have no seeds left or not enough seeds to sow a sufficient area are targeted to receive seeds through seeds distributions. Seeds are currently being delivered to implementing partners to be distributed before the seasonal rains begin. 5,000 households were targeted to receive animal feed to protect small ruminants. 5,133 herders' households (30,798 people) have been targeted to receive cottonseed cakes and wheat bran. To date, animal feed are being delivered to distribute them to herders. 65,300 households were targeted to implement gardening activities and 6,800 women were targeted to receive small ruminants, but none of them are included in a program to date.

Some activities implemented by food security actors but not included in the present CAP are also part of the response to the Sahel food and nutrition crisis and mostly consist of food and seed fairs, animal feed distribution, and food vouchers and cash transfer in parts of the Sahel belt. These actors include *Secours Islamique France* (Islamic Relief France/SIF), *Africare*, *Catholic Relief Services (CRS)*, *Action Contre la Faim (Action Against Hunger/ACF)*, *Solidarités*, *Première Urgence-Aide Médicale Internationale (First Aid-International Medical Aid/PU-AMI)*, *Oxfam*. To a lesser extent, some IGAs and community assets have also been created through FFW and food-for-training (FFT) activities.

In addition, the Government of Chad has implemented subsidized sales of cereals in early 2012 throughout the country by selling 25,604 tons of cereals through the *Office National de la Sécurité Alimentaire (National Food Security Office/ONASA)*. Additional 28,203 tons are planned be sold during the rainy season.

The Cluster has made tremendous efforts in improving food security data collection, analysis and information management. Finally, in order to reinforce coordination and enhance the capacity of field actors, frequency of FSC meetings were increased from monthly to bimonthly, and Nutrition and Food Security inter-cluster meetings were also initiated. Government bodies, including representatives from the *Comité d'Action pout la Sécurité Alimentaire*

et la Gestion des Catastrophes (Action Committee for Food Security and Disaster Management/CASAGC), DPSA and ONASA, are invited and participate to the FSC meetings.

As of mid-year 2012 the major challenge affecting the FSC remains poor and/or inadequate funding of resilience-oriented activities. The second challenge is related to identifying implementing partners with the required technical capacity to implement projects. Insecurity still remains a major constraint in the east and south of the country, as working with military escorts is sometimes very cumbersome and delays the implementation of projects as well as limiting access to certain localities, due to the DIS limited capacity. Another operational challenge is the lack of accessibility to certain areas during the whole rainy season due to a lack of passable roads, thus requiring a repositioning of stocks (food and agricultural inputs) to ensure a timely delivery to beneficiaries.

Table of mid-year monitoring vs. objectives

Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline	Achieved as mid-year
Cluster objective 1: Save lives and improve food security of vulnerable population (men and women) affected by crisis.			
Reduced level of acute malnutrition and mortality among children under-five below emergency threshold.	Implementing targeted distribution of food commodities to vulnerable groups in affected areas.	80% of planned beneficiaries receiving food commodities within a given timeframe (by category, age group, and gender).	On average, 42% of planned beneficiaries received food commodities (from 5% to 50% of execution depending on regions).
		80% of planned quantity of food distributed within a given timeframe (by project category and commodity type).	27% of planned quantity of food has been distributed (from 10% to 50% depending on region).
	Piloting cash- and voucher-based interventions to vulnerable poor households.	80% of planned beneficiaries receiving vouchers/cash within a given timeframe (by category, age group, and gender).	No activities implemented through CAP.
		80% of planned quantity of vouchers/cash within a given timeframe (by project category and commodity types).	No activities implemented through CAP.
Cluster objective 2: Reinforce and diversify livelihoods to strengthen resilience of vulnerable population (men and women) and communities in emergencies and early recovery.			
Improved food production and consumption over assistance period for targeted households.	Supporting the agricultural sector through improving access to agricultural inputs & tools to affected populations through	Number of beneficiaries receiving agricultural or pastoral inputs as percentage of planned beneficiaries (by input	87,133 beneficiaries targeted, representing 46%

Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline	Achieved as mid-year
Enhanced IGAs and build social assets through construction/rehabilitation.	targeted distributions and cash transfers.	type, and gender).	of planned beneficiaries..
		Quantity of agricultural or pastoral inputs, equipment, infrastructure, etc. distributed as a percentage of planned distributions (by project category and commodity type).	1,445 tons of cereals seeds and 949.5 tons of animal feed planned to be distributed before rainy season.
		Number of households benefiting from improved infrastructures wells, water pumps, storage facilities, animal traction equipment, etc.	No funds received for this type of support.
		Number of beneficiaries receiving complementary animal feed as a percentage of planned target (by project category and by gender).	5,133 beneficiaries planned representing all of targeted beneficiaries.
	Supporting livestock sector through improving access to livestock, animal feed, and animal health, strengthening livestock owners' capacity and supply of technical services.	Quantity of animal feed distributed as a percentage of planned distributions by project category.	949.5 tons of animal feed planned to be distributed before rainy season.
	Enhancing agricultural production through yield management, farmers' capacity building and provision of technical services.	Number and type of assets created and beneficiaries of asset-creation (FFW/FFT or IGA) projects, by category, and as percentage of planned (70%).	NTR
	Assisting in reconstruction and rehabilitation of community infrastructure.	Quantity of food distributed by types of commodity expressed as a percentage of planned tonnage for asset-creation (70%).	512 tons of mixed commodities distributed to 6,356 people.
	Supporting IGAs.		
Cluster objective 3: Improve food security analysis and information management while ensuring the availability of gender disaggregated information.			
Credible assessments implemented and timely reports produced to inform programme decisions.	Reinforcing food security assessments, monitoring and information sharing.	Number of food security assessments conducted, early warning bulletins, and maps or reports produced as a percentage of planned.	- Three assessments completed (WFP market survey in eastern Chad;

Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline	Achieved as mid-year
	<p>Provision of technical training (data collection and analysis in food security sector) to government stakeholders and implementing partners.</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>	<p><i>Comité permanent Inter-Etats de Lutte contre la Sécheresse dans le Sahel</i> (Inter-Agency Committee for Drought Control in the Sahel/CILSS) market & food security survey; CASAGC targeting mission; WFP/MoAI</p> <ul style="list-style-type: none"> - One assessment on-going (WFP/MoAI rapid emergency food security assessment (EFSA) in the Sahel belt). - Regional assessments. - Four food security situation bulletins (IO/Guera, IO/Sila, PU-AMI/Sila). - Mapping of planned response for food and nutrition crisis. <p>No training organized yet.</p>

Cluster objective 4: Reinforce coordination and enhance the capacity of field actors.

<p>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>	<p>Coordinating food security cluster meetings at national and regional level.</p> <p>Liaising with humanitarian/development actors and national crisis management bodies.</p> <p>Elaboration of cluster contingency plan.</p>	<p>Number of food security cluster meetings organized and minutes shared as a percentage of planned (12 planned).</p> <p>User satisfaction survey.</p> <p>Number of active decentralized food security clusters operational.</p>	<p>11 meetings organized (92% of planned) and minutes shared).</p> <p>Six food security sub-clusters or thematic groups operational.</p> <p>Regular and active participation of national crisis management bodies in FSC meetings and FSC team to national crisis management bodies meetings.</p> <p>No contingency plan elaborated yet.</p>
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3.2.4 HEALTH

Summary of updated cluster response plan

Cluster lead agency	WORLD HEALTH ORGANIZATION
Cluster member organizations	BASE, COOPI, CSSI, FAO, IMC, IRC, MDM, MSF, MSP/DSR, UNAIDS, UNFPA, UNICEF.
Number of projects	14
Cluster objectives	<ul style="list-style-type: none"> To ensure the population access to basic and quality health care including HIV/AIDS, reproductive health and psycho-social care (prevention, care and rehabilitation). Improve the medical care of SAM. Strengthen the capacities of the health system and communities in response to epidemics and natural disasters.
Funds required	Original: \$22,969,612 Revised at mid-year: \$31,364,492
Funds required per priority level	Very High: \$30,821,067 High: \$543,425
Funding to date	\$4,306,330 (14% of requirements)
Contact information	Dr Barry Saidou Pathé – barrys@td.afro.who.int

Categories and disaggregated numbers of affected population and beneficiaries

Category of people in need	Number of people in need			Number of targeted beneficiaries			Number of people covered		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
Population affected by outbreaks	2,583,612	2,423,388	5,007,000	2,583,612	2,423,388	5,007,000	2,001,186	1,847,248	3,848,434
Sudanese +CAR refugees	203,451	159,549	363,000	203,451	159,549	363,000	30,518	23,932	54,450
U5 malnourished	56,760	53,240	110,000	56,760	53,240	110,000	29,333	27,127	56,460
Total	2,843,823	2,636,177	5,480,000	2,843,823	2,636,177	5,480,000	2,061,037	1,898,307	3,959,344

Narrative

Recurrent epidemics affected Chad during the first half of 2012. As of June 3, 12 health districts were affected by meningitis, with 3 762 cases of meningitis and 155 deaths (CFR :4.1%). 36 health districts were affected by measles with 7 534 cases of measles with 55 deaths (CFR :0.7%). Mass vaccination campaigns against meningitis were conducted in 12 affected districts by meningitis epidemics where 1,470,000 persons aged from one year to 29 years immunized. Mass vaccination campaigns against measles were also conducted in the whole country benefiting 2,378,434 children aged from six to 59 months. No new case of cholera has been registered since January 2012. However, with the beginning of the rainy season in several localities of the country, and reported cholera cases in neighbour countries, Nigeria (State de Combe, close to Borno), Niger (in the west and in the south) and in Cameroon the risk of outbreak of cholera in Chad still remains high. There is a need to reinforce epidemiological surveillance as well as preventive and control measures to ensure adequate and timely response if a cholera outbreak occur in the next weeks or months. During the last three years, polio has become a serious health issue. In 2010, 26 cases were reported while this number increased to 132 cases in 2011. This year as of 3 July 4 cases have been reported. With exiting cases of polio in neighbour country Nigeria, the risk of outbreak is real. Women access to maternal health services including PMTCT is very low; assisted delivery is estimated at 22.4% (MICS 2010) while post natal care is just 5% (DHS 2004).

The rainy season during the period of July till October resulted in disruption of the health services in the regions affected by floods, where poor hygiene and sanitation is worsened increasing the incidence of diarrheal diseases (mostly cholera), malaria and pneumonia

The nutrition situation is still critical in the Sahel belt, 56,516 severe malnourished children were treated for associate medical illness (mainly malaria, diarrhoea, infectious respiratory diseases/pneumonia) in the first five months of 2012. In context of lack of adequate infrastructure, insufficient health workers, insufficient drug and medical supplies in the Sahel belt regions, there is therefore a need for more medical support to health facilities dealing with malnutrition medical complication and to support basic health services to address top killers (malaria, diarrhoea and pneumonia).

Some progress is described below:

- **Primary health care (PHC):** UN agencies and NGOs supported the improving of accessibility to basic health services (BHS) in the regions affected by crises by providing BHS to health facilities in the east of Chad, and providing medical supplies and equipment to reinforce general surgical procedures.
- **HIV prevention and care programme:** The implementation of activities by NGOs with the support of UN agencies contributed to the improvement of universal access to prevention, treatment and care related to HIV/AIDS in eastern of Chad. Selected interventions focus on the intensification of HIV prevention in refugee camps, IDPs and host populations were conducted capacities of young associations were

strengthened to stimulate voluntary testing and the use of condom, technical and financial support were provided to civil society associations for the implementation of anti-stigma and non-discrimination activities. 15% of refugees, IDP's and the host population have been tested for HIV

- **Reproductive health care and gender-based violence (GBV):** Some actions were implemented to improve access to reproductive health (RH) information and services including medical care for GBV survivors: training of traditional birth attendants on early detection of danger signs in pregnancy/labour and referral of complications; provision of clean delivery kits and rape treatment / post-exposure prophylaxis (PEP) kits (also for HIV prevention) to health facilities; and strengthening the capacity of health service providers in the use of the various treatment protocols and kits.

During the first half of the year, the health sector was under-funded (14% of needs covered) resulting in many health activities not being implemented. These forgone activities included providing high coverage rates of basic health services as planned to refugees, IDPs and returnees in eastern Chad, conducting the planned survey to assess the effects of CERF, strengthening the IDSR for rapid outbreaks control in the framework of International Health regulation and supporting the delivery of Reproductive Health (RH) services to the conflict-affected populations in the East and South of Chad

Table of mid-year monitoring vs. objectives

Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline	Achieved as mid-year
1. To ensure the population access to basic and quality health care including HIV/AIDS, reproductive health and psycho-social care (prevention, care and rehabilitation).			
Improved accessibility to BHS 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.	0.3 consultations per person per year at health centres.
	Increased immunization coverage for infant diseases.	More than 80% vaccination coverage rate for expanded programme of immunization (EPI) diseases in the local population.	Routine vaccination coverage for the first five months of 2012 is 68%for Tuberculosis, 52% for poliomyelitis and 54% for measles.
	Regular supply of essential drugs to health facilities affected by crisis.	80% of health facilities avoid running out of essential drugs in regions affected by crisis.	Purchase for essential medicines, health kits and vaccines for increasing utilization of BHS in eastern Chad.
	Increased utilization of antenatal services in regions affected by crisis.	At least 70% coverage rate of antenatal care (ANC).	25% coverage of ANC.

Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline	Achieved as mid-year
Improved accessibility to basic information of the transmission and the prevention of HIV.	Increased of births attended by skilled health personnel in regions affected by crisis. Increased knowledge of the transmission and the prevention of HIV in regions affected by crisis.	30% of births assisted by a qualified staff. 75% people in the emergency zones that has a good knowledge of the transmission and prevention of HIV.	16% of births assisted by a qualified staff. Capacities of young associations are strengthened to stimulate voluntary testing and the use of condoms; Technical and financial support is provided to civil society associations for the implementation of anti-stigma and non-discrimination activities. 15% of refugees, IDPs and the host population have been tested for HIV. Training of traditional birth attendants on early detection of danger signs in pregnancy/labour and referral of complications;
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 (psychosocial, police, judicial) for case follow-up.	Provision of clean delivery kits and rape treatment / PEP kits (also for HIV prevention) to health facilities.
2. Improve the medical care of SAM.			
Referral system TNCs improved.	Seven mobile clinics in place for improving referral to TNCs and improving health and nutrition care in nomadic population in Kanem, BEG and eastern Chad	Less than 10% mortality rate in therapeutic feeding centres (TFCs).	Two mobile clinics in place for improving referral to TNCs and improving care in nomadic population in Kanem and Bahr El Ghazal and five mobile clinics in eastern Chad.
Medical complications of SAM management improved.	At least one health worker trained in IMC in Kanem, BEG, Batha et Guera.		Training of 96 health workers on revised IMCI protocol integrating the nutrition case management

Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline	Achieved as mid-year
3. Strengthen the capacities of the health system and communities in response to epidemics and natural disasters.			
<p>100% affected people treated in affected districts.</p> <p>At least 90% people vaccinated for meningitis and measles in epidemic districts.</p>	<p>Treatment protocols provided in 100% of health facilities in affected districts.</p> <p>Treatment kits provided to 100% of health facilities in affected districts.</p> <p>Vaccines procured for targeted population in affected districts.</p>	<p>CFR during epidemics under acceptable rates (<10% for meningitis and < 1% for cholera).</p>	<p>3,762 cases of meningitis treated with 155 deaths (CFR: 4.1%) from January to May 2012.</p> <p>7,534 cases of measles treated with 55 deaths (CFR: 0.7%) from January to May 2012.</p> <p>22 cholera kits provided to high-risk health districts for cholera outbreak for supporting and improving Government preparedness and response.</p> <p>1,470,000 people aged one to 29 years immunized for meningitis during immunization campaigns in 12 districts affected by meningitis epidemics.</p> <p>2,378,434 children aged from six to 59 months vaccinated for measles during mass campaign vaccination in January 2012 in whole country.</p>



3.2.5 NUTRITION

Summary of updated cluster response plan

Cluster lead agency	UNITED NATIONS CHILDREN'S FUND
Cluster member organizations	ACF-F, ACTED, ALIMPA, Bambini, BASE, CARE, CNNTA, Concern, COOPI, CRF, ECHO, FEWSNET, French Embassy, IMC, IRC, MERLIN, MSF-CH, MSF-F, MSF-H, OCHA, Oxfam, PU-AMI, SIF, UNHCR, WFP, WHO, WVI.
Number of projects	9
Cluster objectives	<ul style="list-style-type: none"> • Increase the coverage and quality of the management of acute malnutrition treatment programme. • Improve the prevention of maternal and child malnutrition and micronutrients deficiencies. • Strengthen nutrition surveillance and emergency preparedness. • Strengthen the coordination response related to nutrition interventions.
Funds required	Original: \$33,114,892 Revised at mid-year: \$46,568,392
Funds required per priority level	Very High: \$33,373,049 High: \$11,528,656 Medium: \$1,666,687
Funding to date	\$ 36,144,803 (78% of requirements).
Contact information	Venuste Rwamfizi – vrwamfizi@unicef.org

Categories and disaggregated numbers of affected population and beneficiaries

Category of people in need	Number of people in need			Number of targeted beneficiaries			Number of people covered		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
SAM (children under-five)*	64,923	63,650	127,300	64,923	63,650	127,300	29,070	27,930	57,000
MAM (children under-five)*	153,000	147,000	300,000	153,000	147,000	300,000	35,700	34,300	70,000
6-59 months (vitamin A and deworming)	510,000	490,000	1,000,000	510,000	490,000	1,000,000	510,000	490,000	1,000,000
Blanket feeding 6-23 months*	153,000	147,000	300,000	153,000	147,000	300,000	99,960	96,040	196,000
PLW	75,000	-	75,000	75,000	-	75,000	66,900	-	66,900
Total	955,923	846,377	1,802,300	955,923	846,377	1,802,300	737,837	652,210	1,390,047

NB *This group is included in the 6-59 months-aged children receiving vitamin A and deworming and is not recalculated in the total to avoid a duplication. Malnourished children (SAM and MAM) are also beneficiaries of vitamin A intervention and some of Blanket feeding intervention. The calculation does not separate them in the total. We consider that they benefit from both programs and are made in both calculations.

Narrative

The management of acute malnutrition in the Sahel belt region of Chad continues as planned. However, expanding coverage in terms of actors and interventions is to be encouraged by mobilizing funds and new partners in nutrition. Only eight projects have been submitted in the CAP 2012. 57,000 SAM children and 70,000 MAM children have been admitted for treatment from January to May 2012. At the end of the year, approximately 427,300 children will have been reached.

Some significant challenges:

- Integrated community screening has to be reinforced.
- Implementation of nutrition therapeutic activities in all health centres (286 of 468 have integrated those activities).
- Risk of a high number of new admissions: at the end of May 2012, we are anticipating an increased number of cases of acute malnourishment. The SMART survey and 2012 blanket feeding program (BFP) started in April 2012 are catching severe cases at community level for their reference in therapeutic care services.
- A need for information on the nutritional situation in the southern area.
- Insufficient mobilization to think about a long term approach focusing on community accountability.
- Lack of qualified staff in some health centres.
- Lack of reporting of cases of MAM in the monthly reports.
- Low storage capacity of nutritional assets in some health centres.
- Open at least one CNT in each district hospital.

Table of mid-year monitoring vs. objectives

Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline	Achieved as mid-year
Cluster objective 1: Increase the coverage and quality of the management of acute malnutrition treatment programme.			
The health centres in the Sahel belt region of Chad have integrated the management of acute malnutrition.	100% of health centres in the Sahel belt have integrated the management of acute malnutrition.	In 2012, an estimated number of 400 health centres will have implemented the management of acute malnutrition.	From January to June 2012, the health centres that passed integrated nutrition interventions went from 261 to 286 from a total of 486 health centres (59%).
The children identified with malnutrition receive adequate treatment.	100% of children identified with acute malnutrition receive adequate treatment.	127,300 children under-five with SAM and 300,000 with MAM will be reached for treatment against acute malnutrition.	At least 57,000 SAM and 70,000 MAM have been reached for treatment.
Community health workers and health professionals will be trained along the year on the new national guidelines for the treatment of MAM.	100% of health centres have at least one person trained on the national protocol.	400 health centres have at least one person trained on the national protocol.	286 health centres have at least one person trained on the national protocol.
Cluster objective 2: Improve the prevention of maternal and child malnutrition and micronutrients deficiencies.			
Mothers of malnourished children receive nutrition education at health centres and at community level.	100% of mothers with under-five children reached for treatment receives messages on health and nutrition.	At least 300,000 mothers receive messages on health and nutrition.	At least 127,000 mothers with malnourished children received messages on health and nutrition.
Vitamin A supplements and deworming interventions are performed in order to reach 100% of children under-five.	100% of children under-five receive vitamin A supplements and deworming every six months.	At least 1,098,000 children under-five receive vitamin A and mebendazol every six months.	1,098,000 have received vitamin A and mebendazol in the last six months.
Breast feeding supplement program is implemented in the Sahel belt region.	100% of targeted children have received the blanket feeding supplements.	300,000 children aged six-23 months reached for the BFP in the period between April to September 2012.	During the period of April to June 2012 around 200,000 beneficiaries have been reached by the BFP.

Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline	Achieved as mid-year
Cluster objective3 : Strengthen nutrition surveillance and emergency preparedness			
Screening on acute malnutrition is systematically performed and malnourished children are referred to Health facilities for treatment.	Screenings at community level and through mobile clinics are strengthened.	Monthly screening is done regularly at health and community level.	Regular data from screening are submitted monthly by health centres.
Nutrition program data are analysed and the situation shared monthly.	Monthly data are submitted, analysed and shared in monthly cluster meetings.	Information on the performance indicators is shared monthly and shared during cluster meetings.	One monthly report is done and shared with cluster members.
SMART surveys are regularly carried out in most at-risk regions and data shared.	SMART survey is done every six months.	One SMART survey conducted every six months May/June 2012	In 2012, one SMART survey conducted in May/June 2012.
Cluster objective 4: Strengthen the coordination response related to nutrition interventions.			
Monthly clusters meetings are organized regularly.	100% meetings planned are organised regularly.	One monthly meeting organized each month.	One monthly meeting organized each month.
Inter-clusters meetings (Nutrition-WASH - Food Security- Health) are organized frequently.	Inter-cluster meetings organised monthly: Nutrition and WASH; Nutrition and Food Security.	Four inter-cluster meetings organized in May and June.	Four inter-cluster meetings organized.
The cluster coordinator participates in the regional coordination meetings monthly.	The cluster coordinator participates at least in one coordination meeting at regional level.	Participation in at least one regional meeting.	Participation in one meeting in WADI FIRA region.
Projects submitted by various NGOs are analysed and approved by the cluster coordinator for submission for funds in CAP 2012.	100% of projects submitted are analysed by the cluster coordinator.	Eight projects have been submitted.	Eight projects have been analysed and approved for CAP 2012.



3.2.6 MULTISECTOR SUPPORT FOR REFUGEES

Summary of updated cluster response plan

Cluster lead agency	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES
Cluster member organizations	UNHCR and partners
Number of projects	1
Cluster objectives	<ul style="list-style-type: none"> • Community Empowerment and Self Reliance. • Basic needs and essential services. • Security from violence and exploitation. • Durable Solutions. • Favourable protection environment.
Funds required	Original: \$159,394,146 Revised at mid-year: \$159,526,163
Funds required per priority level	Very High: \$159,526,163
Funding to date	\$41,595,071 (26% of requirements)
Contact information	Jean Bosco Rushatsi, rushatsi@unhcr.org & Celine Bijeye, bijeye@unhcr.org

Categories and disaggregated numbers of affected population and beneficiaries

Category of people in need	Number of people in need			Number of targeted beneficiaries			Number of people covered		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
CAR refugees	36,648	30,766	67,414	29,667	24,906	54,573	29,667	24,906	54,573
Sudanese refugees	168,102	130,279	298,381	158,522	122,789	281,311	158,522	122,789	281,311
Urban refugees	134	306	440	134	306	440	134	306	440
Totals	204,884	161,351	366,235	188,323	148,001	336,324	188,323	148,001	336,324

Narrative

During the first half of 2012, there was no significant change in needs. Nonetheless the lack of available funding could compromise the success of the operation, if the level of funding is not increased, the programme/operation will not address the magnitude of the needs identified. To cover the essential minimum needs for refugees, UNHCR has prioritized and implemented the most needed life-saving activities in all camps. Based on the participatory assessments and the global and regional strategy priorities, the primary focus has been to ensure the civilian and humanitarian character of refugees in camps, strengthen protection against violence and exploitation, build the capacity of Chadian authorities in the area of international protection, to continue efforts towards self-reliance and to stabilize the well-being of refugees especially in health, sanitation, nutrition and water services.

As of June, UNHCR has provided protection and assistance to 281,311 Sudanese refugees, 54,573 refugees from the Central African Republic (CAR) and 440 urban refugees and asylum seekers. Protection monitoring has been conducted on a community basis, building on achievements made in 2011. UNHCR has strengthened engagement with the Chadian Ministry of Education regarding the education strategy for Sudanese refugees in the east, including discussing the possibility of eventual adoption of the Chadian curriculum for Sudanese refugees. In addition, national examinations for secondary school (Grade 11) are being made available for all eligible candidates. However there are still extreme challenges expanding access in five camps and there is a need to invest in longer-term professional teacher training. Drop-out rates are highest for adolescents, particularly girls, who either do not see the value of schooling in their lives, or who have other cultural and material obligations preventing them from attending school. Expanded access to skills and vocational training classes, in addition to accelerated learning programs, could enable this group of children to engage in educational activities which better serve their needs. One of the biggest frustrations for educated youth is the lack of opportunities after they complete secondary school. There are approximately 360 eligible youth who are ready to enrol in university and paraprofessional training institutes. However, there are currently no means for them to do so. Emphasis is therefore placed on advocacy for access to local institutions, in addition to mobilizing funding for scholarships.

Even though access to quality healthcare remains a problem (insufficiency of staff, equipment, infrastructure and medicines), health services are functioning in all camps and crude mortality rates (CMR) have been maintained at 0.2, under-one mortality rate was maintained at 18.5 and the neonatal mortality rate reduced to 4.5 (from 6.5 in 2011). In addition, malnutrition indicators have been maintained within the international standards for CAR refugees in the south except in Dosseye camp, while for Sudanese refugees, the indicators illustrate that the case of severe, moderate and crude malnutrition subsist among refugees in all camps. Therefore, during the five past months, focus has been placed on the provision of community-based malnutrition programmes, supplementary feeding programmes and sensitization and education on public health, nutrition well-being and hygiene of refugees. During the reporting period, food distribution was re-introduced in Yaroungou camp as a result of the February 2012 WFP/UNHCR joint food

security assessment. As far as the supply of water is concerned, there has been improvement in water provision in all camps. In 2010, the average of water in East was 12litres/person/day in 2010; in 2011 it was 15l/person/day and now it is 17l/person/day.

Tables of mid-year monitoring vs. objectives

a. Refugees from Sudan in the east

Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline	Achieved as mid-year
Cluster objective 1: Community Empowerment and Self Reliance			
Natural resources and shared environment better protected.	Forest protection undertaken.	25% of environmental risks associated with the operation mitigated.	25% 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.	15% of host communities supported.
Cluster objective 2: Basic needs and essential services			
Health status of the population improved.	Preventative and community-based health care services provided.	Crude mortality rate maintained to 0.2 (per 1,000 population/month). 100% of PoCs have access to primary health care. 100 % Measles vaccination covered. 100% of PoCs have access to secondary and tertiary health care. Under-five mortality rate maintained to 0.3 (per 1000 population/month).	The average CMR maintained to 0.2 per 1,000 population/month (0.2 in Iriba, 0.3 in Goz beida and 0.3 in Farchana). 100% of PoCs have access to primary health care. 98% measles vaccination covered. 92.8% of PoCs have access to secondary and tertiary health care. The average under five mortality rate is current 0.6 per 1,000 population/month with 0.7 in Farchana, The average prevalence of anaemia in children is current is 52%.
Nutritional well-being improved.	Measures to control anaemia and other micronutrient deficiencies undertaken.	Prevalence of anaemia in children (6-59 months) decreased up to 43%. Prevalence of anaemia in women of reproductive age (15-49 years) is decreased below 20%.	The average prevalence of anaemia in women is currently 25.2%. The average prevalence of chronic malnutrition is

Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline	Achieved as mid-year
Population has optimal access to education.	Measures to improve education quality and learning achievement implemented.	<p>Prevalence of chronic malnutrition is decreased below 40% (6-59 months). Prevalence of global acute malnutrition (6-59 months) decreased below 4%.</p> <p>Prevalence of SAM maintained below 1.5.</p> <p>PoC aged 12-17 enrolled in secondary education increases from 2% to 10%.</p> <p>PoC aged 3-5 years enrolled in early childhood education increases from 50% to 85%.</p> <p>PoC aged 6-11 years enrolled in primary education increases from 85% to 90%.</p> <p>Number of female teachers increases from 20% to 50%.</p> <p>Number of qualified teachers increases from 79% to 100%.</p> <p>An increase of the recognition of refugee qualifications from 60% to 100%.</p>	<p>currently 55.9%.</p> <p>The average prevalence of GAM is currently 11.6%.</p> <p>The average prevalence of severe malnutrition in East is 1.5</p> <p>2% of PoC aged 12-17 enrolled in secondary education.</p> <p>80 % of PoC aged 3-5 years enrolled in early childhood education.</p> <p>85% of PoC aged 6-11 years enrolled in primary education.</p> <p>38% of teachers are female.</p> <p>90% of teachers qualified.</p> <p>60% of refugee qualifications recognized.</p>
Population has sufficient access to energy, shelter and infrastructure established, improved, and maintained.	<p>Energy saving practices promoted.</p> <p>Shelter materials and</p>	<p>100 % of households with access to sustainable energy.</p> <p>Three people per shelter.</p> <p>100 % of households living in adequate dwellings.</p> <p>91m² average camp area per person (no emergencies).</p> <p>3.5m² average floor area per person (for moderate climate).</p>	<p>17 % of households have access to sustainable energy.</p> <p>3.2 people per shelter.</p> <p>39 % of households living in adequate dwellings.</p> <p>91m² average camp area per person (no emergencies).</p> <p>3.5m² average floor area per person (for moderate climate).</p> <p>In the east, the water distribution is generally through</p>

Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline	Achieved as mid-year
Supply of potable water increase or maintained.	maintenance tool kits provided.	220 people per usable well / hand pump.	taps points, it is only in Goz Amir where we have hand pump and the coverage is 539 people per usable well/hand pump.
	Water system constructed, expanded and/or upgraded.	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.	115 people per water tap. 100% of PoC living within 200 m from water point. The situation is normal according to the EWARS. The average of 15 litres of potable water available per person per day. Variation (16.30 litres in Goz beida, 12.60 litres in Iriba, 16.68 litres in Farchana).

Cluster objective 3: Security from violence and exploitation

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 under-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. 75 % of reported incidents of SGBV received protection and assistance.	9% of out of school adolescents are participating in targeted programs. 10% of UASC for whom a best interest process has been initiated. 30% of children under-15 are not involved in child labour. 100% of children of concern are safe. No case of new recruitment was reported. 40% of children of concern with specific needs are identified and assisted. 30% of girls are protected from the risk early marriage.
Risk of SGBV is reduced and	Age, Gender, and Diversity-	100% of known SGBV survivors receive support.	75 % of reported incidents of SGBV received protection

Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline	Achieved as mid-year
quality of response improved.	sensitive community security system strengthened.		and assistance. 100% of known SGBV survivors received support.

b. Refugees from CAR in the south and south-east

Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline	Achieved as mid-year
Cluster objective 1: Basic Needs and Essential Services			
Health status of the population improved.	Preventative and community-based health care services provided.	CMR maintained to 0.3 (per 1,000 population/month).	CMR reduced to 0.2 per 1,000 population/month..
	Access to primary health care services provided or supported	100% of POCs have access to primary health care	100% have access to primary health care
	Health services to children under 5 delivered	Under-five mortality rate maintained to 0.6 (per 1000 population/month)	Under-five mortality rate maintained to 0.6 per 1000 population/month.
	Immunization/ cold chain services provided.	90% of measles vaccination covered	82.5% of measles vaccination are covered
Nutritional well-being improved.	Appropriate infant and young child feeding practices promoted.	Prevalence of anaemia in children (6-59 months) decreased up to 53%	The current prevalence is 65.9%.
	Measures to control anaemia and other micronutrient deficiencies undertaken.	Prevalence of GAM maintained below 5.6%.	The actual prevalence is 5.6%.
		Prevalence of anaemia in women of reproductive age (15-49yrs) maintained below 40%.	The current prevalence is 36.9%.
		Prevalence of SAM decreased to 0.5 %.	The current prevalence is 0.6%.
		15% of PoC aged 12-17 enrolled in secondary education.	
	Measures to improve education quality and learning achievement implemented.	75% of Poc aged 6-11 years enrolled in	In January 2012 statistics, only 9% were enrolled in secondary school. With various efforts made to

Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline	Achieved as mid-year
Population has optimal access to education.		primary education. 80% of teachers are qualified.	promote secondary enrolment from January to date, 11.6% are enrolled. 53% of PoC aged 6-11 are enrolled in primary education.
Supply of potable water increased or maintained.	Water system constructed, expanded and/or upgraded.	460 persons 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.	87% of teachers have already received trainings. 415 persons per usable well/hand pump. 80% of PoC within 200m from water point. 22 litres of water are available per person/day. No incidences confirmed to date. Bacteriological analyses of water are done once per month to ensure that water is potable in all CAR refugees' camps. Proportional morbidity of watery diarrhoea have been maintained to five.
Cluster objective 2: Community Empowerment and Self Reliance			
Community mobilization strengthened and expanded	Community mobilization strengthened and expanded	40% of active female participate in leadership / management structure	38% of active female are participating in leadership /management structure.
Natural resources and shared environment better protected	Natural resources and shared environment better protected	10% environmental risks associated with the operation are mitigated	In order to reduce environmental risks, 26% of refugees and host community households have been trained and are now able to build the improved stoves. 29% of improved stoves are used by refugees and host population households. Production and planting of 76,500 fruit trees and agro forestry Training of environmental committees' agro forestry and assisted natural regeneration. 9 % could be estimated as environmental positive impact to reduce risks and protect environment.
Peaceful co-existence with local communities promoted.	Peaceful co-existence with local communities promoted.	40% of local communities support continued.	22% of local community have received support in self-reliance and livelihoods activities.

Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline	Achieved as mid-year
Self-reliance and livelihoods improved.	Self-reliance and livelihoods improved.	70% of PoC (18-59) assisted (cash/food assistance 12 mns+ after arrival/dsp).	40% of PoC (18-59) assisted (cash/food assistance 12 mns+ after arrival/dsp).
Cluster objective 3: Durable Solutions			
Potential for resettlement realized.		<p>5% of identified individuals departed for resettlement.</p> <p>50% of identified individuals in need of RST submitted for RST.</p> <p>50% of PoC identified in need of urgent/emergency resettlement that have departed.</p>	<p>1.4% (14 CAR refugee individuals have departed by the end of May 2012.</p> <p>0.4% (8/2000*100=0.4) Eight CAR refugee individuals had been submitted by the end of May 2012. We are using 2,000 because, by the end of 2012, we expect 2000 will be identified)</p> <p>30% (6/16*100=2.7) Six CAR refugees departed with urgent priority by the end of May 2012. This number might increase before the end of June. 1/3rd of the expected 50 departures are 16.</p>
Cluster objective 4: Security from Violence and Exploitation			
Protection of children strengthened.	Core child protection structures/functions established.	60% of UASC for whom a best interest process has been initiated or completed.	11% of UASC for whom a best interest process has been initiated.
Risk of SGBV is reduced and quality of response improved.	<p>Legal assistance, Special procedures for child.</p> <p>Victim/survivors established and sustained provided.</p>	<p>45% of community's efforts on SGBV addressed.</p> <p>100% of known SGBV survivors received support.</p>	<p>20%: Mechanism of community's efforts is still in process: Gore's committees need to be trained and raise awareness of the community.</p> <p>97% of SGBV survivors are covered by the support.</p>

c. Urban refugees

Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline	Achieved as mid-year
Cluster objective 1: Basic Needs and essential services			
Population has optimal access to education.	Measures to increase enrolment rate implemented.	80% of PoC aged 12-17 enrolled in secondary education. 100% of PoC aged 6-11 years enrolled in primary education.	80 % of PoC aged 12-17 enrolled in secondary education. 100 % of PoC aged 6-11 years enrolled in primary education.
Cluster objective 2: Durable Solutions			
Potential for resettlement realized	Emergency resettlement organized	16% of identified individuals departed for resettlement. 45% of identified individuals in need of RST submitted or RST. 50% of PoC identified in need of urgent/emergency resettlement departed.	0% of identified individuals departed for resettlement. 0% of identified individuals in need of RST submitted or RST. 0% of PoC identified in need of urgent/emergency resettlement departed.
Cluster objective 3: Favourable protection environment			
Law and policy developed or strengthened.	Involvement of key stakeholders promoted.	70% of law and policy consistent with international standards.	70% of law and policy consistent with international standards.



3.2.7 PROTECTION

Summary of updated cluster response plan

Cluster lead agency	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES
Cluster member organizations	APLFT, CNARR, CONSHADIS, DIS, ECHO, Human Rights Ministry, Intermón Oxfam, INTERSOS, IOM, LWF/ACT Alliance, OCHA, OXFAM GB, UNDP, UNFPA, UNICEF, WFP.
Number of projects	6
Cluster objectives	<ul style="list-style-type: none"> Promote the national legal framework for IDPS in accordance with international law. Ensure the protection of internal displaced persons (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 and response to GBV particularly sexual violence in areas of return, re-localization and local integration.
Funds required	Original: \$23,859,765 Revised at mid-year: \$21,530,986
Funds required per priority level	Very High: \$23,324,765.
Funding to date	\$1,429,882 (7% of requirements).
Contact information	Honorine Sommet Lange, sommet@unhcr.org & Yvette Muhimpundu, muhipun@unhcr.org

Categories and disaggregated numbers of affected population and beneficiaries

Category of people in need	Number of people in need			Number of targeted beneficiaries			Number of people covered		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
IDPs	68,695	56,305	125,000	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	30,776	25,224	56,000
Host communities	-	-	-	-	-	-	-	-	-
Total	99,471	81,529	181,000	99,471	81,529	181,000	99,471	81,529	181,000

Narrative

Approximately 5,600 IDPs were assisted to return to Dar Sila and Assoungha regions in the first half of 2012, and 6,600 in 2011. About 125,000 persons currently remain on the IDP sites.

In line with the Government's commitment to find solutions for all IDPs, the focus continued to be on return/relocation planning, local integration whenever feasible. Information was provided to IDPs in order for them to make an informed and free decision on durable solutions options.

During the first half of 2012 the support for monitoring IDP return were strengthened. In Assoungha region participatory assessments were conducted in the local integration areas as well as in the main sites of return / relocation. Key UNHCR partners, such as CNARR and APLFT conducted human rights monitoring and promotion, including through improving access to justice and promoting inter-community dialogue. CNARR and APLFT engaged with authorities at the prefectural, sub-prefectural, and cantonal level, as well as with mixed committees of IDP returnees and local populations. Reception committees were strengthened in the main zones of return and relocation. SGBV prevention and response mechanisms including legal, medical and psychosocial services were improved. However, due to lack of funding, the activities only started in April 2012.

Overall, there have been significant implementation challenges, and needs are not being covered because of low funding which could be explained by the number of challenges Chad is currently facing, particularly the food crisis. Due to this lack of funding a prioritisation exercise was undertaken and a number of activities that had been planned for 2012 that were cost intensive or identified as less essential were eliminated and/or the targets were lowered in line with the available funding.

It is foreseen, despite the closure of the IDP program in 2013, that a small programme will be kept that will enable the implementation of limited activities in particular monitoring and awareness raising activities. At the national level efforts will continue to be made while interacting with government authorities to adopt a national law implementing the Kampala Convention. Increased protection and psychosocial support to vulnerable returnees from Libya and Nigeria (Objective 2) will also be enacted.

Table of mid-year monitoring vs. objectives

Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline	Achieved as mid-year
Cluster objective 1: Promote the national legal framework for IDPS in accordance with international law.			
National legal framework developed in accordance with Kampala Convention provision.	Expert and technical assistance in drafting and adoption of IDP national legislation provided.	One expert recruited.	To be conducted from July-December 2012.
		Legal assessment and analysis undertaken (gaps in the national legal framework for IDPs).	To be conducted from July-December 2012.
		Number of instances of technical assistance provided.	Lack of funding – Postpone until 2013.
		Number of consultations / technical meetings conducted at the central and field levels.	Lack of funding – Postpone until 2013.
		Number of proposal for legislative amendment.	Lack of funding – Postpone until 2013.
	Capacity-building undertaken for the target groups.	Two target groups established.	Lack of funding – Postpone until 2013.
		Two capacity-building seminars for parliamentarians /Supreme Court, media on legal instruments on the IDPs.	Lack of funding – Postpone until 2013.
		Number of capacity-building seminars for local authorities, civil society, beneficiaries on Kampala Convention, guiding principles.	Lack of funding – Postpone until 2013
	Advocacy conducted.	Number of material produced and disseminated.	- Five awareness campaigns conducted on the rights and duties of the displaced population and returnees and population in general. - Two seminars conducted on various topics (Protection, Kampala Convention, the civilian and humanitarian character of the sites, guiding principles, etc.) for authorities, civil society, IDPs and returnees.
		One working group established.	Lack of funding – Postpone until 2013
Monitoring mechanism on implementation of Kampala Convention established.	Number of meetings and assessments conducted.	Lack of funding – Postpone until 2013	
		Lack of funding – Postpone until 2013	

Cluster objective 2: Ensure the protection of internal displaced persons (IDPs) and returnees as well as the humanitarian space through the strengthening of national institutions and the community.

Protection environment strengthened.	Special mechanisms for monitoring and protection established and sustained.	<p>Monthly confidential protection reports.</p> <p>Referral system coordinated.</p> <p>Protection network established.</p> <p>100% of protection cases identified are assisted.</p> <p>60% of vulnerable persons assisted.</p>	<ul style="list-style-type: none"> - One weekly report on protection issues. - Five monthly reports on the implementation of protection activities on the sites of IDPs and return areas. - Four protection case meetings. - Two leaders (female and male) nominated for each site (six sites in total) around Goz Beida, with main tasks to provide all information relating to the protection of IDPs and the population in general. - Network of 13 community leaders established for identification, referral and report of protection (SGBV, children at risk, problems of property, destruction of crops, etc.) in Assoungaha and Dar Sila regions. - Committees of child protection and committees of SGBV established. Ten members of the local population and ten returnees for each committee in the return areas. - Monitoring visits to sites and return areas conducted on monthly basis in order to identify protection cases. - 75% of protection cases identified were assisted (SGBV, children at risk, problems of property, destroying crops, early marriage, female genital mutation, arbitrary detention etc.). - The monitoring and reporting mechanisms need to be reinforced. - 70% of vulnerable persons were assisted in IDP sites and return areas with shelter and non-food items (NFIs). - In addition, the most vulnerable people have benefited from various programs of food distribution with WFP and other NGOs (prevention of nutrition crises). - However, in some locations, the vulnerable persons were not assisted due to lack of access. - The lack of water remained a big challenge in all locations.
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<p>Involvement of key stakeholders promoted.</p>	<p>Six advocacy campaigns on human rights for beneficiaries, conducted by UNHCR in collaboration with implementing partners or external stakeholders.</p>	<ul style="list-style-type: none"> - Eight advocacy campaigns conducted for local authorities, traditional leaders, mixed committees/ inter-community dialogues, parents, teachers, women and youth committees on various topics such as civil and criminal codes, child human rights, and conflict resolution mechanisms. - Ten awareness activities organized in Assounga on various topics such as environmental protection, birth registration/civil registration, child education, SGBV (causes, consequences, prevention and response).
<p>Access of individual to human rights mechanisms enabled.</p>	<p>60% of persons for who access to human rights mechanisms enabled.</p>	<ul style="list-style-type: none"> - Assistance through the legal clinics in order to facilitate the conflict resolution and orientation to the judicial system which remains very weak. Approximately 50% of beneficiaries had access to legal mechanisms.
<p>Positions or interventions in judicial and quasi-judicial proceedings provided. Legal services and clinics established or provided.</p>	<p>Number of interventions for access to national justice system conducted.</p>	<ul style="list-style-type: none"> - UNHCR through its implementing partner disseminated legal instruments to the local authorities and beneficiaries in order to promote the returnees and IDPs rights. - Legal assistance provided (drafting pleas etc.). - Meeting with judicial authorities in order to solve the protection issues related to human right violations. - 40 interventions were completed.
<p>Capacity-building undertaken.</p>	<p>Legal services and clinics established.</p> <p>Number of persons receiving legal assistance.</p> <p>Number of persons trained (judicial, police, DIS, local authorities including traditional leaders IDPs communities).</p>	<ul style="list-style-type: none"> - Legal clinics established in order to provide services such as drafting pleas, legal advice, monitoring of protection cases, visits to IDPs/returnees in detention centres, etc. - 140 beneficiaries received legal assistance. - 500 persons trained (judicial authorities, local community leaders, police, and beneficiaries).

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

<p>Durable solutions strategy developed, strengthened or updated.</p>	<p>Strategy developed or implemented.</p>	<p>Comprehensive solutions strategy implemented and monitored.</p>	<p>- Several meetings and awareness sessions were conducted in order to allow better understanding of durable strategies. These strategies were explained to all stakeholders and beneficiaries (possibility of return, local integration and relocation).</p>
<p>Potential for voluntary returns realized.</p>	<p>Assessment and analysis undertaken.</p>	<p>Assessment of conditions of return established or updated.</p>	<p>- Two participatory assessments age, gender, and diversity mainstreaming (AGDM) conducted in order to better understand the needs and return conditions.</p>
<p>Potential for voluntary returns realized.</p>	<p>Individual voluntariness of return verified.</p>	<p>Number of go-and-see visits conducted. Number of return committees established.</p>	<p>- Ten go-and-see visits were conducted in return/relocation. - One new return committee established in Moudeina.</p>
<p>Potential for voluntary returns realized.</p>	<p>Advocacy conducted.</p>	<p>85% of PoC for whom voluntariness of return has been verified. Advocacy for creation of conducive conditions for solutions conducted</p>	<p>- 92% of PoC for whom voluntariness of return has been verified. - Meetings and advocacy activities were conducted for local and traditional authorities in order to ensure better conducive conditions for durables solutions (local integration, return in origin area, relocation).</p>
<p>Potential for voluntary returns realized.</p>	<p>Comprehensive solutions profiling of population conducted.</p>	<p>Percentage of population profiled.</p>	<p>N/A.</p>
<p>Reintegration made more sustainable.</p>	<p>Village assessments conducted.</p>	<p>Assessment of protection gaps undertaken. Reintegration monitoring system established.</p>	<p>- Assessment of protection gaps undertaken in 25 villages.</p>
<p>Reintegration made more sustainable.</p>	<p>Situation of PoCs monitored.</p>	<p>Area or sector-based monitoring system providing disaggregated data established. Number of decisions of administrative or judicial bodies leading to re-appropriation of land, housing, property or</p>	<p>- Reintegration monitoring system established.</p>

<p>Land, housing, property and documentation rights of PoCs are upheld.</p>	<p>documentation to PoCs.</p>	<p>N/A.</p>
<p>Coordination mechanism reinforced.</p>	<p>Number of coordination meetings held with other clusters (Early Recovery, Health, etc.).</p>	<p>- The plots of land allocated to returnees are free of charge. But the property certificates are not issued until now. Advocacy on this issue will be reinforced.</p>
<p>Partnership with development actors established.</p>	<p>Number of joint assessments/programmes that the Protection Cluster participated in with development actors.</p>	<p>- Coordination meeting of activities for IDPs organized twice a month in the field. - The various cluster meetings are held once a month (Protection, Early Recovery, Health, Food Security etc.). The Protection Cluster participated in Early Recovery.</p>
<p>Safe and dignified returnee transport provided.</p>	<p>Number of developments projects that benefit PoCs.</p>	<p>- Three joint assessments/programmes that the Protection Cluster participated in with development actors.</p>
<p>Return assistance provided.</p>	<p>Number of people provided with safe and dignified returnee transport.</p>	<p>- Seed distribution programs by FAO. - Assistance of seven women's' association for IGAs by humanitarian actors.</p>
<p>Special assistance for persons with special needs provided.</p>	<p>Number of people receiving return packages.</p>	<p>- 5,600 persons were assisted by transport to the return areas in safely and dignity.</p>
<p>Self-reliance programme promoted with Government and other actors.</p>	<p>Percentage of people with access to services for their specific needs.</p>	<p>- 5,600 persons received the return package composed of blankets, mats, and soap.</p>
<p>Self-reliance programme promoted with Government and other actors.</p>	<p>Number of self-reliance programmes implemented by UNHCR in the sites/local integration areas.</p>	<p>- 40% of persons with access to services for their specific needs.</p>
<p>Self-reliance programme promoted with Government and other actors.</p>	<p>Number of self-reliance programmes implemented by other actors.</p>	<p>- 40% of persons with access to services for their specific needs.</p>
<p>Self-reliance programme promoted with Government and other actors.</p>	<p>Number of shelters provided.</p>	<p>Lack of funding.</p>
<p>Self-reliance programme promoted with Government and other actors.</p>	<p>Number of shelter maintenance toolkits provided.</p>	<p>Lack of funding.</p>

	<p>Long-term/permanent shelter provided and sustained for residual vulnerable cases/local integration areas.</p>		<p>- Five self-reliance programmes implemented by other actors: <i>Secours Catholique pour le Développement</i> (Catholic Support for Development/SECADEV), <i>Association des Témoins des Urgences et des Actions de Développement</i> (Witnesses Association of Emergency and Development Actions/ATURAD), BERCEF, PU-AMI, <i>Action Solidarité Développement</i> (Action Solidarity Development/ASD).</p> <p>- Only 330 out of 700 shelters provided due to lack of funding.</p> <p>- 77 of shelter maintenance toolkits provided.</p>
<p>Cluster 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.</p>			
<p>Protection of children strengthened,</p>	<p>Psychosocial support through the child-friendly spaces in the existing sites and return areas enhanced.</p> <p>Birth registration and certificates provided.</p> <p>Capacity building undertaken.</p> <p>Psychosocial care for SAM children, especially the most vulnerable in the NAC and CNT of the Sahel.</p>	<p>At least 20,000 children benefit from psychosocial support, 30 committees for child welfare established, and 120 community leaders trained.</p> <p>30,000 birth certificates issued (free of charge).</p> <p>Number of workshops and training conducted.</p> <p>22 centres supported with birth registration records and computers.</p> <p>At least 60,000 children with SAM and their mothers (or caretakers) receive assistance to heal emotional trauma and prevent the loss of cognitive potential and strengthen the role of mother in the treatment and rehabilitation of the child.</p> <p>Number of children associated with armed forces/</p>	<p>- Lack of funding. The target reduced to 12,250 children.</p> <p>- 10.000 birth certificates issued (free of charge).</p> <p>- Training of 330 community leaders on child protection and SGBV.</p> <p>- Three drafts of bills (code for Child Protection of the Child, Revised Penal Code and Law on Civil Status) were prepared.</p> <p>Lack of funding. The target reduced to 15 centres.</p> <p>Awareness campaigns conducted for local authorities and communities in order to register children and issuance of birth certificates.</p> <p>Lack of funding.</p> <p>Due to lack of funding, only 46 out of 204 former child</p>

	<p>Situation of children monitored.</p> <p>Advocacy conducted on mines/UXO risks.</p>	<p>groups demobilized and reintegrated.</p> <p>Actions and measures undertaken by the Government to stop recruitment and use of children by armed groups/ forces.</p> <p>Number of children protected against anti-personnel mines.</p> <p>Number of survivors assisted.</p>	<p>soldiers were reintegrated (school, vocational training, employment).</p> <p>- Three focal points of Government (Prime Minister's Office, Ministry of Social Affairs and Ministry of Defence) have been appointed for the Plan Action implementation to end recruitment of children.</p> <p>Lack of funding. Three cases (mines/UXO accidents) registered in 2012 and 15 cases registered in 2011.</p> <p>No budget.</p>
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Cluster objective 5: Reinforce mechanisms for prevention and response to GBV particularly sexual violence in areas of return, re-localization and local integration.

<p>Risk of GBVs is reduced and quality of response improved.</p>	<p>Increased awareness on gender-based violence. (Community mobilization at all levels, promoting women's and girls' rights and prevention against GBV and SGBV).</p> <p>GBV response mechanisms reinforced (health, psychosocial, legal responses).</p>	<p>600,000 persons sensitized on human rights and the protection of women, girls and boys.</p> <p>Commitment of Governors and other local authorities including religious and traditional leaders.</p> <p>Number of protection committees established.</p> <p>100% of the cases identified have access to medical, psychosocial, legal and judicial support as well as shelter for vulnerable cases.</p>	<p>- Lack of funding. The target reduced to 300,000 persons.</p> <p>- 18 awareness campaigns conducted for 1,700 persons on human rights and the protection of women, girls and boys.</p> <p>- Lack of funding.</p> <p>- Five training on SGBV for local authorities, traditional and religious leaders. Low commitment due to traditional culture</p> <p>- Adoption of an Action Plan for the SGBV Sub-Cluster.</p> <p>- Six committees of protection established.</p> <p>-50% of the cases identified have access to medical, psychosocial, legal and judicial support as well as</p>
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<p>Coordination for prevention and response to GBV reinforced.</p>	<p>Multi-sectoral interventions on GBVs coordinated.</p> <p>Number of clusters leads which integrate prevention and response to GBVs in their programmes.</p> <p>Number of implementing partners performing well in term of prevention and response to GBVs.</p>	<p>shelter for vulnerable cases. However, the legal and medical assistances remain a challenge due to the lack of health centres, medical staff, weakness of judicial system etc.).</p> <ul style="list-style-type: none"> - SGBV standard operating procedures adopted. - Training on GBVIMS. - Four posters on SGBV disseminated. <p>- Six cluster leads integrate prevention and response to GBVs in their programmes.</p> <p>- Three implementing partners performing well in term of prevention and response to GBVs.</p>
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3.2.8 WATER, SANITATION AND HYGIENE

Summary of updated cluster response plan

Cluster lead agency	UNITED NATIONS CHILDREN'S FUND.
Cluster member organizations	ACF, ACTED, ADRA, CARE International, Concern, Croix Rouge du Tchad, Intermón Oxfam, International Aid Service, IRW, Merlin, Ministry of Water resources, Oxfam GB, PU-AMI, SIF, Solidarités, World Concern. Local NGOs (ACAS, APROSAF, CHORA, Ecole Saine Ménage Sain, Future Porte du Tchad, Université Populaire).
Number of projects	19
Cluster objectives	<ul style="list-style-type: none"> • Ensure and improve sustainable access to safe drinking water for populations (women, children, men) affected by the nutritional crisis in Sahel Band, epidemics (cholera, poliomyelitis) and the returnees, IDPs and host populations affected crisis in the east of the country. • Increase the knowledge and practice of improved hygiene behaviour for women, children and men within the intervention areas. • Ensure access and increase usage of improved sanitation facilities in schools and health centres (CNA and CNT). Scaling up of community-led total sanitation (CLTS) approach and progressive introduction of ecological sanitation (EcoSan) within the intervention zones. • Cluster coordination and emergency: strengthen the capacity of the different actors in prevention, analysis, response, coordination, DRR and integration of the strategy "WASH in Nutrition."
Funds required	Original: \$ 27,040,611 Revised at mid-year: \$20,356,962
Funds required per priority level	Very High: \$17,072,696 High: \$3,284,266
Funding to date	\$3,120,079 (15% of requirements).
Contact information	Lillian Okwirry, lokwirry@unicef.org , Tel: 66362900 Deubalbe David, ddeubalbe@unicef.org , Tel: 66633488 / 95887930

Categories and disaggregated numbers of affected population and beneficiaries

Category of people in need	Number of people in need			Number of targeted beneficiaries			Number of people covered		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
Couples mothers / caregivers- malnourished children	78,740	48,260	127,000	78,740	48,260	127,000	78,740	48,260	127,000
Displaced populations in eastern Chad	80,500	68,932	149,432	80,500	68,932	149,432	80,500	68,932	149,432
Population returned to eastern Chad	115,320	70,680	186,000	115,320	70,680	186,000	115,320	70,680	186,000
Host population of the areas affected by crises in the east	177,000	123,000	300,000	177,000	123,000	300,000	177,000	123,000	300,000
People at risk of cholera	145,700	89,300	235,000	145,700	89,300	235,000	145,700	89,300	235,000
Total	597,260	400,172	997,432	597,260	400,172	997,432	597,260	400,172	997,432

Narrative

Compounding the issue of the IDPs and returnees' populations in eastern Chad since 2004, Chad now faces an aggravating chronic situation of the food crisis in the Sahel and the risk of a cholera epidemic. The crisis further exacerbates the precarious living conditions of men, women and children.

Since 2011, the Sahel region was marked by an erratic start of the rainy season with localized and prolonged droughts, with resulting significant decreases in crop yields. Thus in 2012, the increasing number of cases of SAM in Chad, precisely in the Sahel belt, is already evident. The number of cases estimated for Chad is about 127,300 children (girls and boys) suffering from SAM.

In total, 286 feeding centres are already established and require a minimum coverage of basic WASH services. Depending on developments, it is estimated that this figure of 286 CNT may reach 486 by the end of 2012. Based on this perspective and lessons learned by the regional WASH group, it is proposed to strengthen aspects of the sectoral response to better align with the priorities and activities of the Nutrition sector, through a systematic integration of a minimum package of WASH in nutrition humanitarian programs ("WASH in Nut"). This is based on the logic that safe water supply, sanitation and hygiene improvements can be effective in the fight against malnutrition by integrating nutritional programs and improving the health in the

community (men, women, boys and girls). Attention should be paid not only in the feeding centres, but also to the homes of the *"mother/accompanist - malnourished child"*.

Activities such as household water treatment ensure the quality of stored drinking water stored in the CNA, CNT and at households with malnourished children level is given priority. In addition to this widespread scourge of malnutrition, cholera is once again becoming an issue in Chad. Cholera is still a major public health problem in Chad because of the mortality associated with it and also its socioeconomic consequences. In the IDPs sites and returning villages, the resurgence of water-related diseases was clearly observed.

During the epidemic of 2010, 18 health districts out of the 61 in the country were affected. The service for integrated epidemiological surveillance recorded 6,477 cases with 181 deaths (a mortality rate of 2.8%).

In 2011, cases of cholera were reported early in the year following the epidemic of 2010 which was not completely extinguished. In 2011, the cholera outbreak had affected 37 districts out of 61 with a cumulative total of 17,285 cases including 459 deaths (a mortality rate of 2.6%).

The high prevalence of the epidemic is due to the lack of basic structures in access to safe WASH behavioural practices and also because of its regional dimension. In addition to Chad, three border countries are also facing cholera outbreaks: Cameroon, Nigeria and Niger. The mobility of men, women, boys and girls in the sub-regions accounts for the diffusion dynamics of the epidemic. Faced with this persistent and widespread crisis situation, it is paramount to develop a response integrating the WASH / nutrition strategy for a synergy of actions.

In this sense, the WASH actions against cholera in high-risk areas and cross-border coordination have helped avoid an outbreak so far in 2012. Such activities include: the construction of 133 boreholes in continuity with what has been initiated at the end 2010 in the Lake Chad area, awareness activities with WASH packages delivered to fishermen during the offseason, or the coordination with the MoH in Cameroon.

Table of mid-year monitoring vs. objectives

Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline	Achieved as mid-year
Cluster objective 1: Ensure and improve sustainable access to safe drinking water for populations (women, children, men) affected by the nutritional crisis in Sahel Band, epidemics (cholera, poliomyelitis) and the returnees, IDPs and host populations affected crisis in the east of the country.			
<p>Access to safe water (10-15 litres / person / day) for 997,732 women, children, men affected by nutritional crisis, risk of cholera and by crisis in east of the country.</p> <p>100% of water point committees are functional and have to manage and maintain the water systems in place in the CNA, CNT and at community level.</p>	<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>Creation/reactivation and training of 138 gender-mixed water management committees: (68 in the Sahel belt, 30 in the east, 25 in the south and 15 in cholera epidemic zones.</p> <p>Training and equipping with tools 50 pump repairers/care-takers.</p> <p>200 water management committees (mixed: women, men) trained in household water treatment and safe storage techniques in communities at risk (Sahel, in epidemic areas, east), return areas and host communities.</p> <p>Implementation of a water quality monitoring system at source, in households, CNA and CNT in areas affected by nutritional crisis, epidemic and the crisis in the east.</p> <p>New:</p> <p>Needs assessment of at least 580 new boreholes. Depending on resources available for the next six months, construction of 133 new boreholes in the</p>	<p>80% of the beneficiaries (women, children, men) have equitable access to drinking water quality and quantity as per SPHERE standards.</p> <p>85% of newly constructed or rehabilitated water points are functional in the CNA, CNT and at community level.</p> <p>80% of water management committees (men and women) are functional.</p> <p>100% of pump care-takers/repairers are trained and equipped with tools.</p> <p>New:</p> <p>Number of functional health centres with access to drinking water.</p> <p>80% of water management committees (women / men) are trained in household water treatment and safe storage techniques.</p> <p>80% of the monitoring of water quality at source, in the CNA, CNT and households of affected areas (malnutrition, cholera epidemic and the crisis in eastern Chad) is ensured.</p>	<p>Construction of 60 boreholes in epidemic (cholera) zones and 25 boreholes in Sahel Band. Total 85 boreholes (57% achieved).</p> <p>Rehabilitation of 28 broken water points (37% achieved).</p> <p>64 water management committees (women and men) created (46% achieved).</p> <p>Training and equipping with tools 50 pump repairers/care-takers (ongoing).</p> <p>50 water management committees (mixed: women, men) trained in household water treatment and safe storage techniques (25% achieved).</p> <p>Implementation of a water quality monitoring system at source, in households, CNA and CNT in areas affected by nutritional crisis, epidemic and the crisis in the east (25% achieved).</p>

Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline	Achieved as mid-year
	<p>Sahel Band, east and districts at high risk of cholera.</p> <p>Rehabilitation of 67 old water points in CNA, CNT, host communities and five water supply systems in secondary cities.</p> <p>Distribution of household water treatment kit in the source, households, CNA, CNT and couples mother/accompanist-malnourished child.</p>		
Cluster objective 2: Increase the knowledge and practice of improved hygiene behaviour for women, children and men within the intervention areas.			
<p>Improved safe hygiene behaviour for 997,732 people (male, female and couple mother/accompanist - malnourished children) affected by nutritional crisis, cholera epidemics and crisis in eastern Chad.</p>	<p>Organize 50 sessions of sensitization on good hygiene practices (such as hand washing, waste disposal, and 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 regularly in the intervention areas, schools and health centres.</p> <p>Organizing hygiene clubs in 25 schools.</p> <p>New:</p> <p>At least 997,732 people are sensitized on good hygiene and sanitation (such as hand washing, waste disposal and food hygiene) for the fight against malnutrition and diarrheal diseases.</p> <p>Organizing hygiene clubs in 110 schools in cholera</p>	<p>70% of women, men, couple mother/ accompanist - malnourished children know and adopt good hygiene and sanitation practices for fighting against malnutrition and diarrheal diseases.</p> <p>80% of the communities (women, men and children) affected by crisis (nutrition, epidemics and eastern Chad) know the transmission routes and prevention measures related to waterborne diseases and poor hygiene.</p> <p>100% of hygiene clubs mixed (girls and boys) established in the Sahel Band and cholera endemic areas are functional.</p>	<p>Organize clean-up days regularly in the intervention areas (25% achieved).</p> <p>Radio-broadcast hygiene messages at monthly basis using communities radios mainly (25% achieved).</p> <p>25 hygiene clubs mixed (boys and girls) organized in 25 schools (100% achieved).</p>

Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline	Achieved as mid-year
	endemic zones and Sahel Band.		
Cluster objective 3: Ensure access and increase usage of improved sanitation facilities in schools and health centres (CNA and CNT). Scaling up of community-led total sanitation (CLTS) approach and progressive introduction of ecological sanitation (EcoSan) within the intervention zones.			
<p>Increased use of adequate sanitation for 997,732 people (women, men and children) affected by malnutrition, cholera epidemics and crisis in eastern Chad.</p>	<p>Popularize CLTS in 300 villages within the intervention areas.</p> <p>Construction of 60 latrine blocs (separated girls/boys) in schools, health centres and public places particularly in cholera epidemic areas.</p> <p>New:</p> <p>Construction of 240 latrine blocs (separated girls/boys) in schools, health centres, public places, CNA, CNT of the Sahel Band, cholera endemic areas and eastern Chad.</p> <p>Information and sensitization of villages FeDAL on the concept of EcoSan strategy for scaling up sanitation.</p> <p>Pilot EcoSan projects in Sahel Band.</p>	<p>CLTS in 100% of targeted villages in the intervention areas (Sahel Band, endemic cholera areas and Eastern Chad).</p> <p>80% of villages triggered have end open defecation.</p> <p>New:</p> <p>Number of functional health centres and schools with access to sanitation.</p> <p>Number and percentage of couple mother/ accompanist – malnourish child receiving an hygiene and cholera prevention kit</p> <p>75% of schools, CNA and CNT in Sahel Band, cholera endemic zones and eastern Chad have access and uses separate latrines (taking into account accessibility for children, the specific needs of men, women and children).</p> <p>50% of villages FeDAL are sensitized on the concept of EcoSan as part of a pilot project in the Sahel Band.</p>	<p>CLTS popularized in 196 villages (65% achieved).</p> <p>Remaining popularizing the CLTS approach in 114 villages (the number of latrines response does not reflect the real needs but based in estimated available resources by implementing and financial partners).</p> <p>Ten latrine blocs (separated girls/boys) build in schools in intervention area (17% achieved).</p>

Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline	Achieved as mid-year
Cluster objective 4: Cluster coordination and emergency: strengthen the capacity of the different actors in prevention, analysis, response, coordination, DRR and integration of the strategy “WASH in Nutrition.”			
<p>WASH Cluster coordination provides the tools and strategic management for a coherent and efficient response to humanitarian crisis (nutritional, epidemic, eastern Chad).</p>	<p>Reinforce the coordination capacities of the WASH Cluster.</p> <p>Setting up a cholera contingency plan in all affected districts.</p> <p>Training of WASH actors in order to reinforce the technical and operational capacities in terms of risk management (epidemics, floods, climate change adaptation).</p> <p>New:</p> <p>Strengthen coordination capacity of the WASH Cluster and promote the WASH and Nutrition strategy.</p> <p>Implementation of cholera contingency stock and prepositioning of hygiene kits and materials for household water treatment in CNA, CNT and households of couple mother/accompanist-malnourish child) in Sahel Band.</p> <p>Training of partners and community animators in DRR and the strategy “WASH in Nut.”</p> <p>Complete WASH needs evaluation and analysis in Sahel Band and regions affected by crisis.</p> <p>Develop an information management system (including WASH and Nutrition data and</p>	<p>80% of the monthly cluster meetings are effectively held and include prioritization of the “WASH in Nut” strategy.</p> <p>100% of epidemic-prone districts have a contingency plan.</p> <p>75% of regional crisis management committees are functional and conduct sensitization on preventive of activities.</p> <p>75% of partners and community animators have knowledge and apply DRR strategies.</p> <p>75% of partners and communities in the at-risk zones have knowledge and practice DRR activities.</p> <p>New:</p> <p>80% of WASH and Nutrition data base about Sahel Band are capitalized and actualized.</p> <p>75% of WASH needs are evaluated in Sahel Band, cholera epidemic zones and eastern Chad.</p> <p>100% implementation of cholera contingency stock and prepositioning of hygiene kits and materials for household water treatment in CNA, CNT and households of couple mother/accompanist-malnourish child in Sahel Band.</p>	<p>WASH Cluster regular meetings in N’Djamena and Sub-Cluster regular meetings in Abéché (achieved 50%).</p> <p>Training for WASH Cluster partners in GIS (geographic information systems).</p> <p>Implementation of a cholera contingency stock (for 45,000 persons) and prepositioning of materials in 37 cholera endemic districts (achievement 100%).</p>

Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline	Achieved as mid-year
	assessments from partners).	75% of implementing partners and community animators are trained for technical and operational capacity building for malnutrition and epidemics management.	



3.2.9 COORDINATION AND SUPPORT SERVICES SECTOR

Summary of updated cluster response plan

Cluster lead agency	UNITED NATIONS OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS
Cluster member organizations	ASF, ASI, CCO, UNOCHA, WFP/UNHAS.
Number of projects	3
Cluster objectives	<ul style="list-style-type: none"> • Facilitate the coordination of humanitarian actors to ensure the appropriate, adequate and timely delivery of humanitarian assistance to the most affected populations. • Promote humanitarian principles and access by facilitating common assessments, information management and advocacy efforts. • Facilitate and coordinate humanitarian funding processes. • Provide support services to the humanitarian and wider international community.
Funds required	Original: \$22,236,086 Revised at mid-year: \$22,443,678
Funds required per priority level	Very High: \$22,438,678
Funding to date	\$13,118,153 (58% of requirements)
Contact information	David Cibonga, cibonga@un.org & Rodolpho Valente, valenter@un.org

Narrative

Humanitarian coordination in Chad in the second half of 2012 will continue to focus on the following.

1. Facilitate the coordination of humanitarian actors to ensure the appropriate, adequate and timely delivery of humanitarian assistance to the most affected populations.

- Ensure coverage of all areas of humanitarian operations, with a strengthened sector/cluster approach - able to effectively, assess, monitor, plan and implement coordinated assistance that meets the needs of vulnerable people.
- Assist in the smooth transition towards early recovery within humanitarian activities, where feasible and appropriate, especially in the context of durable solutions for populations affected by displacement in eastern Chad.

- Application of the Inter-Agency Standing Committee (IASC) Transformative Agenda guidelines for better humanitarian leadership, improved accountability to all our stakeholders and improved coordination.

2. Promote humanitarian principles and access by facilitating common assessments, information management and advocacy efforts.

- Advocate for improved access and freedom of movement for humanitarian actors in safety and security through the establishment of regular contacts with all relevant actors.
- Develop agreements to ensure safety and freedom of movement of humanitarian actors and lobby for the adherence of humanitarian principles by the principal authorities.
- Promote humanitarian principles and negotiate access in dialogue with government authorities, military authorities and the humanitarian community, including support for *Comité de Coordination des ONG au Tchad* (NGO Coordination Committee in Chad/CCO) initiatives.
- Provide information management services- situation reports, humanitarian bulletins, thematic maps and who does what where (3W) databases- in support of the humanitarian community in Chad, by analysing the situation in order to better assist actors in providing assistance in a timely and effective manner.
- Disseminate OCHA information products within the international community and among national humanitarian actors.
- Improve emergency preparedness and ability and develop preparedness plans in close cooperation with all relevant actors.
- Develop or update contingency plans at national and sub-regional and strengthen the response capacities of governmental partners and the humanitarian community to better prepare for and respond to potential crisis situations, with special attention to the potential humanitarian repercussions of violence and instability in Nigeria, Libya and Sudan.

3. Facilitate and coordinate humanitarian funding processes.

- Facilitate CAP processes.
- Coordinate and monitor CERF allocations.
- Joint fund raising advocacy to respond to humanitarian crises.
- Sensitizations of in-country, regional and international donors.

4. Provide support services to the humanitarian and wider international community.

- Transport aid workers and increase humanitarian access through effective humanitarian air service operations.
- Carry out medical and security evacuations.
- Humanitarian logistics through humanitarian air cargo.

Table of mid-year monitoring vs. objectives

Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline	Achieved as mid-year
Cluster objective 1: Facilitate the coordination of humanitarian actors to ensure the appropriate, adequate and timely delivery of humanitarian assistance to the most affected populations.			
Coordination mechanisms in place and functioning.	<p>Seven clusters functioning in Chad.</p> <p>Cluster approach in the response to crises (floods, epidemics, malnutrition).</p> <p>Regular coordination meetings: general coordination, HCT, ICC, taskforces.</p>	<p>Number of functioning clusters.</p> <p>Number of crises addressed through cluster approach.</p> <p>Number of coordination meetings held.</p>	<p>Number of functioning clusters: Seven (Protection, Food Security, Nutrition, Health, Education, WASH, Early Recovery) and one task force on migration (previously called Libya taskforce).</p> <p>Food security, malnutrition, floods, epidemics Libyan crisis and Nigerian returnees have been addressed through cluster approach.</p> <p>Five monthly general coordination meetings held at field (Abeche, Goz Beida, Koukou, Farchana) and N'Djamena level.</p> <p>Five monthly HCT meetings held in N'Djamena.</p> <p>ICC meetings held in the west (Food Security, Nutrition, and Health) and in N'Djamena (WASH and Health).</p> <p>Four ICC meetings held.</p> <p>Roll out of the IASC Transformative Agenda in-country.</p>
Cluster objective 2: Promote humanitarian principles and access by facilitating common assessments, information management and advocacy efforts.			
Civil – military coordination.	Workshops targeting armed bodies in humanitarian operations zones.	Number of workshops and training sessions held by civil – military section.	<p>Civil-military workshops and training sessions organized, targeting DIS officers.</p> <p>Regular United Nations Department of Safety and Security (UNDSS) and</p>

Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline	Achieved as mid-year
Partnership with CCO for the implementation of Saving Lives Together directives.	Regular consultation with CCO.	Maps, website on humanitarian situation in the country.	OCHA liaison with CCO for direct information exchange and collaboration. BSM meetings attended by OCHA in the field.
Information management.	Repository for humanitarian information.	Bulletins, press releases, exhibitions on humanitarian situation.	Humanitarian information (maps, matrixes, reports and website) elaborated and/or regularly updated, with the implication of national information managers.
Public information.	Regular information products for public on humanitarian issues.		Five humanitarian bulletins published, one quarterly thematic bulletin published, three press releases on CERF allocations and CAP Revision produced and shared within humanitarian community.
Advocacy.	Key messages for advocacy.		Five technical working groups on the implementation of MIRA and other IASC needs assessment operational guidance in Chad in line with the IASC Transformative Agenda. Interagency needs assessment mission to the BET to analyse the impact of the Libya crisis in Faya-Largeau and Ounianga Kebir. Key messages identified for advocacy and the development of a coordinated communications strategy in response to the Sahel crisis.
Cluster objective 3: Facilitate and coordinate humanitarian funding processes.			
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.	CAP 2011 MYR held on 21 and 22 May 2012. CERF proposals submitted under Rapid Response and under-funded grants windows. \$2,979,447 and \$7,931,609 received, respectively for the two windows in 2012. OCHA Head of Office and Humanitarian Coordinator missions in Geneva and New York during the first semester 2012.

Cluster objective 4: Provide support services to the humanitarian and wider international community.

<p>Humanitarian air services in operations areas.</p>	<p>Provide efficient air services to more than 100 humanitarian agencies and donors.</p> <p>Carry out of medical and security evacuations.</p>	<p>Aircraft occupancy target rate: 75%.</p> <p>Number of passengers and tonnage of freight.</p> <p>New routes due to identified needs disserved accordingly.</p>	<p>27,620 passengers transported: NGO: 49% UN: 48% Donors/diplomats/Government/media: 3% Medical/security evacuation: 35</p> <p>A total of 54 MTs of humanitarian cargo transported.</p>
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4. FORWARD VIEW

1.	Will there be a CAP in 2013?	YES
2.	CAP 2013 Workshop dates:	26 September (second half of September).
3.	Needs Assessment Plan for the 2013 CAP: existing assessments, identification of gaps in assessment information, and planned assessments to fill gaps.	

EXISTING NEEDS ASSESSMENTS

Cluster(s)	Geographic areas and population groups assessed	Organizations that implemented the assessment	Dates	Title or Subject [include hyperlink if possible]
Coordination	Bongor, Pala, Moundou	Ministry of Planning, OCHA, Local authorities.	September 2011.	Joint needs assessment mission for support to CRA on preparedness.
Early Recovery, Protection	Region Sila	INTERSOS/ECHO	September 2011.	
Coordination	Sarh, Koumra, Doba	Ministry of Planning, OCHA, Local authorities.	November 2011.	Joint needs assessment mission for support to CRA on preparedness.
Coordination	Ati	Ministry of Planning, OCHA, Local authorities.	December 2011.	Joint needs assessment mission for support to CRA on preparedness.
Coordination	N'Djamena	CIMIC/France, OCHA, UNDSS, CCO.	October 2011.	Meeting on civil – military issues.
Early Recovery	Borota	OCHA, UNICEF, PU, ADRA, Direction of Hydraulic, MoE.	September 2011.	Joint assessment mission in return villages.
Coordination	Faya	OCHA, IOM.	October 2011.	Assessment on Chadian migrants from Sebha.
Food Security	Abdi Amdam, Wadi Fira	OCHA, FAO, WFP, ONDR.	October 2011.	Joint assessment on food security.
Coordination, Early Recovery	Ade	OCHA, WFP, UNFPA, ADS, FPT, WCDO, UNHCR, ACTED, UNDP, UNICEF, FAO, BCI, CHORA, InterNews, Delegates of Education, Health, Social Affairs, Agriculture, Human Rights.	October 2011.	Joint assessment on humanitarian situation.

Cluster(s)	Geographic areas and population groups assessed	Organizations that implemented the assessment	Dates	Title or Subject [include hyperlink if possible]
Coordination	Goz Beida.I	OCHA/CRD/New York.	November 2011.	Field Mission on humanitarian situation.
Water and Sanitation	Maroua, Cameroon.	UNICEF, Health officials of Chad, Cameroon, Niger, Nigeria, local NGO, OCHA.	December 2011.	Cross border workshop on cholera epidemic for Lake Chad basin countries.
Coordination	Faya-Largeau and Ounianga Kebir.	OCHA, local authorities.	December 2011.	- Preparatory mission for joint assessment on migrants returnees from Libya - Joint needs assessment mission for support to CRA on preparedness and DRR.
Coordination	Faya Largeau, Ounianga Kebir.	OCHA, WFP, IOM, Chadian Red Cross, UNICEF, UNHCR, UNDP.	February 2012.	Impact of returnees from Libya in transit zones – Faya Largeau
Food Security	Nationwide.	WFP, FAO, MoA, partners.	February 2012.	Post-harvest national survey.
Protection, WASH, Food Security, Education, Early Recovery	Sila region (eight cantons).	INTERSOS.	September/February 2012.	Needs assessment on return zones (eight reports).
Early Recovery, Health, Education, Protection, Migration	Faya Largeau, Ounianga Kebir, Mongo, Am Timan, Abileda, Goz Beida, Abeche, Farchana, Adre, Biltine, Ati, Abadjilic, Moussoro, Mao, Bol, Moundou, Doba, Sarh, Ndjamen.	IOM.	March 2012.	Impact of the Returnees from Libya on their Home Communities in Chad.
Coordination	Bol, Mao.	OCHA, IRIN.	March 2012.	Mission on food insecurity crisis.
Early recovery	Sila and Assoungba regions.	ACTED, APLFT, Premiere Urgence, INTERSOS, and Oxfam.	March 2012.	Sustainable solutions for IDPs in eastern Chad.

	Geographic areas and population groups assessed	Organizations that implemented the assessment	Dates	Title or Subject [include hyperlink if possible]
Protection, WASH, Health, Food Security	Ngouboua.	UNICEF.	March 2012.	Situation of returnees from Nigeria in Ngouboua.
Food Security	Sahel.	Ministry of Agriculture, WFP, FAO, OCHA.	April 2012.	Needs assessment mission on the food security and nutritional situation in the Sahel.
WASH	Koukou.	AFDI.	April 2012.	WASH in zones of IDP return.
Coordination	Pala, Laï.	OCHA, Local authorities.	May 2012.	Support mission and training on preparedness to CRA.
Coordination	Ati.	OCHA, Local authorities, French and Chadian Red Cross.	June 2012.	Support mission and training on preparedness to CRA.
Protection, WASH, Food Security, Education, Early Recovery	Region Sila (eight cantons).	INTERSOS/ECHO.	April/June 2012	Four reports –east border canton, northern border canton, internal canton and canton Barh Azoum. Mission Needs assessment.

GAPS IN INFORMATION			
Ref. #	Cluster(s)	Geographic areas and population groups	Issues of concern
1	Inter-cluster	Lake Chad region, population living in islands of difficult access and returnees from Nigeria.	Protection issues, including child protection and security, health, education, WASH.
2	Inter-cluster	Population living in isolated regions of Tibesti such as Zouar, Bardai and Aouzou, Ounianga Kebir.	Protection issues, including child protection and security, health, education, WASH.
3	Inter-cluster	Population living in south around Tissy, on the border triangle with CAR and Sudan.	Protection, maternal health, education, WASH
4	Early recovery, Migration,	Returnees from Libya, across the country.	Integration and livelihoods. Conflict prevention.
5	Food Security, Nutrition	Sahel.	Impact of the 2012 food security crisis in the livelihoods of affected populations.
6	Education	Northern Chad.	Education facilities for non-francophone returnee students from Libya in northern Chad and their impact on the local educational system.
7	Early Recovery	Abeche and Goz Beida.	Coordination of efforts by different humanitarian and recovery actors.

PLANNED NEEDS ASSESSMENTS						
To fill info gap (ref. #)	Cluster(s)	Geographic areas and population groups targeted	Orgs. to implement the assessment	Planned dates	Issues of concern	To be funded by [please note amount of funding gap if necessary funding is not yet committed]
1	Nutrition	Sahel	UNICEF, WFP, French Red Cross, Ministry of Public Health.	May/June 2012.	GAM, SMART Survey.	
2	WASH	Faya-Largeau	Solidarités.	June 2012.	Rapid WASH assessment.	
3	Coordination	Moundou, Bongor, Doba, Faya	OCHA, Ministry of Planning, local authorities.	July 2012.	Support to CRA and preparedness.	OCHA
4	Coordination	Sarh, Pala, Koumra, Laï, Ati, Faya	OCHA, Ministry of Planning, local authorities.	October 2012.	Follow-up mission.	OCHA
5	Protection, WASH, Food Security, Education, Early Recovery	Region Sila (eight cantons).	INTERSOS/ECHO.	October/December 2012.	Tracking return movements and changes in the situation.	ECHO

ANNEX I: LIST OF PROJECTS AND FUNDING RESULTS TO DATE

TABLE IV. LIST OF APPEAL PROJECTS (GROUPED BY CLUSTER), WITH FUNDING STATUS OF EACH PROJECT

Consolidated Appeal for Chad 2012
as of 30 June 2012
<http://fts.unocha.org>

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

Project code	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
AGRICULTURE AND LIVELIHOODS								
CHD-12/A/44329/5120	Increasing Resilience among vulnerable pastoralists and agropastoralists affected by recurrent shocks in Northern Bahr El Gazal	OXFAM GB	1,605,000	1,605,000	1,605,000	-	100%	A. VERY HIGH
CHD-12/A/44452/123	Strengthening vulnerable returnees and host populations livelihoods	FAO	7,240,496	7,240,496	1,101,598	6,138,898	15%	A. VERY HIGH
CHD-12/A/44454/123	Support to malnutrition reduction in the Western Sahel belt of Chad	FAO	5,477,797	5,477,797	1,324,503	4,153,294	24%	A. VERY HIGH
CHD-12/A/44458/123	Support to Food Security Information System and to the Coordination Unit for agricultural emergency activities and survey	FAO	1,477,080	1,477,080	-	1,477,080	0%	B. HIGH
CHD-12/A/44459/123	Emergency Assistance to drought affected populations in Chad	FAO	3,402,850	3,402,850	2,455,028	947,822	72%	A. VERY HIGH
CHD-12/A/44620/5633	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	766,955	457,166	309,789	60%	A. VERY HIGH
CHD-12/A/44706/R/6027	Supporting food security of vulnerable population in Assoungha, Eastern Chad.	PU	970,000	970,000	-	970,000	0%	A. VERY HIGH
CHD-12/A/44722/6458	Reduction of chronic food insecurity in Eastern Chad through short term income generating activities and long term risks mitigation work	ACTED	1,256,372	1,256,372	1,256,372	-	100%	A. VERY HIGH

Project code	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
CHD-12/A/44746/6458	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	1,020,461	1,020,461	-	100%	A. VERY HIGH
CHD-12/A/50388/R/8058	Early recovery and Poverty Alleviation in Semi Arid Agriculture	IRW	588,855	588,855	305,188	283,667	52%	A. VERY HIGH
CHD-12/A/51170/R/7998	Strengthening lives in Chad (SLIC)	WCDO	-	691,329	-	691,329	0%	B. HIGH
CHD-12/A/51666/R/15590	Appui à l'auto-prise en charge des réfugiés soudanais des camps de Milé et Kounoungou et des populations environnantes	UNAD	-	434,872	-	434,872	0%	A. VERY HIGH
Sub total for AGRICULTURE AND LIVELIHOODS			23,805,866	24,932,067	9,525,316	15,406,751	38%	
COORDINATION AND SUPPORT SERVICES								
CHD-12/CSS/44592/561	Provision of Humanitarian Air Services in Chad	WFP	17,616,692	17,616,692	11,289,507	6,327,185	64%	A. VERY HIGH
CHD-12/CSS/44593/R/119	Strengthening Humanitarian Coordination and Advocacy in Chad	OCHA	4,319,394	4,526,986	1,828,646	2,698,340	40%	A. VERY HIGH
CHD-12/CSS/45397/15019	Soutien à la Coordination des ONG au Tchad	CCO	300,000	300,000	-	300,000	0%	A. VERY HIGH
Sub total for COORDINATION AND SUPPORT SERVICES			22,236,086	22,443,678	13,118,153	9,325,525	58%	
EARLY RECOVERY								
CHD-12/ER/44326/776	Monitoring du mouvement des IDPs	UNDP	350,000	350,000	-	350,000	0%	A. VERY HIGH
CHD-12/ER/44631/R/5660	Projet d'appui au retour et soutien économique aux solutions durables des déplacés du Sila (Bar Azoum-zone TAM) "Tiero, Marena et Ambourougne"	INTERSOS	749,000	171,200	171,200	-	100%	A. VERY HIGH
CHD-12/ER/44677/776	Support with insertion by training of the young people of the Areas post-conflicts of Sila, Salamat and Wadi-Farah	UNDP	1,175,934	1,175,934	-	1,175,934	0%	A. VERY HIGH
CHD-12/ER/44685/6027	Soutien aux familles vulnérables de l'Assoungha dans l'Est du Tchad à travers un renforcement de l'autonomie économique et alimentaire des femmes.	PU	805,000	805,000	-	805,000	0%	A. VERY HIGH

Project code	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
CHD-12/ER/44718/6458	Improvement of self resilience capacities of local and returnee Eastern Chad populations through the creation of a favorable socioeconomic environment	ACTED	653,000	653,000	-	653,000	0%	A. VERY HIGH
CHD-12/ER/45073/776	Reduction de la vulnérabilité des IDPs et des populations hôte dans les zones de retour.	UNDP	730,000	730,000	500,015	229,985	68%	A. VERY HIGH
CHD-12/ER/51551/R/5660	Assist IDPs and support durable solution in East Tchad (Ouadi Khadja canton)	INTERSOS	-	260,000	-	260,000	0%	A. VERY HIGH
CHD-12/ER/51577/R/7998	Integrated Child Survival and Development Project - ICSD Project	WCDO	-	349,420	-	349,420	0%	B. HIGH
Sub total for EARLY RECOVERY			4,462,934	4,494,554	671,215	3,823,339	15%	
EDUCATION								
CHD-12/E/44634/5660	Develop Primary Education within Return Areas of Tiero, Marena and Ambourougne	INTERSOS	837,742	837,742	-	837,742	0%	A. VERY HIGH
CHD-12/E/44707/R/6027	Supporting education of returnees and hosts children with a particular focus on girls in return areas of Assoungha	PU	190,000	370,000	-	370,000	0%	A. VERY HIGH
CHD-12/E/46019/14983	Le droit à l'éducation en tant que forme d'émancipation dans les zones rurales pauvres et dans la population réfugiés du Salamat.	ACRA	1,226,220	1,226,220	-	1,226,220	0%	C. MEDIUM
CHD-12/E/46020/R/124	Education for IDPs, Returnees, Refugees and Host community children in Eastern Chad and Southern Chad	UNICEF	5,938,500	2,000,000	500,236	1,499,764	25%	A. VERY HIGH
Sub total for EDUCATION			8,192,462	4,433,962	500,236	3,933,726	11%	
FOOD ASSISTANCE								
CHD-12/F/44669/R/561	Targeted food assistance to refugees and vulnerable people affected by malnutrition and recurrent food crises	WFP	132,290,772	235,237,494	207,159,044	28,078,450	88%	A. VERY HIGH
CHD-12/F/50617/R/5633	Projet intégré d'appui à la sécurité alimentaire et aux conditions d'accès en eau, hygiène et assainissement des populations du Tchad	Solidarités	-	1,168,828	1,236,388	(67,560)	106%	A. VERY HIGH
Sub total for FOOD ASSISTANCE			132,290,772	236,406,322	208,395,432	28,010,890	88%	
HEALTH								

Project code	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
CHD-12/H/44595/122	Emergency response to control meningitis, cholera and measles outbreaks in Chad.	WHO	7,590,000	7,590,000	-	7,590,000	0%	A. VERY HIGH
CHD-12/H/44617/122	Strengthening of Integrated Disease Surveillance and Response (IDSR) for rapid outbreaks control in the framework of International Health Regulation (IHR)	WHO	1,878,000	1,878,000	-	1,878,000	0%	A. VERY HIGH
CHD-12/H/44629/122	Emergency health interventions for life saving in natural disasters	WHO	646,626	646,626	-	646,626	0%	A. VERY HIGH
CHD-12/H/44656/5109	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	1,500,000	342,935	1,157,065	23%	A. VERY HIGH
CHD-12/H/44679/122	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	1,408,869	350,686	1,058,183	25%	A. VERY HIGH
CHD-12/H/44703/6027	Appui aux soins de santé primaire dans l'Assoungha	PU	750,000	750,000	-	750,000	0%	A. VERY HIGH
CHD-12/H/44714/122	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	752,692	-	752,692	0%	A. VERY HIGH
CHD-12/H/44735/1171	Improving Reproductive Health (RH) services to the conflict-affected populations in the East and South of Chad	UNFPA	950,000	950,000	-	950,000	0%	A. VERY HIGH
CHD-12/H/45103/5160	Support MOH-Lake region to implement Community Based Health and Emergency Response (CBH-ER)	IMC	600,000	600,000	363,354	236,646	61%	A. VERY HIGH
CHD-12/H/45421/8772	Reducing maternal and newborn mortality morbidity related to obstetric fistula	MDM France	850,000	850,000	-	850,000	0%	A. VERY HIGH
CHD-12/H/46024/R/124	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	12,200,000	3,249,355	8,950,645	27%	A. VERY HIGH
CHD-12/H/47544/123	Program against HIV/AIDS within FAO Chad projects in the eastern, central, western and southern regions of Chad	FAO	300,000	300,000	-	300,000	0%	B. HIGH
CHD-12/H/48030/R/298	Direct Psychosocial Care for Vulnerable Population in Areas of High Return	IOM	243,425	243,425	-	243,425	0%	B. HIGH

Project code	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
CHD-12/H/51585/R/122	Improving access to health care services for under 5 years malnourished children in regions affected by food insecurity in Chad	WHO	-	1,694,880	-	1,694,880	0%	A. VERY HIGH
Sub total for HEALTH			22,969,612	31,364,492	4,306,330	27,058,162	14%	
MULTI-SECTOR ACTIVITIES FOR REFUGEES								
CHD-12/MS/44169/R/120	Protection and assistance of refugees in Chad	UNHCR	159,394,146	159,526,163	41,595,071	117,931,092	26%	A. VERY HIGH
Sub total for MULTI-SECTOR ACTIVITIES FOR REFUGEES			159,394,146	159,526,163	41,595,071	117,931,092	26%	
NUTRITION								
CHD-12/H/44473/5179	Programme de prise en charge de la malnutrition aigue - camps de réfugiés à l'Est et populations hotes - ouaddai et ennedi	IRC	133,750	133,750	133,750	-	100%	A. VERY HIGH
CHD-12/H/44597/R/561	Targeted food assistance for refugees and vulnerable people affected by malnutrition and recurrent food crises	WFP	10,800,640	11,528,656	11,602,008	(73,352)	101%	B. HIGH
CHD-12/H/44753/6458	Prevention and case management of global acute malnutrition in eastern and western Logone	ACTED	1,666,687	1,666,687	1,666,687	-	100%	C. MEDIUM
CHD-12/H/44755/6458	Case Management of Global Acute Malnutrition in the under 5 year age group in Lac Region.	ACTED	1,206,428	1,206,428	947,254	259,174	79%	A. VERY HIGH
CHD-12/H/45036/5271	To ensure continuity in the response to the nutritional emergency in Kanem and Bahr El Gazel regions – Chad	ACF - France	2,407,387	2,407,387	3,633,395	(1,226,008)	151%	A. VERY HIGH
CHD-12/H/45118/5160	Support Ministry of health (MoH) in eastern Chad, to implement Community Based Management of Acute Malnutrition (CMAM) in 3 Districts	IMC	1,500,000	1,500,000	1,500,000	-	100%	A. VERY HIGH
CHD-12/H/46023/R/124	Emergency nutrition and child survival response to the population of the Sahel belt of Chad and Refugees, Returnees and IDPs	UNICEF	15,400,000	25,200,000	14,243,407	10,956,593	57%	A. VERY HIGH
CHD-12/H/49844/R/5195	Provision of integrated emergency nutrition and basic health services for vulnerable populations affected by the Sahel crisis in Chad	MERLIN	-	2,625,484	2,418,302	207,182	92%	A. VERY HIGH
CHD-12/H/51599/R/6027	Integrated project to fight acute malnutrition in Barde and Kado cantons, Assoungaha, Ouaddai, Chad	PU	-	300,000	-	300,000	0%	A. VERY HIGH

Project code	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
Sub total for NUTRITION			33,114,892	46,568,392	36,144,803	10,423,589	78%	
PROTECTION								
CHD-12/MA/47236/5746	Rapid Intervention Team for Mine Action	Mines Advisory Group	459,600	459,600	-	459,600	0%	A. VERY HIGH
CHD-12/P-HR-RL/44162/R/120	Protection and assistance of IDPs in Chad	UNHCR	17,551,621	17,016,621	283,333	16,733,288	2%	A. VERY HIGH
CHD-12/P-HR-RL/44698/5660	Assistance aux personnes déplacées internes et appui aux solutions durables à l'Est du Tchad	INTERSOS	749,000	749,000	633,090	115,910	85%	A. VERY HIGH
CHD-12/P-HR-RL/46025/R/124	Promoting a protective environment for children affected by armed conflict in eastern Chad, leaving in IDP sites and host communities	UNICEF	3,077,779	1,284,000	230,123	1,053,877	18%	A. VERY HIGH
CHD-12/P-HR-RL/48029/R/298	Protecting vulnerable returnees and other persons at risk from interrelated threats	IOM	416,765	416,765	-	416,765	0%	A. VERY HIGH
CHD-12/P-HR-RL/49594/R/1171	Strengthening coordination, strategic planning and operations on GBV prevention and response	UNFPA	535,000	535,000	283,336	251,664	53%	A. VERY HIGH
CHD-12/P-HR-RL/49594/R/120	Strengthening coordination, strategic planning and operations on GBV prevention and response	UNHCR	535,000	535,000	-	535,000	0%	A. VERY HIGH
CHD-12/P-HR-RL/49594/R/124	Strengthening coordination, strategic planning and operations on GBV prevention and response	UNICEF	535,000	535,000	-	535,000	0%	A. VERY HIGH
Sub total for PROTECTION			23,859,765	21,530,986	1,429,882	20,101,104	7%	
WATER AND SANITATION								
CHD-12/WS/44522/6861	Project of prevention and fight against cholera	Secours Islamique	510,614	510,614	-	510,614	0%	B. HIGH
CHD-12/WS/44539/5271	Preparedness to cholera outbreaks in Chari and Logone basin trans border area (Chad – Cameroun)	ACF - France	485,000	485,000	-	485,000	0%	A. VERY HIGH
CHD-12/WS/44549/5271	Emergency intervention to prevent and mitigate the spread of cholera outbreak in epidemic period in Chad and Cameroun	ACF - France	1,400,000	1,400,000	370,861	1,029,139	26%	A. VERY HIGH
CHD-12/WS/44551/5271	Water, Sanitation and Hygiene in a Nutrition Crisis Context in the Sahelian Belt	ACF - France	583,000	583,000	-	583,000	0%	B. HIGH

Project code	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
CHD-12/WS/44615/5633	Appui aux populations du Nord Salamat en matière d'eau, hygiène et assainissement	Solidarités	755,686	755,686	457,166	298,520	60%	A. VERY HIGH
CHD-12/WS/44672/5120	Increasing resilience among vulnerable pastoralists and agropastoralists in Bahr El Gazal	OXFAM GB	1,407,585	1,407,585	1,195,482	212,103	85%	A. VERY HIGH
CHD-12/WS/44686/5120	Improved access to basic WASH services in cholera prone areas of N'djamena	OXFAM GB	1,230,002	1,230,002	-	1,230,002	0%	A. VERY HIGH
CHD-12/WS/44712/6027	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	520,000	-	520,000	0%	B. HIGH
CHD-12/WS/44726/6458	Supporting return movements in Eastern Chad by reinforcing coverage of basic water and sanitation needs	ACTED	874,324	874,324	-	874,324	0%	A. VERY HIGH
CHD-12/WS/44742/6458	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	1,203,248	-	1,203,248	0%	A. VERY HIGH
CHD-12/WS/44750/6458	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	994,852	-	994,852	0%	B. HIGH
CHD-12/WS/44834/R/124	Improving Health and Living Condition of Vulnerable Populations (IPDs, Host Communities, Returnees, Cholera, etc) Through Sustainable Access to Water, Sanitation, and improved Hygiene in Eastern, Sahel Band and Sourthen Chad	UNICEF	15,332,000	6,420,000	1,096,570	5,323,430	17%	A. VERY HIGH
CHD-12/WS/45040/5582	To reduce water bone diseases and improve standard of living and community self-reliance by provision of safe potable water	IAS	1,068,500	1,068,500	-	1,068,500	0%	A. VERY HIGH
CHD-12/WS/45615/8058	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	675,800	-	675,800	0%	B. HIGH
CHD-12/WS/50591/R/5633	Amélioration de l'accès à l'eau à l'assainissement et aux bonnes pratiques d'hygiène des populations de la ville d'Amdjamena Bulala, département du Fitri, Région du Batha	Solidarités	-	629,277	-	629,277	0%	A. VERY HIGH

Project code	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
CHD-12/WS/51531/R/5271	Shield Approach Intervention to prevent and mitigate spread of cholera outbreak in Chari and Logone basin trans-border area (Chad – Cameroon)	ACF - France	-	1,082,143	-	1,082,143	0%	A. VERY HIGH
CHD-12/WS/51665/R/15590	Accès à l'eau potable aux réfugiés soudanais des camps de Milé et Kounoungou et aux populations environnantes et environnement sain dans les deux camps	UNAD	-	320,584	-	320,584	0%	A. VERY HIGH
CHD-12/WS/51670/R/15591	Promotion de l'hygiène pour la prévention contre le choléra dans 03 quartiers à N'Djaména	ESMS	-	196,347	-	196,347	0%	A. VERY HIGH
Sub total for WATER AND SANITATION			27,040,611	20,356,962	3,120,079	17,236,883	15%	
CLUSTER NOT YET SPECIFIED								
CHD-12/SNYS/49537/R/124	Awaiting allocation to specific projects	UNICEF	-	-	5,007,537	n/a	n/a	D. NOT SPECIFIED
Sub total for CLUSTER NOT YET SPECIFIED			-	-	5,007,537	n/a	n/a	
Grand Total			457,367,146	572,057,578	323,814,054	248,243,524	57%	

NOTE: "Funding" means Contributions + Commitments + Carry-over

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

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

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.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2012. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

TABLE V. TOTAL FUNDING TO DATE PER DONOR TO PROJECTS LISTED IN THE APPEAL

Consolidated Appeal for Chad 2012
as of 30 June 2012
<http://fts.unocha.org>

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

Donor	Funding (\$)	% of Grand Total	Uncommitted pledges (\$)
United States	157,744,085	49%	-
European Commission	56,504,058	17%	-
Various (details not yet provided)	27,147,361	8%	-
Central Emergency Response Fund (CERF)	13,942,704	4%	-
Canada	13,542,220	4%	-
Allocation of unearmarked funds by UN agencies	10,910,132	3%	-
Japan	10,715,625	3%	-
Sweden	8,722,275	3%	-
Australia	4,814,675	1%	-
France	3,617,572	1%	-
Germany	3,351,206	1%	-
Netherlands	2,857,143	1%	-
Ireland	1,878,332	1%	327,654
Finland	1,742,624	1%	-
Switzerland	1,404,850	0%	-
Spain	1,291,870	0%	-
Belgium	1,260,219	0%	-
Private (individuals & organisations)	671,960	0%	-
United Kingdom	669,895	0%	-
Denmark	501,043	0%	-
Korea, Republic of	400,000	0%	-
Estonia	67,024	0%	-
Carry-over (donors not specified)	57,181	0%	-
Grand Total USD:	323,814,054	100%	327,654

NOTE: "Funding" means Contributions + Commitments + Carry-over

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

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

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.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2012. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

TABLE VI. TOTAL HUMANITARIAN FUNDING TO DATE PER DONOR (APPEAL PLUS OTHER)

Chad 2012 as of 30 June 2012 http://fts.unocha.org
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Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Donor	Funding** (\$)	% of Grand Total	Uncommitted pledges (\$)
United States	171,817,916	46%	-
European Commission	75,986,298	21%	-
Various (details not yet provided)	27,147,361	7%	-
Canada	14,545,229	4%	-
Central Emergency Response Fund (CERF)	13,942,704	4%	-
Japan	13,715,625	4%	-
Allocation of unearmarked funds by UN agencies	10,910,132	3%	-
Sweden	10,851,390	3%	-
Germany	5,392,407	1%	-
Australia	4,814,675	1%	-
France	3,617,572	1%	-
Finland	3,468,933	1%	-
Netherlands	2,857,143	1%	-
Switzerland	2,002,283	1%	-
Ireland	1,878,332	1%	327,654
United Kingdom	1,487,389	0%	-
Denmark	1,338,526	0%	-
Spain	1,291,870	0%	-
Belgium	1,260,219	0%	-
Private (individuals & organisations)	671,960	0%	-
Korea, Republic of	400,000	0%	-
Estonia	67,024	0%	-
Carry-over (donors not specified)	57,181	0%	-
Grand Total	369,522,169	100%	327,654

NOTE: "Funding" means Contributions + Commitments + Carry-over

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

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

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.)

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

Zeros in both the funding and uncommitted pledges columns indicate that no value has been reported for in-kind contributions.

TABLE VII. HUMANITARIAN FUNDING TO DATE PER DONOR TO PROJECTS NOT LISTED IN THE APPEAL

Other Humanitarian Funding to Chad 2012
as of 30 June 2012
<http://fts.unocha.org>

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

Donor	Funding (\$)	% of Grand Total	Uncommitted pledges (\$)
European Commission	19,482,240	43%	-
United States	14,073,831	31%	-
Japan	3,000,000	7%	-
Sweden	2,129,115	5%	-
Germany	2,041,201	4%	-
Finland	1,726,309	4%	-
Canada	1,003,009	2%	-
Denmark	837,483	2%	-
United Kingdom	817,494	2%	-
Switzerland	597,433	1%	-
Grand Total	45,708,115	100%	-

NOTE: "Funding" means Contributions + Commitments + Carry-over
This table also includes funding to Appeal projects but in surplus to these projects' requirements as stated in the Appeal.

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

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

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.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2012. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

TABLE VIII. REQUIREMENTS AND FUNDING TO DATE PER GENDER MARKER SCORE

Consolidated Appeal for Chad 2012
as of 30 June 2012
<http://fts.unocha.org>

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

Gender marker	Original requirements (\$) A	Revised requirements (\$) B	Funding (\$) C	Unmet requirements (\$) D=B-C	% Covered E=C/B	Uncommitted pledges (\$) F
2b-The principal purpose of the project is to advance gender equality	20,196,621	19,841,621	566,669	19,274,952	3%	-
2a-The project is designed to contribute significantly to gender equality	234,177,987	240,689,037	71,321,123	169,367,914	30%	-
1-The project is designed to contribute in some limited way to gender equality	164,085,514	272,619,896	233,782,073	38,837,823	86%	327,654
0-No signs that gender issues were considered in project design	21,290,332	21,290,332	1,847,145	19,443,187	9%	-
-Not specified	17,616,692	17,616,692	16,297,044	1,319,648	93%	-
Grand Total	457,367,146	572,057,578	323,814,054	248,243,524	57%	327,654

NOTE: "Funding" means Contributions + Commitments + Carry-over

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

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

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.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2012. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

TABLE IX. REQUIREMENTS AND FUNDING TO DATE PER GEOGRAPHICAL AREA

Consolidated Appeal for Chad 2012
as of 30 June 2012
<http://fts.unocha.org>

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

Location	Original requirements (\$) A	Revised requirements (\$) B	Funding (\$) C	Unmet requirements (\$) D=B-C	% Covered E=C/B	Uncommitted pledges (\$) F
All regions	192,161,623	192,501,232	54,713,224	137,788,008	28%	-
Multiple locations	165,041,236	271,492,997	227,292,773	44,200,224	84%	327,654
Bahr El Gazel	4,348,277	4,348,277	2,800,482	1,547,795	64%	-
Bande sahelienne	32,536,408	49,036,408	24,049,967	24,986,441	49%	-
Batha	-	1,798,105	1,236,388	561,717	69%	-
Chari Baguirmi	300,000	300,000	-	300,000	0%	-
Hadjer Lamis	-	2,625,484	2,418,302	207,182	92%	-
Kanem	850,000	850,000	-	850,000	0%	-
Lac	1,806,428	1,806,428	1,310,608	495,820	73%	-
N'Djamena	1,984,041	2,180,388	-	2,180,388	0%	-
Ouadaï	12,601,279	7,349,000	730,359	6,618,641	10%	-
Salamat	2,748,861	2,748,861	914,332	1,834,529	33%	-
Sila	40,150,211	31,426,160	3,340,082	28,086,078	11%	-
Tibesti	1,203,248	1,203,248	-	1,203,248	0%	-
Wadi Fira	1,635,534	2,390,990	-	2,390,990	0%	-
Not specified	-	-	5,007,537	n/a	n/a	-
Grand Total	457,367,146	572,057,578	323,814,054	248,243,524	57%	327,654

NOTE: "Funding" means Contributions + Commitments + Carry-over

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

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

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.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2012. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

ANNEX II: 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 Latin 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> (Chadian National Army)
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
BHS	basic health services
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)
CCO	<i>Comité de Coordination des ONG au Tchad</i> (NGO Coordination Committee in Chad)
CERF	Central Emergency Response Fund
CFSVA	Comprehensive Food Security and Vulnerability Analysis
CLTS	community-led total sanitation
CNA	outpatient therapeutic program
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)
CNT	inpatient therapeutic program
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
CRA	<i>Comité Régional d'Action</i> (Regional Action Committee)
CRF	case fatality rate
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'Éducation Nationale</i> (Regional Education Delegates)
DRR	disaster risk reduction
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
EcoSan	ecological sanitation
EFSA	emergency food security assessment
EPI	expanded programme of immunization
ERC	Early Recovery Cluster
EWS	early warning system
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
FFA	food-for-assets
FFT	food-for-training
FFW	food-for-work
FPT	<i>Futures Portes du Tchad</i> (Doors to Chad's Future)
FSC	Food Security Cluster
FTS	Financial Tracking Service
GAM	global acute malnutrition
GBV	gender-based violence
GFD	general food distributions
GIS	global information systems
GNNT	<i>Garde National et Nomade du Tchad</i> (National and Nomadic Guard 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
HCT	Humanitarian Country Team
HDR	Human Development Report
HIS	health information system
HIV/AIDS	human immuno-deficiency virus/acquired immune deficiency syndrome
IAS	International Aid Services
IASC	Inter-Agency Standing Committee
ICC	inter-cluster coordination
ICRC	International Committee of the Red Cross
IDPs	internally displaced people
IDSR	Integrated Disease Surveillance and Response
IGAs	income-generating activities
IMC	International Medical Corps
IMCI	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

JRS	Jesuit Refugee Service
LEAD TCHAD	(name of a Chadian association)
LRA	Lord's Resistance Army
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
MoAI	Ministry of Agriculture and Irrigation
MoE	Ministry of Education
MoH	Ministry of Health
MPA	Mothers of Pupils Association
MSF	<i>Médecins sans frontières</i> (Doctors Without Borders)
MSP	<i>Ministère de la Santé Publique</i> (Ministry of Public Health)
MT	metric ton
MYR	mid-year review
NFI	non-food item
NGO	non-governmental organization
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)
ONASA	<i>Office National de la Sécurité Alimentaire</i> (National Food Security Office)
ONDR	<i>Office National pour le Développement Rural</i> (National Office for Rural Development)
OXFAM-GB	Oxfam Great Britain
PEP	post-exposure prophylaxis
PGRET	<i>Programme Global de relance de l'Est du Tchad</i> (Government of Chad-led Multi-sector-based Recovery Programme of Eastern Chad)
PHC	primary healthcare
PMTCT	preventing mother-to-child transmission
PoC	protection of civilians
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)
RH	reproductive health
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 Islamique France</i> (Islamic Relief France)
SMART	standardize monitoring assessment of relief transition
SPHERE	Humanitarian Charter and Minimum Standards in Disaster Response

STD	sexually-transmitted disease
STI	sexually transmitted infection
TFC	therapeutic feeding centre
TNC	therapeutic nutrition centre
UASC	unaccompanied or separated children
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
UNOCA	United Nations Office for Central Africa
UNSCR	United Nations Security Council Resolution
URD	<i>Groupe Urgence-Réhabilitation-Développement</i> (Emergency-Rehabilitation-Development Group)
UXO	unexploded ordnance
VAM	vulnerability assessment mapping
VCT	voluntary counselling and testing
WASH	water, sanitation and hygiene
WB	World Bank
WCDO	World Concern Development Organization
WFP	World Food Programme
WHO	World Health Organization
WV	World Vision

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