



A tree provides shelter for a meeting with a community of returnees in Borota, Ouaddai Region. Pierre Péron / OCHA

CHAD

Consolidated Appeal

2013 +



United Nations



Participants in 2013+ Consolidated Appeal

A AFFAIDS, ACTED, Action Contre la Faim, Avocats sans Frontières, **C** CARE International, Catholic Relief Services, COOPI, NGO Coordination Committee in Chad, CSSI **E** ESMS, **F** Food and Agriculture Organization of the United Nations, **I** International Medical Corps UK, Intermon Oxfam, International Organization for Migration, INTERSOS, International Aid Services, **J** Jesuit Relief Services, JEDM, Joint United Nations Programme on HIV/AIDS, **M** MERLIN, **O** Oxfam Great Britain, Organisation Humanitaire et Développement **P** Première Urgence – Aide Médicale Internationale, **S** Solidarités International, **U** United Nations High Commissioner for Refugees, United Nations Development Programme, UNAD, United Nations Office for the Coordination of Humanitarian Affairs, United Nations Population Fund, United Nations Children’s Fund, **W** World Food Programme, World Health Organization.

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>.

TABLE OF CONTENTS

- 1. SUMMARY 1
 - Humanitarian Dashboard 3
 - Table I: 2013 Requirements per cluster 5
 - Table II: 2013 Requirements per priority level 5
 - Table III: 2013 Requirements per organization 6
- 2. 2012 IN REVIEW 7
 - Achievement of 2012 strategic objectives and lessons learned 7
 - Review of humanitarian funding 11
- 3. NEEDS ANALYSIS 12
 - Drivers of the emergency 12
 - Scope of the crisis and number of people in need 14
 - Status of the people in need 20
 - Priority humanitarian needs 21
- 4. THE 2013-2015 COMMON HUMANITARIAN ACTION PLAN 22
 - Planning scenario 22
 - Humanitarian access 26
 - The humanitarian strategy and strategic objectives 27
 - Explanation of strategy 27
 - Strategic objectives and indicators for 2013 28
 - Criteria for selection and prioritization of projects 30
 - Cluster response plans 31
 - Coordination 31
 - Early Recovery 37
 - Education 42
 - Food Security 47
 - Health 56
 - Logistics 61
 - Multi-Sector for Refugees 63
 - Nutrition 71
 - Protection 75
 - Water, Sanitation and Hygiene 83
 - Roles, responsibilities and linkages 89
 - Cross-cutting issue 90
- ANNEX I: LIST OF PROJECTS 91
 - Table IV: List of Appeal Projects (grouped by cluster) 91
 - Table V: Requirements per location 95
 - Table VI: Requirements per gender marker score 95
- ANNEX II: NEEDS ASSESSMENT REFERENCE LIST 96
- ANNEX III: DONOR RESPONSE TO THE 2012 APPEAL 100
- ANNEX IV: ACRONYMS AND ABBREVIATIONS 106

REFERENCE MAP

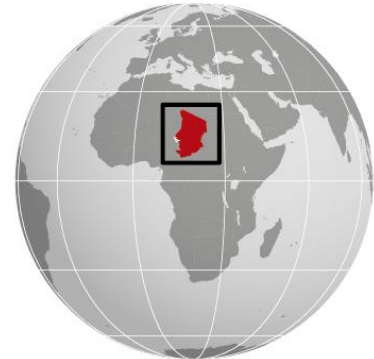
CHAD - Reference Map



- ⊛ National capital
- ⊙ Regional capital
- Populated place
- International boundary
- - - Regional boundary
- - - Indeterminate boundary¹

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

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



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



1. SUMMARY

Despite recent political upheavals in Libya and neighbouring countries across the Sahel, Chad is on a steady path to sustainable recovery and stabilization.

Favourable rain patterns in the Sahel in 2012 are expected to yield better agricultural production in 2013. However, given the severe food-insecurity trends of 2012, the 1.8 million people who were food-insecure will now need assistance to recover sustainably and protect their livelihoods.¹ The situation will require close monitoring, and a targeted response is needed for the food-security and nutritional needs of vulnerable communities.

Chad avoided a cholera epidemic in 2012 (whereas in 2011, about 17,000 cases were reported, including 455 deaths). However, given the recurring nature of such epidemics, prevention and preparedness are priorities. In 2012, there was a resurgence of other diseases, including poliomyelitis and measles, and a spike in malaria and other water-related diseases linked with a severe rainy season.

Floods affected more than 560,000 people in 2012, of whom thousands were displaced. This will likely have a lasting impact on short- and medium-term livelihoods in affected areas in 2013. A combination of actions is needed to increase communities' capacity to manage the negative impact of future floods and avoid damage to residential areas and crops near riverbeds. This will involve collaboration among national authorities, the humanitarian community and the private sector.

Following the Libya crisis, more than 90,000 Chadian migrant workers returned to areas of origin or settled in transit zones, mostly in Faya Largeau and around Bourkou, Ennedi, Tibesti and the Sahel belt. These areas are already at high risk of food insecurity. There are still 288,457 Sudanese refugees in eastern Chad and 58,197 Central African refugees in the south, plus 537 urban refugees in N'Djamena. An estimated 91,000 former IDPs have returned to their areas of origin, but 90,000 are still displaced. The lack of basic social services and the absence of rule of law in return areas need to be addressed using a multi-sectoral approach that includes capacity-

2013 Chad CAP: Key parameters

Planning horizon	Three years: January 2013 – December 2015
Budgeting horizon	One year: January 2013– December 2013
Key milestones in 2013	<p>Higher global food prices in 2013</p> <p>Potential impact of the Malian crisis across the Sahel</p> <p>The humanitarian impact of floods during the rainy season in 2013</p> <p>Security of operations by DIS, ANT, GNNT, national Police and Chad-Sudan mixed Force</p> <p>Reintegration of Chadian migrants who returned from Libya and Nigeria or who have been expelled from Libya</p> <p>Recurrent epidemics with the rainy season in 2013</p>
Target beneficiaries	<p>Refugees: 347,191.</p> <p>Chadian returnees from Libya: 90,000.</p> <p>Returnees from Nigeria: 1,113.</p> <p>IDPs: 90,000.</p> <p>Returnees – former IDPs: 91,000.</p> <p>Food-insecurity-affected people in need of livelihoods and recovery support: 1.8 million.</p> <p>People affected by outbreaks: 2,007,000.</p> <p>Total beneficiaries: 3,834,554</p>
Total funding requested	US\$500.5 million
Funding requested per beneficiary	\$132

¹ WFP/FAO assessment from June 2012.

building of local authorities and establishing conflict-resolution mechanisms to avoid intra-community disputes. The Early Recovery Cluster is a key forum for supporting such holistic strategies.

Many of Chad's recurrent humanitarian crises have structural causes, such as chronic poverty and institutional weaknesses. To ensure that aid budgets are more cost-effective and save more lives over the long term, they need to shift towards a more integrated model that combines preparedness activities, disaster risk reduction, resilience-building and timely, targeted humanitarian response.

The cycle of recurrent crises is exacerbated by the arrival of returnees from neighbouring countries fleeing violence. As a result, the livelihoods of communities in disaster-affected areas are further strained. This situation is worsened by the deterioration of their purchasing power and the degradation of the environment caused by climate change, deforestation, erosion, desertification, over-exploitation of groundwater and pressure on scarce natural resources.

In 2013, the humanitarian community's strategic objectives will continue to address the immediate life-saving needs of refugees, IDPs, returnees, expelled migrants, host communities, and people affected by sudden- and slow-onset natural disasters. Special focus will be given to strengthening the resilience of disaster-affected communities to handle cyclical shocks. In this context, the interaction between emergency assistance, recovery and development is a continuum in which medium- and long-term development initiatives co-exist with principled short-term emergency response, where life-saving interventions are needed as well as preparedness activities.

The Consolidated Appeal is supported by a three-year humanitarian strategy (2013-2015) that aims to improve the resilience of people exposed to recurrent disasters, and to help the Government respond to emergencies, in synergy with national development strategic plans and the upcoming UNDAF. In 2013, the humanitarian community will step up efforts on contingency planning and stocking, early warning systems, conflict prevention and risk analysis to enable the authorities and humanitarian actors to respond faster and more effectively, and ensuring conflict sensitivity during crises.

As of November, the 2012 Chad Consolidated Appeal has received 67% of required funding. Some sectors remain largely underfunded, including Protection (5%), Education (15%), Health (24%) and WASH (36%). Balanced funding among sectors is vital to ensure complementarity and a comprehensive response.

To achieve the strategic objectives outlined above, nine United Nations agencies, IOM and 23 NGOs, in consultation with the Government and local actors, are appealing for US\$500,512,658 to cover the projects in 2013.²

² 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.

Humanitarian Dashboard

Crisis Description

Drivers of crisis:

1. Natural disasters such as floods and droughts
2. Return of migrants fleeing violence in neighbouring countries
3. Refugees from Sudan and Central African Republic
4. Internal displacement
5. Epidemics

Needs Profile:

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

Baseline

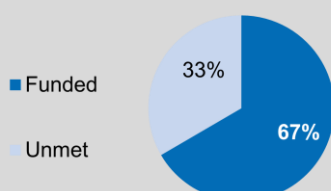
Population (RGPH '09)	11.2 million
GDP per capita (UNDP HDR '11)	\$1,330
Adult (aged 15 and above) literacy rate, both sexes (UNDP)	33.6%
Life expectancy (UNDP HDR 2011)	49.6 yrs
Under-five mortality (source UNDP)	209/1,000
Under-five global acute malnutrition rate in the Sahel region of Chad (UNICEF Jun 12)	18.1%
Percentage of population below income poverty line PPP \$1.25/per/day (UNDP HDR '09)	61.9%
Human Development Index (UNDP HDR '11)	0.328

Funding

2013 REQUIREMENTS

\$500.5 million

2012 REQUIREMENTS: \$572 million



Strategic Objectives

1. (Objective 1)
Mortality and morbidity of the targeted populations are reduced.
2. (Objective 2)
Refugees, IDPs, returnees, repatriated migrants, host communities and other vulnerable people receive protection and assistance in accordance to their needs.
3. (Objective 3)
Timely assistance and protection is provided to victims of natural disasters and epidemics.
4. (Objective 4)
Livelihoods and human resilience of most vulnerable people are increased.

People in need

OVERALL CASELOAD

4.4 million Affected people	3.8 million # targeted by hum. partners	86% of affected people targeted
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DISPLACEMENT

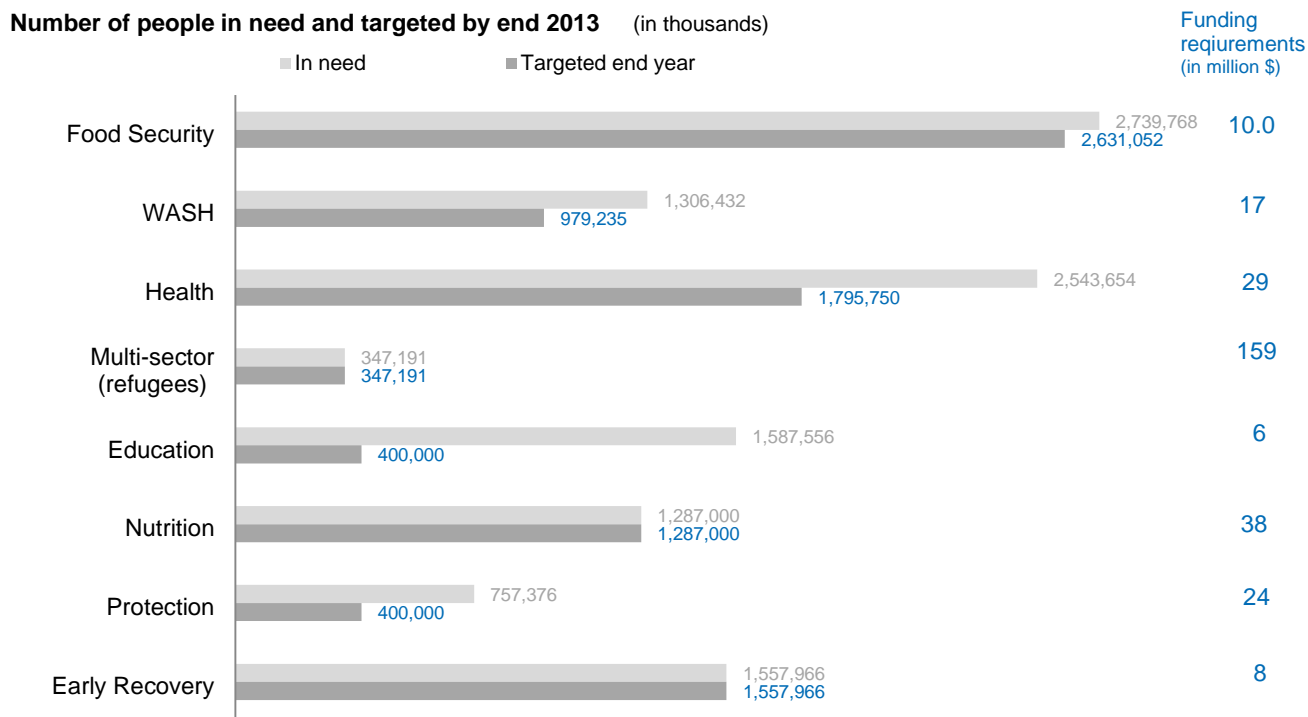
90,000 Internally displaced people	288,457 Refugees from Sudan	90,000 Returnees from Libya
91,000 Returnees – former IDPs	58,179 Refugees from Central African Republic	1,113 Returnees from Nigeria

Source: UNHCR and IOM

FOOD SECURITY, MALNUTRITION and HEALTH

1.8 million Food-insecure people in need of livelihoods and recovery support	127,300 SAM cases (severe acute malnutrition)	2,007,000 People affected by outbreaks
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2013 Planning Figures



Results achieved in 2012

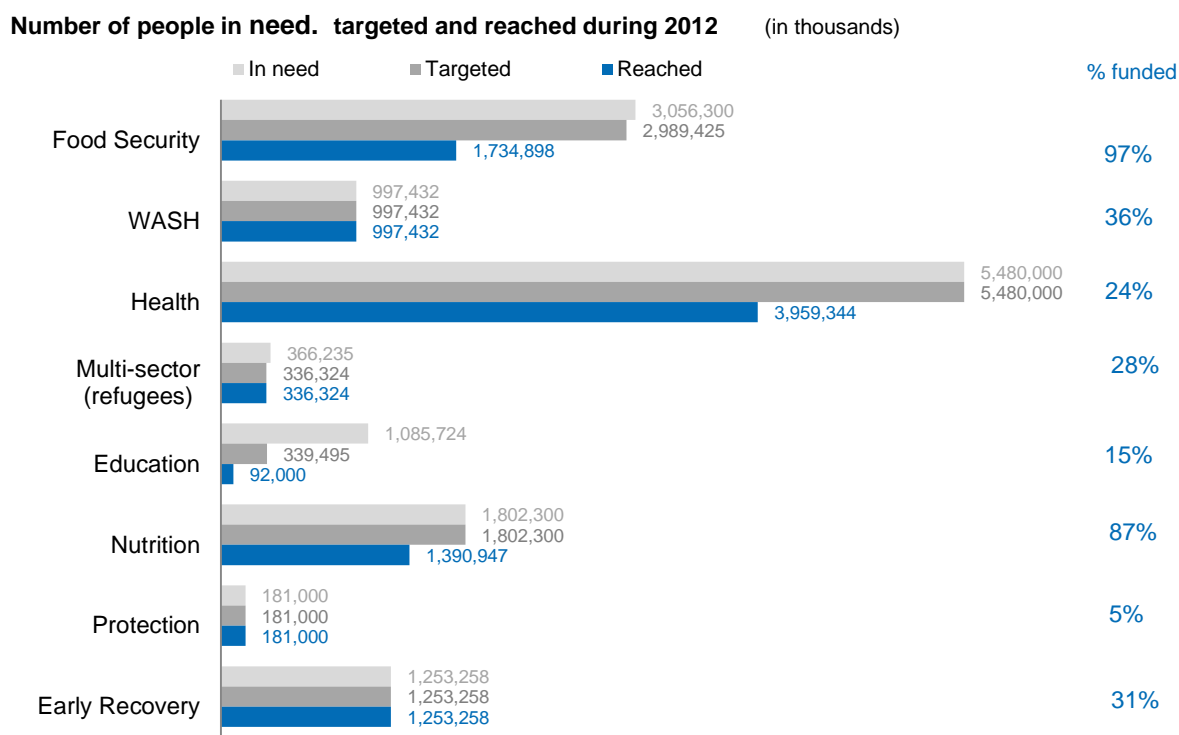


Table I: 2013 Requirements per cluster

Consolidated Appeal for Chad 2013
as of 15 November 2012

Cluster	Requirements (\$)
COORDINATION AND SUPPORT SERVICES	5,048,038
EARLY RECOVERY	7,710,610
EDUCATION	6,216,140
FOOD SECURITY	193,662,932
HEALTH	28,681,269
LOGISTICS	21,201,116
MULTI-SECTOR ACTIVITIES FOR REFUGEES	158,893,426
NUTRITION	37,927,946
PROTECTION	24,506,509
WATER AND SANITATION	16,664,672
Grand Total	500,512,658

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

Table II: 2013 Requirements per priority level

Consolidated Appeal for Chad 2013
as of 15 November 2012

Priority	Requirements (\$)
A. VERY HIGH	481,481,618
B. HIGH	17,715,140
C. MEDIUM	1,315,900
Grand Total	500,512,658

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

Table III: 2013 Requirements per organization

Consolidated Appeal for Chad 2013
as of 15 November 2012

Appealing Organization	Requirements (\$)
ACF - France	6,766,000
ACTED	4,033,344
AFFAIDS	673,000
ASF	1,000,000
CARE International	1,775,724
CCO	200,000
COOPI	2,398,000
CRS	878,837
CSSI	625,000
ESMS	263,097
FAO	16,393,539
IAS	1,013,250
IMC UK	3,441,240
Intermon Oxfam	1,689,460
INTERSOS	1,029,340
IOM	3,821,340
JEDM	330,000
JRS	153,539
MERLIN	3,055,446
OCHA	4,848,038
OHD	1,030,000
OXFAM GB	2,530,000
PU-AMI	3,601,000
Solidarités	1,867,600
UNAD	315,900
UNAIDS	925,000
UNDP	6,174,060
UNFPA	1,189,839
UNHCR	171,720,110
UNICEF	60,295,591
WFP	187,249,204
WHO	9,226,160
Grand Total	500,512,658

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

2. 2012 IN REVIEW

Achievement of 2012 strategic objectives and lessons learned

Strategic objective #1

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

Indicators	Targets	Achieved as of October 2012
Number of IDPs assisted in areas of origin	181,000 people (100%)	80%
Number of IDPs assisted for integration in displacement areas	181,000 people (100%)	100%
Number of refugees engaged in self-reliance activities	100%	65%
Number of victims of epidemics cured and affected populations assisted	100%	80%
Number of victims in areas of natural disasters assisted	100%	80%
Number of cases of malnutrition addressed	80%	70%
Number of households supported with food security and livelihoods activities (in line with sustainability strategy)	100%	90%

Progress towards Objective 1 and challenges:

Chad has experienced an outbreak of meningitis in February to May 2012. A total of 12 districts out of 62 were in epidemic. Many interventions responded to a meningitis outbreak such as the purchase of medicines, vaccines and laboratory reagents as well as supporting missions for outbreak investigation and response monitoring. Many partners were involved in mass vaccination campaigns against meningitis (WHO, UNICEF and MSF sections). A total of 1,513,838 aged 2-29 years were vaccinated with the MenAfriVac vaccine out of a targeted population of 1,576,050 (coverage rate of 94.4%).

In 2012, no cholera case has been registered to date. However the government conducted preparedness interventions with the support of Health Cluster members. Cholera kits were pre-positioned in 53 high-risk districts for rapid response, and laboratory products have been available in all districts for early detection of the epidemic. With the support and participation of Health Cluster members, the MoH organized an evaluation workshop of the 2011 cholera epidemic in May. The objective was to learn about management of 2011 cholera epidemic and take measure to improve interventions response against cholera in the future.

The floods in early September 2012 disrupted health services in affected areas where already-poor hygiene and sanitation worsened and led to an increase in the incidence of acute watery diarrhea (AWD) and malaria cases. Health Cluster members provided early life-saving response,

including setting up temporary health facilities in displaced population camps, providing medical supplies to health facilities, NFI and consumables to ensure adequate case management of prevailing diseases and outbreaks for life-saving in the flood-affected population.

In the context of supporting sustainable solutions for refugees, continued efforts were made in order to integrate UNHCR refugee programmes into the respective national systems. In that regard, nationals living around the refugee camps were granted access to the refugee health services whilst at the same time refugee health services were progressively integrated into the national health system. The expected end-result will be for UNHCR to contribute with the refugee programme to the national health system. In return, refugees will have access to all available health services, be it from the Health Ministry or bilateral contributions.

In the east, appropriate steps were taken in order to ensure effective registration of pending Sudanese refugees. In the south, the continuous profiling exercise will be applied throughout 2012. All new arrivals were given a chance to be registered prior to their transfer into existing camps.

Strategic objective #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.

Indicators	Targets	Achieved of October 2012
Safe movements of humanitarian actors in security assessed areas	99% of planned field missions achieved	The BSMs in eastern Chad continue to coordinate the security mechanisms involved in ensuring greater humanitarian access. 90% of the planned field missions were completed. However, due to the lack of resources of the DIS, humanitarian movements have been affected in the east. Access to extreme border areas such as the B.E.T and the southern city of Tissy remain difficult or non-existent for most humanitarian actors either because of security impediments or logistics constraints.
Uninterrupted humanitarian aid to beneficiaries	99% of programmes not interrupted	Humanitarian aid delivery has not been interrupted in 2012. Thus, it is estimated that 99% of programmes were executed, even though the lack of capacity of some governmental security forces remains a matter of concern.

Progress towards Objective 2 and challenges:

Since the departure of MINURCAT, the Chadian government has assumed its responsibility to ensure the safe movement of civilians, including humanitarian workers. The deployment of several joint forces such as the Chad-Sudan force and trans-border collaboration between the military of neighbouring countries in the Lake Chad region has effectively contributed to the opening of the humanitarian space in the past two years. Additionally, the WFP/United Nations Humanitarian Air Service (UNHAS) operation continues to provide a safe, reliable and cost-

efficient service to the humanitarian community. This service has been requested by over 100 humanitarian agencies and the donor community currently operating in Chad.

However the lack of capacity of the *Détachement Intégré de Sécurité* (Integrated Security Unit – DIS) in some regions occasionally complicates humanitarian movements by land. The capacity and effectiveness of BSMs varies sharply from region to region. Thus, constant capacity-building of security structures supporting humanitarian action and advocacy for the respect of humanitarian principles remains paramount in order to consolidate the humanitarian space gains from the past years.

Strategic objective #3

Strengthen the capacities of and improve 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.

Indicators	Targets	Achieved of October 2012
Disaster risk reduction strategy implemented	Countrywide	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>Comités Régionales d'Action</i> (CRAs) were assured by OCHA
Number of crises addressed by local crisis committees	Epidemics, floods, etc.	The CRAs have been involved with the response to the floods

Progress towards Objective 3 and challenges:

Capacity-building of local crisis committees, who will be the first respondents in case of disasters, is critical to ensure rapid response, proper coordination and the orderly collection of disaggregated information from the first day a crisis hits. In 2012, OCHA strengthened the capacity and trained eight CRAs in information management, contingency planning, emergency response and humanitarian strategic planning.

In many parts of the south such as Tandjilé and Moyen Chari during the recent floods, the CRAs were the main crisis committees in the area, meeting constantly and gathering information that helped inform action plans and monitoring reports written by the humanitarian community. Additionally, CRAs played an essential role in recent joint needs assessment missions. In order to consolidate these gains, it is important to ensure that the CRAs continue to have basic capacity and infrastructure support. Follow-up missions and additional trainings are necessary.

Engaging donors in crisis prevention remains a challenge. Due to the low level of funding in the Early Recovery Cluster in 2012 and the uneven integration of the early recovery concept in projects implemented by other actors of the humanitarian and development community, there remains a major gap in disaster risk reduction and medium- to long-term prevention activities. Aid projects to support sustainable solutions for IDPs and migrants 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 be relocated. Access to basic social services (water, sanitation, hygiene, education, health,

etc.) remains globally low for people affected by crises in Chad and contributes to their increased vulnerability when crisis hits.

Strategic objective #4

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

Indicators	Targets	Achieved of October 2012
Engagement of new funding streams/donors	Shift in focus of key players	<p>Early Recovery Cluster funded at 31%, higher than the previous year.</p> <p>Increased advocacy for projects that include resilience.</p> <p>Number of integrated programmes by humanitarian actors increased: arrival of new multi-mandate NGOs in Chad.</p>

Progress towards Objective 4 and challenges:

The recent momentum that the resilience approach is gaining in the Sahel, especially in Chad, is a great achievement of a concerted movement from donors and the humanitarian community, under the leadership of the Humanitarian Coordinator for Chad and the Regional Humanitarian Coordinator for the Sahel.

The Early Recovery Cluster plays an important role in the implementation of durable solutions for Chad's recurrent humanitarian crisis, building bridges between short-term emergency activities and longer-term disaster risk reduction activities. In 2012, even if underfunded, 31% of the requirements in the Early Recovery Cluster have been met, much higher than the previous year.

In 2012, many new multi-mandate NGOs who work with the interface between development and humanitarian programmes were established in Chad. NGOs have developed innovative integrated projects with a longer strategic horizon, in line with national development priorities, but challenges to engage donors remain. In order to develop an effective disaster risk reduction strategy for Chad, the humanitarian community and development actors in partnership with national authorities will need to identify additional sources of funding to help to support prevention and preparedness initiatives through the Early Recovery Cluster.

Review of humanitarian funding

As of 15 November 2012, of the \$571.9 million requested by the appeal, \$380.9 million has been received or committed. The appeal is financed at 67%, compared with 59% at the end of last year. Direct donor funding (\$345.7 million) accounts for 90.7% of the funds secured, while the remaining 9.3% (\$35 million) comprises CERF contributions, allocation of unearmarked funds by the United Nations and carry-over.

This continues the trend in the funding pattern. 2011 funding was at 59% and 2010 funding at 60%, indicating that donors continue to be strongly committed to the humanitarian situation in Chad, possibly due to the impact of the Sahel crisis and successful advocacy initiatives by HCT members.

Some sectors have been relatively well funded, such as food assistance (100%) and nutrition (87%), while others have received little funding, such as protection (5%), multi-sector assistance to refugees (28%), education (15%) and health (24%). The Early Recovery Cluster, a key sector to support a smooth transition from emergency to long-term development, has received \$1.4 million (31%).

Donors directed some \$45 million dollars in humanitarian funding to actions not coordinated in the CAP (plus \$12 million in ECHO funds not yet committed to specific organizations). Although this is not out of line in proportion to CAP funding, it does indicate incomplete inclusion of some mainstream humanitarian implementers in the cluster planning system.

Original requirements:	Revised requirements:	Funding received:		Unmet requirements:
\$457,367,146	\$571,946,997	\$380,900,836	67% Funded	\$191,046,161

Source: Donors and recipient organizations, as reported to the Financial Tracking Service (FTS) as of 15 November 2012

This funding pattern calls for an urgent re-evaluation in terms of donor funding decisions, as people need a holistic approach to covering their basic humanitarian needs and their longer-term resilience to face future shocks.

To address the most urgent funding inequalities, CERF allocated \$7.9 million from the under-funded window and \$9.1 million from the rapid response window in 2012. CERF allocations helped to facilitate a rapid response to the food security crisis in the Sahel and the unprecedented floods in the south. The underfunded window supported projects in the Nutrition, Health, Agriculture, Protection, WASH and Education Sectors.

3. NEEDS ANALYSIS

Drivers of the emergency

Food Insecurity and Malnutrition crisis

The 2011 drought affected food and livestock production and the livelihoods of the most vulnerable households. Therefore, in 2012 the Food Security Cluster implemented its humanitarian response, mostly in the Sahel belt. The main activities were food assistance to the most affected people through food distributions, malnutrition prevention through blanket feeding for children under age 2, and support to rain-fed cereal production and livestock to prevent livelihood losses.

However, needs are extensive in the Sahel belt, as natural disasters are recurrent and more-frequent droughts weaken livelihoods. Food needs covered by households' production are often partial even during "good years", reinforcing vulnerable households' dependence on markets in a context of low employment opportunities and unsustainable income-generating activities. The global acute malnutrition (GAM) rate is high (18.1% on average for the Sahel belt), and in June 2012 food insecurity was up to 47% in some regions of the Sahel belt. With good 2012 rainfall, harvest prospects are good compared with 2011, but this is without considering the effects of floods. However, the significant debts accumulated by households during the lean season in 2012 mean that poorer households will sell most of their production just after harvest. In eastern Chad, returnees resettling in their areas of origin or moving to new locations need help to restart their agricultural and pastoral activities. Support to recover, secure and protect sustainable livelihoods is crucial to reinforce vulnerable households' resilience to face these recurring crises. During the next lean season, targeted food assistance is essential for most vulnerable households, and blanket feeding should be implemented to prevent a deterioration of acute malnutrition, which is extremely high in the Sahel. The Food Security Cluster must also continue promoting emergency preparedness and disaster risk reduction.

In some Sahel regions (Salamat, Sila, Batha) and in southern Chad (especially Tandjilé, Mayo Kebbi Ouest, Mayo Kebbi Est, Moyen Chari), early and abundant rains in 2012 caused major flooding. According to the MoA, nearly 25% of cultivated areas were destroyed in various regions. Some of these areas were affected by the last drought, furthering production losses. Although community resilience to shocks is higher in this region than in the Sahel belt, support to vulnerable households that have lost their crops is vital in the next agricultural campaign to avoid further livelihoods losses.

Chad still shelters 346,890 refugees from Sudan and CAR, and this situation is expected to continue in 2013. As most refugees in camps are highly dependent on food assistance, this type of support is crucial in 2013.

Timely, available information to anticipate shocks and their impacts, and to design a rapid and relevant response, is imperative. The country's food-security information system is not yet fully operational, and there are isolated and decentralized systems that are not well coordinated and are not harmonized. Therefore, this system must be supported in 2013 by creating a synergy between the systems and harmonizing tools, as the food-security information system will be revived in 2013. Capacity-building of national institutions and partners in data collection/analysis

and coordination mechanisms is also fundamental. Humanitarian actors and national state institutions will monitor food security and produce the most-needed relevant data. Lessons learned and harmonized tools will fine-tune the national system when it is fully operational. To enhance food-security coordination, particularly its analysis capacity, coordination must be reinforced at the national and regional level.

In the Sahel belt, despite the high number of malnourished children in the project areas, the coverage of nutrition interventions is still low in some regions. Currently, 367 of 476 health centres in the Chad belt integrate nutrition activities.

IDPs and returnees (Eastern Chad)

Between 2005 and 2007, up to 181,000 people were internally displaced in eastern Ouaddaï and Sila regions due to inter-community conflict and a spill-over of the Darfur conflict. Since then, a large number of IDPs have returned home and opted for re-localization or local integration.

Chad is a signatory to the Kampala Convention, but no national legislation has been adopted to implement the convention's commitments. To protect IDPs' rights in Chad, initiatives are needed for the Government to adopt a national law in 2013.

Returnees and host populations remain exposed to many types of health-related diseases. In contrast to IDP sites, return villages and host communities are characterized by an extreme lack of basic social services and water and sanitation infrastructure. This does not facilitate the smooth reintegration of IDPs in their villages of origin. Families' lack of understanding of good hygiene practices is a major challenge for the WASH Sector in Chad. For example, open defecation and water consumption from dubious sources are recurring problems. In addition, the WASH Sector strategy is in line with the dynamics of PGRET (Global Programme for Recovery in eastern Chad). Through a new, integrated multi-sectoral approach to resilience, the WASH Sector in Chad could anticipate risks and strengthen local capacity for response.

Returnees from neighbouring countries

Due to the Libya crisis, Chadian migrants living in Libya returned by land and air to their communities to avoid violence and persecution. In 2012, about 1,000 Chadians previously detained in Libya were expelled and transported by Libyan authorities to the Chad border. The activities of criminal groups in Nigeria have also led to the return of Chadian migrants. A caseload of 1,113 Chadian returnees from Nigeria, mostly children accompanied by their religious tutors, was registered in the second quarter of 2012 in the Lake Chad area.

Refugees

In 2003 and 2004, there was a mass influx of refugees from Sudan (Darfur) and CAR. This saw the start of the refugee crisis in Chad. It led to additional pressure on already scarce natural resources in eastern Chad, often causing tension among refugees, IDPs and host communities. If durable solutions cannot be implemented, these vulnerable people will remain in need of UNHCR's protection and humanitarian assistance.

Floods

Chad faces annual weather shocks, and the population is regularly hit by heavy rain and floods or by drought, generating food insecurity and nutritional crises. Due to the geographical profile of the south, and the fact that people build their houses (often with weak materials) close to

riverbeds, areas such as Tandjilé, Mayo Kebbi and Moyen Chari can be affected by overflowing rivers and consequent floods.

In 2012, floods ravaged many parts of Chad (east, south, south-west and centre) and caused extensive material damage and loss of life. This marginal situation is a threat for public health and significantly increases people's vulnerability. Following the floods, the risk of faecal-oral diarrhoeal diseases, especially cholera, is high in the affected areas.

The 2012 floods damaged health-centre infrastructure and disrupted health services in affected regions. Damaged roads and swollen rivers made it difficult to access affected areas and limited the continuity of ongoing health programmes. The floods accentuated the poor hygiene and sanitation in affected regions, which increased the incidence of AWD and malaria cases.

Scope of the crisis and number of people in need

Food Insecurity

In December 2011, WFP, FAO, and the Government conducted a national post-harvest food-security assessment of rural households. It indicated that 3.6 million people were food-insecure and an estimated 1.2 million people in the Sahel belt required food assistance due to the 2011/2012 food-production deficit. A follow-up rapid food-security assessment was organized by WFP and partners in June 2012 to reassess the situation in the Sahel belt during the lean season. The results showed that 24% of households were severely food-insecure, 23% moderately food-insecure and 53% food secure. In June 2012, 1,829,000 people were food-insecure in the Sahel belt, about 1.2 million of whom required food assistance and/or livelihoods support. These people required assistance in recovering, protecting and securing their livelihoods to build their resilience. The most vulnerable households will require temporary food assistance during the lean season.

Regarding flooded areas, an assessment mission led by the Ministry of Agriculture and Irrigation, FAO and WFP is estimating the floods' impact on harvests and identifying assistance needs. However, many households lost their cereal crops, as their cultivated fields were flooded before harvests. In early September 2012, the MoA estimated that up to 256,000 hectares of land had been flooded. The Government estimates that the floods affected more than 560,000 people. The total number of people in need across the country is yet to be determined.

The Food Security Cluster will focus on covering immediate needs and strengthening vulnerable households' livelihoods and resilience in three major areas:

- The Sahel belt, which includes areas affected by the 2012 drought as well as return-and-reinstallation areas in eastern Chad.
- Flooded areas in southern and eastern Chad and the Sahel belt.
- Refugee camps.

Malnutrition

Food insecurity has an immediate impact on the nutritional status of vulnerable groups, i.e. children under age 5 and pregnant and lactating women. The severe acute malnutrition (SAM)

caseload was higher in Chad than in Nigeria and Burkina Faso in 2012, and the country's Sahel belt is the most-affected area.

The latest SMART nutrition survey was conducted in Chad between April and August 2012. It showed that in nine regions of the Sahel belt (out of eleven), the GAM rate was above the emergency threshold of 15%. In two other regions of the Sahel, GAM rates were between 12 and 15%. In 2012, an estimated 127,300 children under age 5 are at risk of SAM, and 300,000 children under age 5 are at risk of MAM in the Sahel belt of Chad.

High mortality rates and recurrent epidemics (mainly cholera and measles) are aggravating factors of people's health and nutrition status, especially for children under age 5 and pregnant and lactating women. The mortality rates observed in therapeutic nutrition centres are mainly due to the impact of transmissible diseases and children's inability to fight those diseases due to their weak nutritional status. The mortality rates are also linked to low access to health facilities that have enough skilled health workers, equipment and supplies to manage severe malnutrition cases.

Chronic malnutrition is a serious public health problem throughout Chad's Sahel region, with a weighted prevalence of 32.9%. The prevalence of GAM is 18.1% for the whole of Chad's Sahel region. According to standard WHO classification, the nutritional situation in Chad's Sahel region is "critical". This prevalence has increased since August 2011 (when it was 14.5%, according to the 2012 SMART survey).

In total, 385 feeding centres were already created and require coverage of nutritional care, health and WASH. If the malnutrition situation continues to deteriorate, there could be more than 500 feeding centres by the end of 2012.

The SAM caseload in Chad's Sahel belt in 2013 is estimated at 125,959, while the moderate acute malnutrition (MAM) caseload for children under age 5 is estimated at 431,490. This means that MAM cases will increase in 2013 compared with 2012 in the 11 Sahel belt regions. The estimated caseload of pregnant and lactating women is estimated at 99,100 in 2013.

In the southern areas, separate evaluations and surveys were conducted in the past years (MICS 2010). The results indicated the existence of acute and chronic malnutrition, but less than in the country's Sahel belt. However, there is no recent data to show the current scope of malnutrition in the southern region. The available data shows an alarming level of malnutrition in some areas of Logone Occidental region, Chari-Baguirmi, Mandoul and Tandjilé. The regions with emergency rates of acute malnutrition (>15%) will be prioritized for further assessments and interventions.

The estimated SAM caseload in the southern regions in 2013 is 129,837 and 212,242 for MAM for children under age 5. The caseload for pregnant and lactating women is estimated at 50,500. In southern Chad, communities are in a better food security situation compared with the rest of the country. However, the region is prone to natural disasters, such as floods. Interventions should focus on managing malnutrition in all health facilities and promoting best practices for behavioural change in nutrition, particularly for infant and young children feeding.

Refugees

A total of 347,191 refugees are living in camps (288,457 Sudanese refugees are in 12 refugee camps in eastern Chad, and 58,197 Central African refugees are in six refugee camps and other sites in southern Chad). The total number of refugees, including those living outside the camps,

is 303,314 in eastern Chad and 65,697 in southern Chad. Refugees are exposed to health risks related to the lack of basic services; poor hygiene, sanitation and access to water; and the risk of natural disasters and epidemics, such as cholera. Therefore, refugees need a multi-sectoral response that integrates WASH, health, education, shelter and protection activities. Their food- and-nutritional needs will still require direct assistance from humanitarian actors. Security-related issues in and around refugee camps are concerning due to the limited funds available to support the DIS. Ensuring continued humanitarian access and adequate support to DIS is a priority to continue offering support to refugees in Chad.

Floods

Chad is hit by heavy rains and droughts annually. This generates food insecurity and nutritional crises in drought-affected areas and severe floods in the east, south and N'Djamena. In 2012, floods ravaged many parts of Chad (east, south, south-west and centre) and caused extensive material damage, human casualties, displacement and loss of crops. Ten humanitarian organizations carried out a Multi-cluster Initial Rapid Assessment (MIRA) in September. It highlighted that affected men, women and children continuously live in precarious conditions in terms of access to basic social services in affected areas. Marginal situation represents a real threat for public health and significantly increases people's vulnerability.

Chad has not yet reported cases of cholera in 2012. However, for 2013, the WASH Cluster will strengthen monitoring efforts in the prevention and response strategy to potential national and regional outbreaks of cholera, particularly for the 37 endemic health districts. The prevention strategy will also include epidemic surveillance across borders and community-based activities. Sectoral and inter-sectoral coordination between WASH and Health will be strengthened.

Protection for IDPs and returnees (eastern Chad)

Some 90,000 IDPs still need local reintegration assistance. Many also need repatriation and relocation assistance to their communities of origin or alternative settlement area. Protection monitoring will need to continue in return areas, relocation sites and local integration sites to ensure that IDPs and returnees can access legal documentation, such as civil registration documents and land deeds, and to ensure their protection in return areas from threats such as SGBV.

Protection problems such as a poor justice system remain, especially in eastern Chad, which continues to expose defendants to long pre-trial custody periods. This is due to long delays in resolving cases, as there are not enough qualified magistrates and judges.

Displaced people and returnees lost many of their belongings when recently constructed houses were damaged by severe weather. Efforts will be made to help these vulnerable people to rebuild and reinforce their houses and provide them with housing kits.

Some 5,000 of the most vulnerable IDPs in eastern Chad will receive direct support to establish livelihood-generating opportunities. To ensure a holistic approach, IDPs, returnees and the most vulnerable host community members can qualify for assistance equally. Simultaneously, 8,000 beneficiaries in 1,500 households will receive voluntary return assistance and an economic start-up kit.

Access to water and sanitation remains a concern in almost all IDP sites in eastern Chad. Therefore, the provision of basic social services remains a major priority for the WASH and Health Sectors. The prevalence of waterborne diseases related to the lack of hygiene and

sanitation services is widespread; children and women are particularly affected. The WASH Cluster will continue to promote hygiene and sanitation for IDPs.

Protection for returnees from neighbouring countries

Due to the crisis in Libya and the recent high-profile attacks in Nigeria, some 90,000 Chadian nationals have returned from Libya and Nigeria. These returnees have required direct psycho-social care, counselling and accompaniment in Batha, Ouaddai, Wadi Fira and Sila. IOM carried out an assessment in March 2012, with several follow-up evaluations up until September. The results showed that psycho-social care systems are non-existent and medical facilities are inadequately adapted to facilitate psychological first aid and psycho-social accompaniment.

Chadian migrants to Libya detained in Libyan prisons have been expelled and arrived in Chad in exhausted condition, as they were deprived of essential items such as identification and travel documents. The majority of these people were subjected to degrading treatment, including physical violence. In July 2012, four of the expelled migrants died—the first two during the arduous journey through the desert, and the remaining two in the regional hospital in Faya-Largeau, most likely due to injuries and physical trauma prior to their deportation.

The target group has been exposed to a prolonged period of traumatic experiences of forceful and often directly violent displacement, hindering their social and economic reintegration process. Facilitating counselling processes and establishing systems at the community level to accompany people living with and suffering from traumatic experiences will enable beneficiaries to commence a self-sustained life.

Chadian nationals have sought refuge in neighbouring countries over the past decade, most recently after the turmoil in 2008. It is expected that in 2013, durable solutions will be sought for those Chadians who found refuge in neighbouring countries, such as Cameroon and Gabon, and that these returnees (an estimated 3,000 people) will require assistance returning to Chad and when reintegrating into the Chadian society.

Child Protection

According to the 2009 national census, 6.4 million people in Chad (59% of the population) are under 18 years old. The overwhelming protection threat for Chad relates to the lives of vulnerable children affected by numerous emergencies who are at serious risk of exploitation, abuse, violence and neglect. Beyond the impact of the recent conflict, the child-protection environment is compromised by chronic crises (drought, floods and forced displacement), weak Government capacity, a lack of law and acute poverty.

Many factors expose children to higher risk of abuse and exploitation in the context of emergencies in Chad. These include family separation during displacement, disruption of family safety networks and livelihoods, risk of sexual exploitation and GBV, risk of physical harm and psycho-social distress and denial of access to education and birth registration.

In 2013, family tracing and reunification services and reintegration assistance will be paramount to find durable solutions for the anticipated return and demobilization of children associated with armed groups from CAR, in addition to responding to the ongoing returns from neighbouring countries. An estimated 650 children will need assistance in 2013.

Approximately 60,000 children remain in IDP camps, and 115,000 children are in areas of return in the eastern regions. All of these children need protection against exploitation, abandonment and abuse. Field reports highlight that GBV against women and girls remains one of the most

frequently identified protection concerns. Domestic violence is the most common form of GBV reported, with one in five women having been a victim of physical violence and 12% victims of sexual violence (MICS 2010). In eastern regions, notably Salamat and Sila, the almost universal practice of female genital mutilation (FGM) affects 33% and 27% of girls younger than 14 years old, respectively. In Salamat, more than half (51.4%) of the girl population is married before the age of 15 (MICS 2010). These forms of violence and harmful traditional practices reflect and reinforce gender inequities, limit survivors' decision-making abilities, increase their exposures to risks such as HIV, and compromise their health, dignity, safety and autonomy.

Floods and drought in Chad in 2012 have profoundly affected thousands of children. During such crises, families turn to negative coping mechanisms to survive. Comprehensive data is lacking, but humanitarian actors have noted increases in cases of children being sold or bartered as cheap unskilled labour (e.g. child herders, domestic aids, prostitutes or beggars) and girls being forced into early marriage during the food crisis along the Sahel belt.

Children suffering from malnutrition in the western Sahel regions can be subject to harmful traditional practices, such as the burning of the anus and cutting of the globules if s/he has diarrhoea or eating problems. Despite good intentions, such physical harm increases a child's trauma and can trigger a reduction in malnutrition. Numerous researchers have identified that emotional and physical stimulation combined with a nutrition response is an effective way to increase child survival and the recovery rate from malnutrition. In some cases it can even act as a preventive measure. Psycho-social care and support will remain an integral part of the response to malnourished children and their caretakers, and will build their resilience to nutrition crises.

The Government made commitments to end the recruitment and use of children in armed forces and groups by signing an action plan in June 2011. However, children are still vulnerable to recruitment, and acute poverty makes child inscription attractive. Monitoring efforts need to continue alongside preventative measures, such as training military personnel responsible for recruitment to support authorities working towards removing the Chadian Armed Forces from the UN Secretary-General's "list of shame".

In Chad, only 16% of children under age 5 have a birth certificate. This figure is as low as 9% for rural areas, the lowest index for central Africa, and none of the Sudanese refugee children born in Chad have a birth certificate. Birth certificates can be a critical protection tool for freedom of movement during times of displacement. They grant children access to certain rights (e.g. education, juvenile justice) and increase their protection from child recruitment. There is a need to raise awareness of the importance of having a birth certificate and reinforce existing mechanisms for people in rural areas to have equal access to birth certificates.

The presence of unexploded ordnance (UXO) and UXO-related incidents involving children in 2012 in the north/north-eastern regions have been reported and necessitate risk-awareness activities at the community level. Mines Advisory Group recently finished a survey of the country. The results will be promulgated before the beginning of 2013 and will indicate the size and scope of the UXO-clearance problem.

Chad has ratified several international legal instruments related to women and child rights, but the harmonization of national legislation with the country's international commitments is far from complete and fails to protect. Traditional customary laws and traditional justice systems also often fail to secure the safety and protection of the most vulnerable. Furthermore, there is a lack

of awareness and understanding of child rights at every level. This legal and policy gap leaves children exposed to the most acute vulnerabilities and grave forms of violations.

Gender-Based Violence

Forms of GBV include sexual violence, early and forced marriage, female genital cutting (FGC), exploitation of women and girls, domestic violence, *rapt* (kidnapping a young woman with the intention to rape first and then marry), *sororat* (widower marries the sister of his deceased wife), *levirate* (the man marries his brother's widow) and trafficking. GBV in Chad disproportionately affects girls.

Domestic violence is the most often-reported incident across the local, internally displaced and refugee populations in eastern Chad. The country MICS presents the latest reported figures. According to 2010 data, nearly 20% of women surveyed had experienced physical violence in the last year, and 12% were survivors of sexual violence. All women surveyed had experienced at least one form of psychological violence.

FGM is extremely common and rarely reported. This harmful practice cuts across ethnic and religious lines, and it exists in Christian, Muslim and Animist communities in host, refugee and internally displaced settings. 2010 figures estimate that 44% of Chadian girls have been mutilated, although this figure is disputed. Most of the girls are 6-14 years old, but some adult women are also undergoing the procedure.

For displaced women, perpetrators of FGM are members of the Chadian army, local bandits, armed groups (Chadian and Sudanese) and other displaced men. Local women and girls in host communities are likely the most affected by ongoing insecurity but also the least protected. As in similar contexts, rape remains largely unreported as women fear stigma, reprisal from perpetrators and ostracism from the community. Children born from sexual violence are abandoned because of pressure from family and community.

Early marriage is the norm, influenced by the belief that "a girl should not have her third period in her parents' house". This cuts across all parts of the country, regardless of ethnicity, religion and socioeconomic status. The level of a girl's education appears to be the sole influencing factor. It is believed that early marriage provides security for girls and protects the honour of the girl and her family. Early marriage leads to early pregnancy, increasing the likelihood of maternal mortality or fistula because girls' bodies are not sufficiently matured to give birth.

According to patriarchal traditions, men are the heads of families and exercise authority. As a result, Chadian women have limited civil liberties and highly restricted mobility. In many regions, a woman must be accompanied by a man outside of the house, even to go to the market. A woman must have her husband's permission—and presence—to seek medical care.

Women in Chad have limited ownership or inheritance rights. There are frequent cases of children, particularly girls, being sold by parents or kidnapped and sent to N'Djamena. A 2010 trafficking report and subsequent action plan have not yet been effectively implemented. Also problematic are the issues of girls associated with armed groups, violations of rights of detained women and women forcibly evicted from their homes. All of these areas require in-depth investigation and concrete strategies. These forms of GBV and other violations of women's human rights continue in a climate of impunity, and most cases are unreported. Those that are reported are usually settled by traditional justice mechanisms, in which the perpetrator enjoys impunity and the survivor continues to suffer. Chadian women have a high level of tolerance and acceptance of the violence they endure.

Women in Chad are caught between parallel legal and judicial systems: traditional law and modern law. Despite ratifying various conventions, the Government continues to fail to protect women's human rights. Chad ratified the UN Committee on the Elimination of Discrimination Against Women (CEDAW) in 1995, and the Chadian Constitution protects women and girls from all forms of discrimination. The constitution elaborates that it recognizes customary and traditional law provided it does not interfere with public order or the constitutional guarantee of equality for all Chadian citizens. In practice, these distinctions are unclear and customary, and religious law often takes precedence due to the strong traditions and conservative nature of Chadian society.

The Penal Code prohibits rape and other forms of violence against women. Specifically, Article 275 states that perpetrators of rape are subject to imprisonment with hard labour, and Article 276 states that the rape of girls under age 13 will result in life imprisonment and hard labour. The 2002 law on reproductive health prohibits FGC, but this has not been implemented and perpetrators have not been prosecuted. Thus there is a framework for human rights on paper, although it is not fully put into practice or enforced. Trafficking for sexual and economic exploitation is not defined as an offense in the Criminal Code.

The Government has no legislation in place to protect IDPs or to address GBV within IDPs sites and host communities, despite its responsibility to do so.

Status of the people in need

All beneficiaries are targeted on the basis of their vulnerability. Some aggravating factors have to be taken into account while estimating their vulnerability:

- Internal displacement: In eastern Chad as a consequence of armed conflict and insecurity at the Sudanese border. It also encompasses vulnerable host communities.
- Malnutrition: In the Sahel belt and southern Chad, the GAM rate is far above the WHO emergency threshold. Girls and boys under age 5, and pregnant and lactating women with acute malnutrition are particularly vulnerable, especially in Kanem, BEG, Batha, Lac, Hadjar-Lamis, Ouaddai, Sila, Wadi-Fira, Salamat, Tandjile, Logone Occidental, Chari Baguirmi, regions with high emergency rates of acute malnutrition (>15%). Food security, Health and WASH activities are key to preventing malnutrition.
- Natural disasters: In the Sahel belt and southern Chad, people who are regularly affected by natural disasters have to be assisted in a multi-sectoral way to strengthen their livelihoods and to build their resilience to better sustain future shocks, recovering rapidly and stronger.
- Refugees: In eastern and southern Chad, refugees from Sudan and CAR living in camps supported by the humanitarian community are particularly vulnerable. Refugees living in urban settings also benefit from support and protection by humanitarian actors.
- Forced migration and expulsions: Chadian migrants who left Libya voluntarily and involuntarily or who have been expelled by Libyan authorities have returned to Chad with few resources. Their arrival had a significant impact on host families, communities and neighbours and may aggravate issues related to competition for scarce resources, access to basic services and land property. The Chadians, who returned from Nigeria, fleeing high-profile criminal-group activities, were particularly vulnerable as they were mainly

children with their educational tutors. They settled temporarily next to the border in the Lake Chad region.

- Epidemics: In past years, Chad witnessed recurrent cases of malaria, cholera and many waterborne diseases related to inadequate hygiene and sanitation behaviour as well as a weak public health system. Epidemics of meningitis and measles will affect the vulnerability of targeted groups.

Priority humanitarian needs

Priority humanitarian needs are to:

- assist women and men affected by natural disasters to recover, protect and secure their livelihoods in order to build their resilience.
- assist most vulnerable people to cover their food needs during the lean season.
- prevent malnutrition through blanket feeding, improved food security (diet diversity, agriculture and livestock productions) improved health, nutrition education and tracking cases at home.
- respond to GA, and moderate malnutrition through therapeutic interventions in nutritional and health centres.
- cover immediate needs of vulnerable people in case of shocks (food assistance, agricultural, pastoral inputs, shelter, protection, especially child protection, re-establishment of family links and GBV-related issues).
- assist displaced people and Chadian returnees from neighbouring countries to recover and to restart economic activities in areas of origin, resettlement and transit zones.
- protect refugees and support their self-reliance and dignified life through multi-sectoral assistance.
- mobilize vulnerable communities in sensitizations on health, nutrition, GBV, water, hygiene and sanitation.
- support the medical treatment of victims of epidemics and diseases associated with malnutrition.
- strengthen coordination with national actors and monitoring/evaluation systems.

4. THE 2013-2015 COMMON HUMANITARIAN ACTION PLAN

Planning scenario

Chad faces a complex set of humanitarian vulnerability issues, which are overlapping and self-reinforcing. They require a combination of immediate life-saving activities in the short term, combined with prevention; and preparedness and recovery approaches that help strengthen the human resilience of affected people in the medium and long term.

The core characteristics of the humanitarian situation will change little from year to year unless a longer-term humanitarian strategic vision is adopted. This is due to the protracted nature of the situation in the east, the cyclical factors underlying recurrent food insecurity and malnutrition in the Sahel, and floods in the south, east and N'Djamena,

Therefore, the analytical and strategic part of the CAP (i.e. the CHAP) will be a three-year plan for 2013 to 2015. This will allow humanitarian organizations and donors to better plan their interventions by aiming to have a greater life-saving impact over the long term, using available resources more effectively and strategically. Long-term planning will help consolidate the gains achieved through medium- and short-term interventions. This approach also permits the CAP to complement development actors' efforts to reduce the risk of disasters in a context of transition, in line with national development priorities and the upcoming UNDAF.

The CAP articulates a three-year humanitarian strategy, but organizations' projects attached to this strategy will remain one-year projects that will be reviewed and updated every semester, or according to the evolution of the humanitarian context. This ensures that the CAP remains focused on critical emergency projects while allowing organizations to fully integrate the resilience approach to their plans and ensure complementarity with prevention and recovery activities. By ensuring that the HCT can still have a clear cost estimate of its yearly programmes, this will also facilitate fundraising efforts.

Drivers

The presence of refugees from Sudan in the east and from CAR in the south constitutes a protracted crisis with root causes related to conflict and insecurity beyond Chad's borders. As long as political conditions are not appropriate for their return, the refugees are likely to remain in Chad in the coming years, requiring continued protection and humanitarian support in accordance to Chad's international legal commitments. Internal tensions and the transborder impact of conflict in Darfur also displaced Chadians in eastern Chad from 2006 onwards. By the end of 2012, the majority of the displaced people in the east will have been reintegrated in their host communities, resettled elsewhere or returned to their areas of origin, even though many remain in IDP sites waiting for a durable solution.

About 90,000 registered Chadian migrants have arrived from Libya since 2011 and 1,113 Chadian migrants have arrived from Nigeria. This configured a rapid-onset emergency that required immediate response in the short term, but will continue to have serious humanitarian consequences over the years. To prevent social tensions and small-scale inter-community conflicts over natural resources, land ownership and livelihoods, the humanitarian community

must step up its support for a smooth economic and psycho-social reintegration of returnees into host communities. Chad's remarkable stability after the departure of MINURCAT, in a region marked by recurrent political upheaval, makes the country a safe haven for those seeking freedom from fear and persecution in neighbouring countries. This increases the demand for scarce resources, overcrowds basic social-services centres and exacerbates the impact of cyclical natural hazards.

But population displacement is just one of many other aspects of the Chadian humanitarian scenario. Due to cycles of drought in the Sahel strip, the infrequency of rain in the Sahara and robust rainy seasons in the south, the country is prone to recurrent climate-related shocks. In the Sahel, a multi-faceted set of factors contributes to an overall pattern of food insecurity and malnutrition, such as the limited effective coverage of basic social services, limitations of existing early warning systems, institutional weakness, poor harvests, global food market fluctuations, and the impact of political crises in neighbouring countries as chronic poverty and low educational levels. These challenges, compounded with the effects of climate change and above-average population growth, require a multi-dimensional response in close coordination with regional and global initiatives. In the Bourkou, Ennedi and Tibesti, in the northern Saharan region, people are heavily dependent on underground water for their subsistence and agriculture. The contamination of these water sources through inadequate defecation practices and the absence of effective waste management system threaten the livelihoods and public health of entire communities living in isolated spots in the desert.

Chad is prone to floods. It sits at the crossroads of many hydraulic basins starting in Cameroon and CAR, with significant parts below river levels and heavy rains from July to October. Heavy flooding peaks happen on five- to eight-year cycles, which allow for certain complacency in low-intensity years when people progressively settle closer to the water, building poorly constructed houses with weak materials in dried riverbeds. When water levels rise during rainy seasons, thousands of people are displaced every year.

Forecasts

The humanitarian community expects a slowdown in the arrival of migrants and expulsion of former detainees from Libya, in parallel with an increase of sub-Saharan Africans who might attempt to return to Libya by land due to economic constraints in their areas of origin. Due to continued instability in the southern Libyan cities of Sabha and Kufra, it is expected that a standing humanitarian monitoring presence in northern Chad will be essential to provide a timely response to the needs of migrants and other mobile populations who may be affected by political turmoil emanating from other Sahel countries. Additionally, the reintegration of about 90,000 migrants (or more than 150,000 migrants according to Government estimates) in their host communities will require a joint continued effort by the humanitarian community in Chad. The Protection Cluster expects the return of about 3,000 Chadians currently living in Cameroon.

The refugee population is expected to remain at its current levels in 2013. It may decrease only in the medium term if political conditions in Sudan and CAR permit. This suggests that activities supporting the self-reliance of refugees, the provision of basic services in a multi-sectoral way and social protection will continue to be necessary in 2013.

In the past 10 years, people in the Sahel region were affected by six food-insecurity crises. Despite a significantly better rainy season in 2012, the Food Security Cluster expects that about 1.8 million people will need continued support and monitoring. Global food prices might also have an impact on the affordability of food on local markets in the Sahel strip in 2013.

Chad will continue to face a severe nutrition crisis. According to forecasting for 2013 using the latest 2012 nutrition SMART survey, in the Sahel belt regions the estimated caseload is expected to be stable for SAM (125,959 severe cases) and will increase for MAM (431,490 moderate cases). It means that there will be more MAM cases in 2013 than 2012. In the southern areas, the MICS 2010 results indicated the existence of acute and chronic malnutrition, but less than the Sahel zone. However, there is no recent data to show the current scope. Through the available data, it appears that malnutrition is alarming in some areas of Logone Occidental region (15%), Chari-Baguirmi (22%), Mandoul (15.3%), and Tandjilé (17.3%). These areas will be given a high priority for emergency interventions. Thus, the Nutrition Cluster estimates that the acute malnutrition will be maintained at the same high rates in 2013; worse events will aggravate the situation in 2013.

Due to the severity of the floods in 2012, following an intensity cycle that varies between five to eight years, the impact of the overflow of rivers and heavy rainfall is expected to be smaller than that witnessed in 2012. It is expected that people living in flood-prone areas in the south, such as the Tandjilé, Mandoul, Mayo Kebbi, Moyen Chari as well as the suburbs of Ndjamena, will be impacted by floods in 2013. This is due to the absence of an effective disaster risk reduction strategy and the lack of concrete measures by stakeholders to address the root causes of these recurrent events,

Every year, Chad faces a meningitis epidemic and measles in the southern and western part of country. In 2011, Chad introduced the new vaccine MenAfriVac, which protects against serogroup A for at least 10 years. In 2012, the immunization campaign covered the whole country, which reduced the risk of epidemic meningococcal meningitis A. However, as observed in other countries (such as Burkina Faso), the risk of a meningococcal meningitis W135 epidemic persists in 2013.

MICS survey (2010) showed that the rate of immunization coverage against measles is low (30%). This led to a measles outbreak every year for the three last years. The risk of measles outbreaks remains high in 2013.

Cholera appears during the rainy season in regions surrounding Lake Chad. In 2011, 17,000 cases of cholera were recorded by 37 affected health districts out of 62. Given the low levels of access to sustainable improved water source (50%) and improved sanitation (9%), this is likely to continue being a chronic intermittent problem.

The national HIV/AIDS prevalence is estimated at 3.3% for the adult population (15-45 years of age). Women are more vulnerable to HIV and there is a significant risk of rapid expansion of the epidemic, mainly in eastern and southern Chad where there are a large number of refugees and displaced people due to the persistence of risk behaviours, illiteracy, poverty, sociocultural burdens, and limited access to care and prevention services. Prevention of HIV transmission from mother to child remains the weakest link in the AIDS response: only 12% of pregnant women who need anti-retroviral treatment have access.

Humanitarian implications

- As a legacy of the region's tumultuous political history, UXO is still found in many parts of eastern and northern Chad, posing a major threat to children and to the effective delivery of humanitarian assistance and protection.
- Instability emanating from Mali and southern Libya further contributes to the proliferation of small arms and light weapons across the Sahel.
- Assistance in terms of nutrition (preventive and curative), food security (food assistance, agriculture and livelihoods) and water management to be provided in areas affected by chronic food insecurity and malnutrition.
- Plight of common goods and competition for scarce resources. Need to mainstream environmental considerations in all projects as a cross-cutting issue.
- Limited number of returning Sudanese and CAR refugees in 2013 entails the need for continued protection and assistance to refugees in the east and in the south.
- Multi-sectoral recovery and protection, including psycho-social assistance, needed to support the reintegration of Chadian returnees from third countries fleeing violence and persecution.
- Need for continued advocacy for protection and respect of human rights of vulnerable populations. Continued need in terms of SGBV and gender sensitive programming.
- Adequate, integrated preparedness and assistance activities with WASH and Health components to prevent the spread of epidemics.
- Continued medium- and long-term multi-sectoral support for the sustainable provision of basic services and income-generating activities to women, men, boys and girls affected by slow- or rapid-onset shocks as well as protracted crises. The cyclical aspect of the situations identified in the needs analysis section suggests that measures must be made to strengthen resilient communities' coping mechanisms so that they can resist future shocks and recover from crises faster and stronger.

Additional variables to monitor with potential to worsen or relieve humanitarian needs

- The humanitarian impacts across the Sahel of the ongoing complex emergency in Mali.
- Terrorist activities of extremist groups in Nigeria and the potential of population displacement within Nigeria and towards Chad.
- Locust migration patterns and their impact on agricultural fields and food production.
- Political instability in northern CAR and the presence of rebel groups next to the border with Chad may hinder humanitarian access in some areas of the south.
- Humanitarian consequences of desertification and environmental degradation in the areas of Lake Chad and the lakes in the Sahara region such as Ounianga Kebir, Ennedi.
- The state of airports across the country especially during the rainy season has a direct impact on the ability of UNHAS flights to land in unpaved landing strips.
- Capacity of DIS to ensure the safety and security of civilians in areas of operation has a direct impact on humanitarian operations around refugee camps.
- Insecurity in Darfur may continue to hamper humanitarian supply routes to Chad and impede the return of refugees.
- Conflict between Sudan and South Sudan may have a destabilizing effect in the sub-region.

Critical events timeline

Events	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Harvest												
Dry season												
Floods												
Water-borne disease epidemics												
Meningitis and measles epidemics												

Humanitarian access

Humanitarian access for aid workers has improved compared to previous years. The security arrangements implemented following the departure of *Mission des Nations Unies en République Centrafricaine et au Tchad* (United Nations Mission in CAR and Chad - MINURCAT) at the end of 2010 continues to protect civilians and ensure humanitarian workers' safety in eastern and southern Chad. These include additional deployments of the national police and gendarmerie, the *Garde National 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, in addition to the joint Chad-Niger-Nigeria mixed forces that patrol the border areas along Lake Chad. However, uncertainty over the DIS budget and the limited resources available to support this much-valued force are already having a negative impact on the humanitarian space in parts of the east. The presence of DIS has enabled humanitarian actors to obtain access to affected people and safely provide assistance. DIS has also played a large role in sustaining and improving security in the east of Chad, as well as acting as a deterrent to bandits in the area. The continued presence of DIS is therefore paramount to sustain the current security situation in the area. Further extension of its presence would enable DIS to provide a more effective security monitoring in areas of return, re-localization and sites of local integration in the east of Chad, and ensure the security of humanitarian actors working in these areas.

In the south, the joint CAR and Chad military operation against General Baba Lade's rebel group was conducted in northern CAR, 180 km from Maro refugee camp and 80 km from Gore. However, access to refugee camps was not directly affected.

Despite improvements in the security situation in recent years, freedom of movement for humanitarian actors remains an issue of concern in a context where the judicial system remains weak and impunity prevails. Humanitarian organizations that do not rely on escorts in the east are also affected by the reduction of movements by escorted actors, as they feel more exposed to attacks when the humanitarian routes are less frequented. Additionally, NGOs are still required to hold internal movement authorizations in eastern provinces, which hinder their ability to move freely. It can also make them more vulnerable to harassment from rogue local political actors.

Political instability in the Sahel, particularly in countries such as Niger and Mali and in the southern Libyan cities of Kufra and Sabha, may affect northern Chad in the coming years. Due to

insecurity, humanitarian actors in Chad no longer use the supply routes through Libya nor the one across Darfur, in Sudan. This means that the axis from the heavily congested port of Douala through Cameroun has become the main supply route for humanitarian goods in Chad.

UNHAS will ensure air access. The areas populated by people in need of humanitarian assistance are far from the United Nations agencies and NGOs' field offices. Given the poor road conditions and the prevailing insecurity, road travel is extremely risky and not practical to some locations. Besides the ICRC, which provides passenger air service for its staff and MSF-Holland's staff based on a joint cost-sharing programme, WFP/UNHAS remains the safe and reliable mode of transport for the humanitarian community in Chad.

Several areas in the country requiring humanitarian assistance are inaccessible by road during the five months of the rainy season.

The humanitarian strategy and strategic objectives

Explanation of strategy

The main objective of this humanitarian action plan is to save lives, alleviate suffering and reduce morbidity of people affected by crises according to their vulnerabilities. In view of the recurrent or protracted elements of the emergencies that Chad has faced over the past years, short-term humanitarian activities will be integrated with approaches that support the ability of affected people to better cope with the effects of future shocks and to recover faster in the medium to long term. This will be done by diminishing the negative impact of emergencies on communities and reducing the risk of disasters in line with the directives emanating from the Hyogo Framework for Action.

The following humanitarian strategic objectives focus on protection and assistance to people affected by natural disasters, epidemics and protracted humanitarian crises. The emphasis will be on reducing the vulnerability and implementing durable solutions for the IDPs, refugees, repatriated migrants, returnees, and host communities; the approximately 1.8 million people affected by food insecurity as of June 2012 who need livelihoods and recovery support; about 127,300 children at risk of SAM; and 300,000 children at risk of MAM in the Sahel.

The programme/project delivery will focus on support for the self-reliance of targeted beneficiaries, further strengthening their ability to face future shocks, and the capacity-building of national actors and local communities to prevent, respond to and manage crisis situations. Advocacy to mobilize additional development actors will reinforce the humanitarian impact of this CAP.

This strategic outlook aligns the Chad 2013 CAP more closely to the new UNDAF process, national development priorities, and regional and global strategies for resilience-building in the Sahel. The focus on durable solutions for all target populations addressed through the CAP aims to enhance the link between humanitarian action and recovery-oriented programmes. These strategic objectives meet the priorities that the Government has articulated in its PGRET and the national plan for rural development.

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

Between 2013 and 2015, humanitarian action will be oriented towards the following three main axes:

- Humanitarian action that addresses the primary needs of people affected by crises and reinforces the response capacity to sudden-onset disasters.
- Humanitarian action that reduces human vulnerability and reinforces the resilience of affected people.
- Humanitarian action that seeks efficient and effective coordination with the actions from the Government and development actors.

Strategic objectives and indicators for 2013

Strategic objective #1

Mortality and morbidity of the targeted populations are reduced.

Indicator	Target	Monitoring method
Intra-hospital mortality rates	Less than 1%	Health assessments
Infant mortality	Less than 2/10,000/day	Health assessments
Number of cases of under-five GAM treated	75%	Evaluations, SMART, VAM, evaluation missions, survey, nutrition database
Number of targeted household supported with food assistance activities	100%	Evaluations, SMART, VAM, evaluation missions, survey, nutrition database
Uninterrupted humanitarian aid to beneficiaries	100%	Evaluations
Safe movements of humanitarian actors in security assessed areas	100%	Movements are successfully executed, open humanitarian space ensured

Strategic objective #2

Refugees, IDPs, returnees, repatriated migrants, host communities and other vulnerable people receive protection and assistance in accordance to their needs.

Indicator	Target	Monitoring method
Protection environment strengthened	Special mechanisms for monitoring and protection established and sustained. Involvement of key stakeholders promoted.	Increased involvement of stakeholders is visible and special mechanisms of monitoring and protection reduce the exposure of victims to potential protection risks.
Number of targeted repatriated migrants and host communities assisted	100%	Evaluations, joint assessments, missions, registrations
Number of targeted refugees assisted	100%	Evaluations, joint assessments, missions, registrations

Indicator	Target	Monitoring method
Number of refugees engaged in self-reliance activities	100%	Evaluations, joint assessments, missions, registrations
Number of IDPs assisted in origin areas	100%	Evaluations, joint assessments, missions, registrations
Number of IDPs assisted for integration in origin areas	100%	Evaluations, joint assessments, missions, registrations

Strategic objective #3

Timely assistance and protection is provided to victims of natural disasters and epidemics.

Indicator	Target	Monitoring method
Number of victims in areas of natural/man-made disasters assisted	100%	Inter-agency assessments, evaluation missions
Number of victims of epidemics cured and affected populations assisted	85%	Inter-agency assessments, evaluation missions

Strategic objective #4

Livelihoods and human resilience of most vulnerable people are increased.

Indicator	Target	Monitoring method
Disaster risk reduction strategy implemented	All affected areas	Evaluation missions
Number of households supported with agriculture and livelihoods activities (in line with sustainability strategy)	All affected areas	VAM, evaluation missions, survey, nutrition database
Number of communities and local authorities trained on disaster management and preparedness	Countrywide	Training documents, CRs, evaluations
Number of crises addressed by local crisis committees	Countrywide	Evaluations, activities undertaken by local crisis committees

Criteria for selection and prioritization of projects

Selection criteria

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

- The cluster concerned for the relevant sector has approved the project.
- The project can lead to a result that is measurable in 2013 and is designed based on an in-depth evaluation of needs.
- The project fits into the CAP, insofar as it meets at least one sector objective which in turn contributes to progress towards at least one of the above strategic priority.
- The appealing organization locally has the technical expertise and capacity to implement the project.
- The project uses the gender marker and reaches at least the score of 1.
- The project does not duplicate other efforts, within or outside the Consolidated Appeal.

Prioritization criteria

- The project is directly life-saving.
- The project is for a priority sector, as defined by the HCT.
- The project targets highly vulnerable people in need.
- The project is urgent in terms of time-frame.
- The project has an integrated multidimensional component or is complementary to other sectoral efforts already underway.
- The project advances gender equality through gender mainstreaming or targeted actions, reaching the score of 2a or 2b on the gender marker scale.
- The project is based on a participatory-approach.
- The project takes into account Early Recovery and contributes to strengthen the resilience of affected communities.
- Specific needs of vulnerable groups affected by HIV/AIDS are included in the project.

Cluster response plans



Coordination

Cluster lead agency	OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS (OCHA)
Funds required	\$5,048,038 for 2 projects
Contact information	Dieudonné Bamouni (bamounid@un.org),

Number of humanitarian organizations targeted: in 2013, the Coordination Sector will support the work of around 90 NGOs, eight UN humanitarian agencies who are members of the HCT, donors, the IOM and national authorities to provide humanitarian aid, protection and contribute to build the resilience of vulnerable women, men, boys and girls affected by recurrent and protracted disasters in Chad.

The HCT will, under the leadership of the Humanitarian Coordinator, remain the strategic forum for international humanitarian decision making in Chad and will guide preparedness activities such as contingency planning, vulnerability mapping, streamline coordination mechanisms in close collaboration with development actors and national authorities.

The cluster system will be enhanced according to the directives from the IASC Transformative Agenda, with a special emphasis on synergies between sectors and strengthened Inter Cluster Coordination mechanisms that are capable to provide the HCT with sound humanitarian analysis and strategic monitoring in a holistic, more integrated way. The added value of the ICC is that together, the clusters in Chad provide better and more effective responses than the sum of the individual sectoral responses. Thus, the HCT will continue to advocate for dedicated human resources for cluster coordinators and co-facilitators and institutional support from OCHA to ensure that the ICC delivers quality evidence-based humanitarian analysis and supports the work of the HC and the HCT to address the live-saving needs and to build resilience of vulnerable communities. A review of cluster functions and capacities aiming to constantly re-assess their role as the humanitarian situation evolves shall be done on a yearly basis or in an ad hoc manner in case of new sudden onset emergencies or abrupt changes in the humanitarian planning horizon.

How the Cluster Response Plan will contribute to the strategic objectives.

In the interest of a harmonized logical framework for monitoring, cluster objectives are linked with the strategic objective that they have the potential to influence the most. However, due to the multi-sectoral impact, effective coordination has in terms of accomplishing the strategic objectives defined by the HCT, all specific objectives of the coordination sector in 2013 will have an impact in one or more strategic objectives as follows:

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” has a direct impact on the ability of the humanitarian community to reduce mortality and morbidity of the populations targeted according to their vulnerability (Strategic Objective 1), in an effective manner. Additionally, cluster objective 1 supports the humanitarian community in the provision of

assistance and protection to refugees, IDPs, returnees, forced repatriated migrants, host communities and other vulnerable people (Strategic Objective 2) as well as the provision of aid to victims of natural disasters and epidemics (Strategic objective 3). Actions that contribute to the strategic objective 1:

- 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, and is accountable to, assisted people.
- Assist in the smooth implementation early recovery within humanitarian activities, where feasible and appropriate, especially in the context of durable solutions for populations affected by displacement across the country.
- Undertake joint multi-sectoral needs assessments in accordance to policy guidance from IASC Needs Assessment Task Force and gender equality indicators
- Application of the IASC Transformative Agenda guidelines for better humanitarian leadership, improved accountability to all stakeholders, including affected populations and strengthened coordination.

Cluster Objective 2

“Promote humanitarian principles and effective humanitarian action through information management and advocacy efforts” is directly linked with the ability of aid agencies, OCHA and the HCT to develop coordinated advocacy initiatives for the protection and assistance of vulnerable populations such as refugees, IDPs, forced repatriated migrants, and host communities (Strategic Objective 2). Timely humanitarian action supported by strong humanitarian strategic planning, fundraising and public information products are essential for the protection of vulnerable populations affected by crisis. In this context, cluster objective 2 also contributes for the assistance and protection of people affected by natural disasters such as floods and epidemics (strategic objective 3) as well as the reduction of morbidity and mortality among people according to the vulnerability of populations affected by shocks (Strategic Objective 1). Actions that contribute to the strategic objective 2 are as follows:

- Advocate for improved access and freedom of movement for humanitarian actors in safety and security and lobby for the adherence of humanitarian principles by all stakeholders.
- Promote humanitarian principles and access in dialogue with government authorities, military authorities and the humanitarian community, including support for CCO initiatives.
- Provide information management services- situation reports, humanitarian bulletins, thematic maps, humanitarian snapshots, humanitarian dashboards and 3W databases- in support of the humanitarian community in Chad.
- Update a common humanitarian operational database to facilitate joint needs assessments and preliminary scenario definition during rapid on-set emergencies.
- Disseminate OCHA information products within the international community and among national humanitarian actors.

Cluster Objective 3

“facilitate and coordinate humanitarian preparedness, strategic planning and funding processes” ensures that the actions taken for short-term immediate life-saving needs have a longer-term impact on the livelihoods and build resilience of affected populations to face future shocks (Strategic Objective 4) through effective humanitarian strategic planning cycles over the medium term, fund raising and resource mobilization. Additionally, Cluster objective 3 supports actions related to preparedness such as the development of streamlined national contingency plans in partnership with national authorities and humanitarian actors as well as capacity-building of local crisis committees. Actions that contribute to strategic objective 4 include:

- Coordinate and monitor CERF allocations.
- Facilitate CAP processes with resilience-focused objectives and indicators.
- Joint fundraising advocacy to respond to humanitarian crises.
- Sensitizations of in country, regional and international donors.
- 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 crisis situations, with special attention to the potential humanitarian repercussions of violence and instability in neighbouring countries across the Sahel and recurrent natural disasters such as droughts and floods.

Cluster objectives and output targets

Strategic objective #1

Mortality and morbidity of the targeted populations are reduced.

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.

Output: Humanitarian coordination mechanisms in place and functioning.

Output Indicator	2013 target
Number of regular coordination meetings held: general coordination, HCT, ICC.	Twelve monthly general coordination meetings held at field (Abeche, Goz Beida, Koukou, Farchana, Mao) and N'Djamena level; twelve monthly HCT meetings held in N'Djamena; Twelve ICC meetings held in Ndjamen; roll out of the IASC Transformative Agenda in country.
Number of functioning and active clusters	Number of functioning clusters: Seven (Protection, Food Security, Nutrition, Health, Education, Water and Sanitation, Early Recovery) and ad hoc task forces and inter-sectoral meetings (i.e.: taskforce on migration previously called Libya taskforce, WASH-Health inter-sectoral on cholera preparedness, Food Security-Nutrition inter-sectoral on the Sahel crisis).
Number of responses to crises addressed through cluster approach.	Food security, malnutrition, floods, epidemics, reintegration of migrants, expelled people from neighbouring countries and reintegration and provision of basic services to IDPs addressed through cluster approach.
Number of common needs assessments facilitated and organized in accordance with guidance and policy from IASC.	Technical working groups on the implementation of MIRA and other IASC needs assessment operational guidance in Chad in line with the IASC Transformative Agenda. Inter-agency needs assessment missions in sudden-onset crisis deployed in a timely manner.

Cluster objective #2

Promote humanitarian principles and effective humanitarian action through improved information management and advocacy efforts.

Output: Information management.

Output Indicator	2013 target
Humanitarian snapshots, humanitarian dashboards and website on humanitarian situation in the country regularly updated	Humanitarian information (matrixes, reports and website) elaborated and/or regularly updated, with the implication of national information managers. Three humanitarian snapshots, two humanitarian dashboards delivered and website with a new user-friendly format updated.
Common Humanitarian Database updated	Common Humanitarian database updated with latest humanitarian regional profiles, humanitarian response data, baseline data and indicators as well as information to feed secondary data review when a crisis hits.
Humanitarian maps produced and delivered to the humanitarian community in Chad	Political, geographical, thematic and sectoral maps produced and delivered to the humanitarian community. (i.e.: maps on floods, food security, 3Ws, humanitarian presence, refugees, displacement, migration from third countries, epidemics preparedness)

Output: Public information and advocacy

Output Indicator	2013 target
Regular information products on humanitarian themes produced	Twelve humanitarian bulletins, weekly press reviews, press releases, press conferences, exhibitions on humanitarian situation (i.e.: world humanitarian day).
Strengthened humanitarian public information networks	Regular meetings of the humanitarian information network held in Ndjamena with the participation of UN agencies and NGOs.
Key messages for humanitarian advocacy produced and delivered according to the targeted audience	Key messages identified for advocacy and the development of a coordinated communications strategy in response to the Sahel crisis.
Mechanisms to support accountability to affected populations are created	Number of consultations with affected populations to assess their views on the humanitarian response.

Output: Civil-Military Coordination

Output Indicator	2013 target
Number of workshops and training sessions targeting security forces in humanitarian operations zones held by the civil-military section.	Civil-military workshops and training sessions organized, targeting DIS officers.
Number of BSM meetings attended and proactive advocacy for the respect of humanitarian principles	BSM meetings attended by OCHA in areas with an OCHA presence. Advocacy for the respect of humanitarian principles ensured by OCHA.

Output: Partnership with NGOs for the implementation of SLT and TA directives

Output Indicator	2013 target
Regular consultation with NGOs directly and through local NGO consortia	Direct regular meetings with national and international NGOs and CCO for information exchange and collaboration.

Strategic objective #4

Livelihoods and human resilience of most vulnerable people are increased.

Cluster objective #3

Facilitate and coordinate humanitarian preparedness, strategic humanitarian planning and funding processes.

Output: Resource mobilization processes

Output Indicator	2013 target
Strengthened humanitarian planning cycle	CAP 2013 (original and MYR completed).
Effective humanitarian funding mobilization processes	CERF submissions completed and submitted in a timely manner.
Proactive humanitarian fundraising missions	In country donors meetings held and missions to sub-region and Geneva/New York.

Output: National capacity-building and preparedness

Output Indicator	2013 target
Contingency plans, national coordination mechanisms and vulnerability mapping streamlined	National contingency planning is developed and updated by national authorities with the support of the humanitarian community and HCT. Vulnerability mapping is undertaken on a regular basis.
Capacity-building of local authorities and NGOs	Training of local authorities and NGOs on preparedness, information gathering, gender marker, crisis management and response across the country.
Preparedness and early recovery implemented across sectors	Cluster response plans are updated and take into account preparedness and recovery elements.

Top-priority actions, beneficiaries, and locations

- **Actions:** Response coordination, multi-sectoral needs assessments, contingency planning, preparedness, capacity-building of local authorities on crisis management, streamlining of national and international humanitarian coordination mechanisms, public information and advocacy, IASC policy and guidance implementation, including gender equality, humanitarian funding and planning.
- **Beneficiaries:** through effective coordination of the humanitarian action of eight UN humanitarian agencies members of the HCT, the IOM, around 90 NGOs and national authorities.
- **Locations:** Ndjamena, Mao, Abeche, Farchana, Goz Beida, Koukou

Table of proposed coverage per location

Geographic Office Location	Coordination		
Ndjamena	OCHA, CCO		2
Abeche	OCHA, CCO		2
Goz Beida	OCHA		1
Koukou	OCHA		1
Farchana	OCHA		1
Mao	OCHA		1



Early Recovery

Cluster lead agency	UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP)
Funds required	\$7,710,610 for 11 projects
Contact information	Elie Yanyara Djimadoumadji, (elie.yanyara@undp.org) and Allassoum Bedoum, (allassoum.bedoum@undp.org)

People in need and target beneficiaries

Category of people in need	Number of people in need			Beneficiaries targeted in cluster's CAP projects (end-year target)		
	Female	Male	Total	Female	Male	Total
IDPs	71,992	59,008	131,000	71,992	59,008	131,000
Returnees – former IDPs	27,479	22,521	50,000	27,479	22,521	50,000
Refugees	193,396	153,194	346,590	193,396	153,194	346,590
Host population	400,000	300,000	700,000	400,000	300,000	700,000
Returnees (neighbouring countries)	14,120	79,024	93,144	14,120	79,024	93,144
People affected by floods	118,616	118,616	237,232	118,616	118,616	237,232
Totals	825,603	732,363	1,557,966	825,603	732,363	1,557,966

Explanation of number of beneficiaries targeted

The actions of the Early Recovery Cluster are focused primarily on the situation in the IDP sites and return zones of Assoungaha and Sila in eastern Chad, issues related with refugees from Sudan and CAR, people affected by floods and the impact of the Libyan crisis across the country, particularly on transit zones of returnees in the BET region.

How the cluster response plan will contribute to the strategic objectives

The Early Recovery Cluster is supporting displaced people and victims of natural disasters to recover faster and stronger to pre-crisis levels while building the foundation for long-term stability. In 2013, the Cluster Response plan will continue to aim to build the resilience of affected populations through multi-sectoral support. As witnessed in previous years, competition for scarce resources such as water, land, livestock and wood as well as access to land between IDPs, refugees, returnees and host communities can foster inter-community tensions that could slow down the pace of stabilization in affected areas. Additionally, returnees from neighbouring countries have a variety of skills that can be integrated to local markets to foster an accelerated recovery. The need for an updated disaster risk reduction strategy remains a priority for the Early Recovery Response Plan.

The multi-dimensional 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 Early Recovery Cluster for this matter. The

projects presented by the Early Recovery Cluster members are unique however, in a sense that they aim to fill the gaps not being addressed by other clusters.

Cluster objectives and output targets

Strategic objective #1

Mortality and morbidity of the targeted populations are reduced.

Cluster objective #1-1

Strengthen Cluster Coordination including the capacity of cluster members in order to enhance the quality of projects and their impact on early recovery.

Output: Cluster coordinator represents the cluster members and ensures the external communications on behalf of the cluster

Output Indicator	2013 target
Well defined and available ToR of cluster and Cluster Coordinator	Meetings are held at least once a month according to the ToRs of the Cluster and Cluster Coordinator.

Output: Communication within the cluster is effective and information is shared among members

Output Indicator	2013 target
Establishment of a mechanism of information exchange, mailing list and regular visits of Cluster Coordinator to areas targeted	Reports are shared with inter-cluster and OCHA and minimum of two annual visits of cluster coordinators in targeted areas.

Output: The early recovery situation in Chad is analysed regularly and gaps are identified

Output Indicator	2013 target
Cluster strategy is available and Cluster Coordinator participates in the CAP workshop	Organization of consultative meetings to develop cluster strategies, triggers of humanitarian action, priority needs and how the cluster responds to crisis in line with the CHAP. Cluster Coordinator participates in the CAP workshop, the drafting of the CHAP and its MYR

Strategic objective #2

Refugees, IDPs, returnees, repatriated migrants, host communities and other vulnerable people receive protection and assistance in accordance to their needs.

Cluster objective #2-1

Contribute to improve life conditions and integration of IDPs, returnees, forced repatriated migrants, host communities and other vulnerable people

Output: Decrease of commuting population movements

Output Indicator	2013 target
% of IDPs, returnees, forced repatriated migrants, host communities with improved life conditions	100

Output: Basic social services are available

Output Indicator	2013 target
% of people with access to water supply systems, health centres, and schools	100

Output: Limited impact of population displacement on host communities

Output Indicator	2013 target
Number of surveys and assessments undertaken and published	10

Output: Pacific co-existence facilitates the stabilization of the population

Output Indicator	2013 target
Number of workshops related to pacific co-existence organized	2 (Abeche, Goz Beida)

Strategic objective #3

Timely assistance and protection is provided to victims of natural disasters and epidemics.

Cluster objective #3-1

Contribute to the rational management of natural resources and to the reduction of risks related to natural disasters and their impacts

Output: Risks of natural disasters are analysed, understood and reduced

Output Indicator	2013 target
Existence of contingency plans	Contingency plan developed. Analyses of environmental and natural risks

Output: Support for the setting up of a national committee to prevent and respond to natural disaster

Output Indicator	2013 target
Existence of national strategy for natural disasters	National strategy for natural disasters developed. Reduction of identified risks (hydraulics works, prevention of erosion and soils preservation, reforestation).

Output: The methods used for sustainable energies are promoted.

Output Indicator	2013 target
% of households sensitized	100

Output: Local communities adopt good practices to preserve environment and prevent natural disasters

Output Indicator	2013 target
Number of households using improved stoves	800

Strategic objective #4

Livelihoods and human resilience of most vulnerable people are increased.

Cluster objective #4-1

Support capacity-building of national and local institutes, civil society, for post crisis transition

Output: Local and national authorities are able to analyse and respond by themselves to post crises development issues

Output Indicator	2013 target
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Number of public staff from local authorities and civil society trained on good governance and human rights	80
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Output: Good governance and respect of Human Rights are promoted at all levels.

Output Indicator	2013 target
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Number of civil society organizations rehabilitated	120
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Output: Civil Society organizations are active and able to participate in socio-economic recovery and Human Rights promotion

Output Indicator	2013 target
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Number of workshops on socio-economic recovery organized	2
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Cluster objective #4-2

Facilitate the self-reliance of populations affected by crises, particularly women, young and vulnerable people and strengthen their resilience to face future shocks

Output: Procedures for socio – economic recovery analysed, spread and implemented

Output Indicator	2013 target
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Number of policy guidance, research and analysis undertaken and published	6 (Sila, Ouadai, Salamat, Guera, Wadi Fira, Kanem)
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Output: Socio-economic sector in affected areas is restored and revitalized

Output Indicator	2013 target
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Number of households who receive income-generating activities support	300,000
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Output: Micro enterprises' role in peace building is promoted

Output Indicator	2013 target
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Number of beneficiaries trained	120
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Output: Key economic structures (micro-credit, mills, attics, vocational centres etc.) are supported and enforced

Output Indicator	2013 target
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Number of local microcredit establishments supported	6 (Sila, Ouadai, Salamat, Guera, Wadi Fira, Kanem)
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Output: Access to resources (financial and education namely) for the most vulnerable is supported and encouraged

Output Indicator	2013 target
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% of people with access to financial and educational resources	100
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Top-priority actions, beneficiaries, and locations

- Actions: Disaster risk reduction, vocational training, income-generating activities, capacity building of civil society organizations, effective setting of basic social services.
- Beneficiaries: IDPs, locally integrated people returnees (former IDPs and returnees from neighbouring countries), host communities, people affected by natural disasters, including the Sahel crisis.
- Locations: eastern, northern and southern Chad.

Geographic Location	Early Recovery	
Region		
Kanem	UNDP, OHD, PAM, FAO	TOTAL: 4
Ouaddai	UNDP, PU, ACTED, FAO, PAM, UNFPA, FPT, UNHCR, BCI	TOTAL: 14
Wadi Fira	UNDP, ACTED, FAO, PAM, SECADEV	TOTAL: 5
Sila	UNDP, OHD, INTERSOS, CHORA, ACTED, COOPI, FPT, PAM, UNFPA, FAO, JRS, OXFAM, JEDM	TOTAL: 13
Salamat	UNDP, ACTED, FAO, SOLIDARITES	TOTAL: 4
Moyen Chari	UNDP, UNHCR	TOTAL: 2
Logone oriental	UNDP, UNHCR	TOTAL: 2
Mandoul	UNDP	TOTAL: 1



Cluster lead agency	UNITED NATIONS CHILDREN'S FUND (UNICEF) Co-Lead: Ministry of Education
Funds required	\$6,216,140 for 3 projects
Contact information	Marcel Ouattara, Tel (+235) 66790096 email: mouattara@unicef.org

People in need and target beneficiaries

Category of people in need	Number of people in need			Beneficiaries targeted in cluster's CAP projects (end-year target)		
	Female	Male	Total	Female	Male	Total
IDPs, locally integrated population and returnees in Eastern Chad	99,471	81,529	181,000	26,366	27,164	53,530
Sudanese and CAR refugees in Eastern & Southern Chad (pre- and primary school-age children)	193,396	153,194	346,590	57,468	50,397	107,865
Sahel belt (Regions of Kanem, Batha, Guerra, Bar El Ghazal)	356,199	237,467	593,666	83,126	94,974	178,100
Populations affected by flood in South, East and N'Djamena	N/A	N/A	466,000	24,202	36,303	60,505
Totals	649,066	472,190	1,587,256	191,162	208,838	400,000

Explanation of number of beneficiaries targeted

The lack of effective establishment of conditions conducive to sustainable return and/or integration of IDPs, particularly in a context where resources are more and more scarce. This is addition to the recurrent floods that put more children in need of access to quality education.

In addition to school-aged children from IDPs, locally integrated population and returnees in Eastern Chad, Sudanese and CAR refugees, Sahel belt regions and host communities, the number of beneficiaries targeted in 2013 will consider population affected by flood and other type of disaster and it is estimated to 400,000 school aged children.

How the cluster response plan will contribute to the strategic objectives

In order to reach the cluster strategic objectives and based on experience, the cluster will work together beside other clusters with an approach intended to support the education system at various levels by providing immediate humanitarian aid when needed, promoting community-based education activities with an aim of encouraging return and/or integration of IDPs, support preparedness and resilience as well as efforts aimed recovery and development.

Cluster objectives and output targets

Strategic objective #2

Refugees, IDPs, returnees, repatriated migrants, host communities and other vulnerable people receive protection and assistance in accordance to their needs.

Cluster objective #2-1

Increase the access to quality preschool and primary education by 10% points; for affected children (refugees, IDPs, returnees, forced repatriated migrants, host communities and other vulnerable children) focusing on girls education.

Output: The quality of pedagogical supply through the recruitment, initial and in-service training of preschool and primary school teachers is improved

Output Indicator	2013 target
# of teachers initially and in-service trained	500

Output: Communities' awareness for the importance of ECD is promoted

Output Indicator	2013 target
# of sensitization/awareness raising campaigns	30

Output: Children of primary schools benefit from friendlier schools and more protective environments.

Output Indicator	2013 target
# of primary schools children enrolled in friendlier and more protective environments	51,000

Output: Preschool children benefit from friendlier ECD centres and more protective environments

Output Indicator	2013 target
# of ECD centres with adequate recreational and hygienic, facilities and kits	20

Output: ECD centres and primary school are friendlier and more protective to children

Output Indicator	2013 target
% of registered students, especially in crises-affected areas (IDPs, returnees, host communities, refugees) who receive learning materials	100%

Output: Didactic and learning materials are distributed to preschool and primary school students, especially for girls and those in particularly difficult situations affected by armed conflict, crises and natural catastrophes

Output Indicator	2013 target
# preschool and primary school children enrolled and provided with school supplies	51,800*

(*) 51,000 primary school children + 800 pre-school children

Strategic objective #3

Timely assistance and protection is provided to victims of natural disasters and epidemics.

Cluster objective #3-1

Promote equity between boys' and girls' access to quality preschool and primary education by improving gender parity index and retention rate for girls by 10 points, especially for those living in crises, catastrophes and armed conflict affected areas.

Output: Communities are aware and well informed of the importance of schooling, especially for girls and other vulnerable children living in crises, catastrophes and armed conflict affected areas

Output Indicator	2013 target
# of sensitization/awareness raising and advocacy campaigns	20

Output: Gender parity index in preschool and primary schooling is improved

Output Indicator	2013 target
Ratio of girls to boys	1

Output: Boys and girls enrolled in targeted school remain and succeed for 2012-2013 academic year

Output Indicator	2013 target
Ratio of girls to boys	1
% of retention for boys and girls	100

Strategic objective #4

Livelihoods and human resilience of most vulnerable people are increased.

Cluster objective #4-1

Strengthen institutional capacity of the Government and community-based associations through development of capacity-building activities ensuring a better governance and effective management of the education system in affected areas.

Output: Government decentralized structures staff is trained on INEE minimum standards for monitoring and management of education in targeted areas

Output Indicator	2013 target
# of Government decentralized and communities' structures staff trained on INEE minimum standards	100

Output: Teachers in active duty in targeted areas are trained in innovative approaches such as Gender, Peace Education, psycho-social support and HIV/AIDS to reinforce their life skills

Output Indicator	2013 target
# of teachers in targeted areas trained in innovative approaches	500

Output: Government decentralized structures staff are trained on INEE minimum standards for monitoring and management of education in targeted areas

Output Indicator	2013 target
# of regions who have adequate and executable contingency plans	12

Output: Parent-teacher associations (PTAs)³ (APE + AME) capacities to participate in the management of schools and the promotion of girls' education is strengthened

Output Indicator	2013 target
# of trained PTAs' members in the management of schools and the promotion of girl's education	1,500*

(*) 500 primary schools are targeted from which three members (decision makers or leaders) of each school's PTA will be selected for the training.

Top-priority actions, beneficiaries, and locations

- Actions related to:

a. Cluster Objective - 1

- Provide pedagogical quality supply through the initial training and in-service training of preschool and primary school teachers as well as the distribution of didactic and learning materials such as school-in-a-box kits.
- Undertake recreational activities and several campaigns for greater awareness of the importance of ECD.
- Establish preschool and primary schools' temporary learning spaces (TLS)/tents and/or construct classrooms to boost intake and retention capacities.
- Create school-friendly and protective environments for children.
- Distribute didactic and learning materials to targeted children of both preschool and primary schools in targeted groups and areas.

b. Cluster Objective - 2

- Undertake sensitization/awareness building and advocacy campaigns to underscore the importance of schooling, especially for girls and vulnerable children in targeted areas.
- Take relevant and innovative initiatives at community as well as school levels to contribute to enrolling sufficient girls and boys for the improvement of gender parity.
- Carry out various after-schools and other relevant activities aimed at maintaining both boys and girls in school and helping them succeed.

c. Cluster Objective – 3

- Run training programmes that will contribute to strengthening the staff of Government decentralized structure to have a greater understanding of the INEE minimum standards for education and reinforce their monitoring and management capacities of education in targeted areas.
- Train teachers who are in active duty to their mastery of innovative approaches such as gender, peace education, HIV/AIDS for the reinforcement of their life skills.
- Initiate and provide the support necessary to help Government decentralized structures (regions) have adequate contingency plans.
- Implement activities/approaches that helps strengthen the economic capacities of APEs/AMEs through income-generation activities.
- Train PTAs (APEs, AMEs) to be better actors/participants in the management of schools and the promotion of girls' education.

³ In French, *associations des parents d'élèves* (APEs) and *associations des mères d'élèves* (AMEs).

- Beneficiaries:

IDPs, returnees, integrated, host communities, refugees, people affected by flood.

- Locations:

Ouaddai, Sila, Wadi Fira, Ennedi, Logone Oriental, Moyen Chari, Batha, Kanem, Bahr El-Ghazal, Guera, N'Djamena and Moyo Kebbi.

Table of proposed coverage per location

Geographic Location Region	Education		
Batha	DREN, UNICEF	TOTAL:	2
Kanem	DREN, UNICEF	TOTAL:	2
Ennedi	DREN, IRC	TOTAL:	2
Guera	DREN, UNICEF	TOTAL:	2
Ouaddai	DREN, OPAD, PU, ADRA, CORD, UNICEF	TOTAL:	6
Wadi Fira	DREN, CARE, RET	TOTAL:	3
Sila	DREN, INTERSOS, JRS, OPAD, PU, ADRA	TOTAL:	6
Logone Oriental	DREN, ACCRA	TOTAL:	2
Moyen Chari	DREN, ACCRA	TOTAL:	2
Mayo Kebbi	DREN	TOTAL:	1
N'Djamena	DREN, UNICEF	TOTAL:	2
Bahr El-Ghazal	DREN	TOTAL:	1



Food Security

Cluster lead agencies	WORLD FOOD PROGRAMME (WFP), FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS (FAO) Co-lead: <i>Action Contre la Faim-France (ACF-F)</i>
Funds required	\$193,662,932 for 17 projects
Contact information	Alice Martin-Dahirou – Alice.Martin-Dahirou@wfp.org Rémy Courcier – Remy.Courcier@fao.org Jacques Terrenoire - cdm@td.missions-acf.org

People in need and target beneficiaries

Category of people in need	Number of people in need			Beneficiaries targeted in cluster's CAP projects (end-year target)		
	Female	Male	Total	Female	Male	Total
Sahel belt	932,790	896,210	1,829,000	907,375	954,877	1,862,252
Flooded areas	285,601	278,698	564,299	226,938	221,862	448,800
Refugees camps	193,441	153,028	346,469	178,663	141,337	320,000
TOTAL	1,411,832	1,327,936	2,739,768	1,312,976	1,318,076	2,631,052

Explanation of number of beneficiaries targeted

In the Sahel belt, the number of people in need is based on the December 2011 and June 2012 food security assessments by WFP/FAO/MoA, which showed that food insecurity affected around 3.6 million people in Chad in December 2011. An update in June 2012 showed that 1.8 million people were still food-insecure in the Sahel belt because of the drought. These people were affected by a lack of food availability and a weakening of livelihoods, and are therefore in need of recovery, protection and security to strengthen their livelihoods and build resilience. Most vulnerable households should also benefit from targeted food assistance during the lean season.

Regarding flooded areas, little data is available. Many households have lost their cereal crops, as cultivated land has been flooded before the harvest. In early September, the MoA estimated that up to nearly 256,000 hectares of land had been flooded. The Government of Chad estimates that 564,299 people have been affected by floods. The number of people in need is yet to be confirmed.

Data regarding refugees are provided by UNHCR, based on their census.

To determine sex disaggregated information the 2009 census was used, unless more recent information was available for certain and targeted populations.

The number of targeted people can be higher than the number of people in need because beneficiaries can be counted twice if they benefit from support for food assistance and for agriculture and livelihood activities from different partners (for example, a household benefiting from blanket feeding and lean season food assistance (WFP partnership) and agricultural support through an NGO).

How the cluster response plan will contribute to the strategic objectives

The Food Security Cluster response plan fully contribute to the strategic objectives as it allows to provide a timely and relevant response to emergency situations (droughts, floods, conflicts...) while strengthening livelihoods and building resilience for most vulnerable households to help them to be able to resist to future crisis.

Cluster objectives and output targets

Strategic objective #1

Mortality and morbidity of the targeted populations are reduced.

Cluster objective #1-1

Ensure immediate needs coverage (food assistance, emergency support to livelihoods) to mitigate crisis impact.

Output: Implementing targeted distribution of food commodities to vulnerable groups in affected areas

Output Indicator	2013 target
% of planned beneficiaries receiving food commodities within a given timeframe (by category, age group, and gender)	80%
% of planned quantity of food distributed within a given timeframe (by project category and commodity types)	80%

Output: Supporting the Agricultural and Pastoral Sector through improving access to agricultural and pastoral inputs & tools to affected populations through targeted distributions and cash transfers

Output Indicator	2013 target
Number of beneficiaries receiving agricultural or pastoral inputs as percentage of planned beneficiaries (by input type, and gender)	80%
Quantity of agricultural or pastoral inputs including seeds, tools, animal feed as a percentage of planned (by project category and commodity types)	80%

Output: Piloting cash and voucher-based interventions to vulnerable poor households

Output Indicator	2013 target
Number of beneficiaries receiving cash transfers and vouchers by category, activity, transfer modality and as % of planned	80%
Quantity of agricultural inputs, equipment, infrastructure, etc. distributed as a percentage of planned distributions (by project category and commodity types)	80%

Cluster objective #1-2

Ensure protection, security and recovery of livelihoods in areas affected by climatic hazards (drought, floods).

Output: Enhancing agricultural production through equipment, yield management, farmers' capacity-building and provision of technical services

Output Indicator	2013 target
Number of beneficiaries receiving agricultural support as percentage of planned beneficiaries (by input type, and gender)	80%
Quantity of agricultural inputs, equipment, infrastructure, etc. distributed as a percentage of planned distributions (by project category and commodity types)	80%

Output Indicator	2013 target
Number of households benefiting from improved infrastructures wells, water pumps, storage facilities, animal traction equipment as percentage of planned	80%
Number of households benefiting from trainings (technical, food utilization, nutritional education) as a percentage of planned	80%
Output: Enhancing pastoral production through improving access to livestock, animal feed, and animal health, strengthening livestock owners' capacity and supply of technical services	
Output Indicator	2013 target
Number of beneficiaries receiving pastoral support as percentage of planned beneficiaries (by input type, and gender)	80%
Quantity of pastoral inputs, equipment, infrastructure, etc. distributed as a percentage of planned distributions (by project category and commodity types)	80%
Number of households benefiting from improved infrastructures, storage facilities, equipment...as percentage of planned	80%
Number of households benefiting from trainings (technical, food utilization, nutritional education) as a percentage of planned	80%
Output: Assisting in reconstruction and rehabilitation of community infrastructure	
Output Indicator	2013 target
Number and type of assets created and beneficiaries of asset-creation (FFW/T or CFW/T or IGA) projects, by category, and as percentage of planned	70%
Quantity of food or cash distributed by types of commodity expressed as a percentage of planned tonnage for asset-creation	70%
Output: Supporting income-generating activities	
Output Indicator	2013 target
Number of households benefiting from inputs to implement IGAs as percentage of planned	70%
Quantity of inputs to implement IGAs as percentage of planned	70%
Number of households benefiting from trainings (technical, food utilization, nutritional education) to implement IGAs as percentage of planned	70%

Strategic objective #2

Refugees, IDPs, returnees, repatriated migrants, host communities and other vulnerable people receive protection and assistance according to their needs.

Cluster objective #2-1

Restore and rebuilt livelihoods of refugees, IDPs, returnees, forced repatriated migrants, host communities and other vulnerable people

Output: Enhancing agricultural production through equipment, yield management, farmers' capacity-building and provision of technical services

Output Indicator	2013 target
Number of beneficiaries receiving agricultural support as percentage of planned beneficiaries (by input type, and gender)	80%

Output Indicator	2013 target
Quantity of agricultural inputs, equipment, infrastructure, etc. distributed as a percentage of planned distributions (by project category and commodity types)	80%
Number of households benefiting from improved infrastructures wells, water pumps, storage facilities, animal traction equipment as percentage of planned	80%
Number of households benefiting from trainings (technical, food utilization, nutritional education) as a percentage of planned	80%
Output: Enhancing pastoral production through improving access to livestock, animal feed, and animal health, strengthening livestock owners' capacity and supply of technical services	
Output Indicator	2013 target
Number of beneficiaries receiving pastoral support as percentage of planned beneficiaries (by input type, and gender)	80%
Quantity of pastoral inputs, equipment, infrastructure, etc. distributed as a percentage of planned distributions (by project category and commodity types)	80%
Number of households benefiting from improved infrastructures, storage facilities, equipment as percentage of planned	80%
Number of households benefiting from trainings (technical, food utilization, nutritional education) as a percentage of planned	80%
Output: Implementing targeted distribution of food commodities to vulnerable groups in affected areas	
Output Indicator	2013 target
% of planned beneficiaries receiving food commodities within a given timeframe (by category, age group, and gender)	80%
% of planned quantity of food distributed within a given timeframe (by project category and commodity types)	80%
Cluster objective #2-2	
Ensure protection, security and recovery of livelihoods in areas affected by climatic hazards (drought, floods).	
Output: Enhancing agricultural production through equipment, yield management, farmers' capacity-building and provision of technical services	
Output Indicator	2013 target
Number of beneficiaries receiving agricultural support as percentage of planned beneficiaries (by input type, and gender)	80%
Quantity of agricultural inputs, equipment, infrastructure, etc. distributed as a percentage of planned distributions (by project category and commodity types)	80%
Number of households benefiting from improved infrastructures wells, water pumps, storage facilities, animal traction equipment... as percentage of planned	80%
Number of households benefiting from trainings (technical, food utilization, nutritional education) as a percentage of planned	80%
Output: Enhancing pastoral production through improving access to livestock, animal feed, and animal health, strengthening livestock owners' capacity and supply of technical services	
Output Indicator	2013 target
Number of beneficiaries receiving pastoral support as percentage of planned beneficiaries (by input type, and gender)	80%

Strategic objective #3

Timely assistance and protection is provided to victims of natural disasters and epidemics.

Cluster objective #2-1

Ensure food security monitoring in close coordination with national food security information system.

Output: Reinforcing food security assessments, monitoring and information sharing in close coordination with national food security information system

Output Indicator	2013 target
Number of food security assessments conducted, early warning bulletins, and maps or reports produced	10

Output: Provision of technical training (data collection and analysis in Food Security Sector) to government stakeholders and implementing partners

Output Indicator	2013 target
Number of stakeholders (partners or governmental staff, targeted communities) trained in food security assessments or in implementing food-security related activities (by training and audience category).	50

Cluster objective #3-2

Reinforce Food Security Sector coordination to improve its performance.

Output: Coordinating food security cluster meetings at national and regional level

Output Indicator	2013 target
Number of Food Security Cluster meetings organized and minutes shared as a percentage of planned	12
Number of active decentralized food security coordination groups operational	4
Percentage of Food Security Cluster members satisfied with cluster performance	50%

Output: Liaising with humanitarian/development actors and national crisis management bodies

Output Indicator	2013 target
Number of Food Security Cluster meetings with national crisis management bodies participation as percentage of total number of Food Security Cluster meetings	90%
Number of national crisis meetings management bodies With Food Security Cluster team participation as percentage of total number of national crisis meetings management bodies meetings	90%

Strategic objective #4

Livelihoods and human resilience of most vulnerable people are increased.

Cluster objective #4-1

Ensure protection, security and recovery of livelihoods in areas affected by climatic hazards (drought, floods).

Output: Enhancing agricultural production through equipment, yield management, farmers' capacity-building and provision of technical services.

Output Indicator	2013 target
Number of beneficiaries receiving agricultural support as percentage of planned beneficiaries (by input type, and gender)	80%
Quantity of agricultural inputs, equipment, infrastructure, etc. distributed as a percentage of planned distributions (by project category and commodity types)	80%
Number of households benefiting from improved infrastructures wells, water pumps, storage facilities, animal traction equipment... as percentage of planned	80%
Number of households benefiting from trainings (technical, food utilization, nutritional education) as a percentage of planned	80%

Output: Enhancing pastoral production through improving access to livestock, animal feed, and animal health, strengthening livestock owners' capacity and supply of technical services

Output Indicator	2013 target
Number of beneficiaries receiving pastoral support as percentage of planned beneficiaries (by input type, and gender)	80%
Quantity of pastoral inputs, equipment, infrastructure, etc. distributed as a percentage of planned distributions (by project category and commodity types)	80%
Number of households benefiting from improved infrastructures, storage facilities, equipment as percentage of planned	80%
Number of households benefiting from trainings (technical, food utilization, nutritional education) as a percentage of planned	80%

Output: Assisting in reconstruction and rehabilitation of community infrastructure

Output Indicator	2013 target
Number and type of assets created and beneficiaries of asset-creation (FFW/T or CFW/T or IGA) projects, by category, and as percentage of planned	70%
Quantity of food or cash distributed by types of commodity expressed as a percentage of planned tonnage for asset-creation	70%

Output: Supporting IGAs

Output Indicator	2013 target
Number of households benefiting from inputs to implement IGAs as percentage of planned	70%
Quantity of inputs to implement IGAs as percentage of planned	70%
Number of households benefiting from trainings (technical, food utilization, nutritional education) to implement IGAs as percentage of planned	70%

Cluster objective #4-2

Ensure food security situation monitoring in close coordination with national food security information system.

Output: Reinforcing food security assessments, monitoring and information sharing in close coordination with national food security information system

Output Indicator	2013 target
Number of food security assessments conducted, early warning bulletins, and maps or reports produced	10

Output: Provision of technical training (data collection and analysis in Food Security Sector) to government stakeholders and implementing partners

Output Indicator	2013 target
Number of stakeholders (partners or governmental staff, targeted communities) trained in food security assessments or in implementing food security related activities (by training and audience category).	50

Cluster objective #4-3

Reinforce Food Security Sector coordination to improve its performance.

Output: Coordinating Food Security Cluster meetings at national and regional level

Output Indicator	2013 target
Number of Food Security Cluster meetings organized and minutes shared as a percentage of planned	12
Number of active decentralized food security coordination groups operational	4
Percentage of Food Security Cluster members satisfied with cluster performance	50%

Output: Liaising with humanitarian/development actors and national crisis management bodies

Output Indicator	2013 target
Number of Food Security Cluster meetings with national crisis management bodies participation as percentage of total number of Food Security Cluster meetings	90%
Number of national crisis meetings management bodies with Food Security Cluster team participation as percentage of total number of national crisis meetings management bodies meetings	90%

Top-priority actions, beneficiaries, and locations

- Actions**

Cluster objective “Ensure immediate need coverage (food assistance, emergency support to livelihoods) to mitigate crisis impact”:

- Targeted distribution of food commodities to vulnerable groups in affected areas.
- Targeted distribution of seeds, tools and animal feed to vulnerable households in affected areas.
- Cash and voucher-based interventions to vulnerable households in affected areas to provide food commodities, agricultural and pastoral inputs.

Cluster objective “Ensure protection, security and recovery of livelihoods in areas affected by climatic hazards (drought, floods)”:

- Supporting the Agricultural Sector through improving affected populations’ access to agricultural inputs & tools through targeted distributions and cash transfers.
- Enhancing agricultural production through yield management, farmers’ capacity-building, post-harvest treatment and provision of technical services.
- Supporting Livestock Sector through improving access to livestock, animal feed, and animal health, strengthening livestock owners’ capacity and supply of technical services.
- Assisting in reconstruction and rehabilitation of community infrastructure.
- Supporting IGAs.
- Supporting natural resource management and enhancing disaster risk reduction and disaster risk management.

Cluster objective “Ensure food security situation monitoring in close coordination with national food security information system”:

- Provision of technical training (data collection and analysis in Food Security Sector) to government stakeholders and implementing partners.
- Reinforcing food security assessments, monitoring and information sharing.

Cluster objective “Reinforce Food Security Sector coordination to improve its performance”:

- Coordinating Food Security Cluster at national and regional level.
- Coordinating with humanitarian/development actors.
- Coordinating with national crisis management bodies (CASAGC).

- **Beneficiaries**

All beneficiaries targeted by the Food Security Cluster are targeted on a vulnerability basis. Some aggravating factors have to be taken into account while estimating vulnerability.

- Displacement: in eastern Chad as a consequence of armed conflict and insecurity at the Sudanese border, returnees from Libya, refugees from Sudan and CAR, and will also focus on host communities.
- Malnutrition: in the Sahel belt, GAM rate is far above the WHO emergency threshold and food security activities can contribute to malnutrition prevention.
- Natural disasters exposure and repeated shocks: in the Sahel belt and southern Chad, people who are regularly affected by natural disasters have to be supported to strengthen their livelihoods and build resilience.

- **Locations**

- Sahel belt :
 - Areas with high food insecurity rate and high acute malnutrition rate: Kanem, Bahr el Gazal, Batha, Guéra, Wadi Fira, Sila, Ouaddaï.
 - Areas with lower severe food insecurity rate but high acute malnutrition rate: Hadjer Lamis, Lac, and Salamat.
- Areas of displacement/returns/reinstallation: Wadi Fira, Sila, Ouaddaï.
- Areas affected by floods: eastern and southern Chad, Batha, Salamat.
- Refugee camps.

Table of proposed coverage per location

Geographic Location	Food Security		
State			
Bahr el Gazal	WFP, Oxfam GB, FAO	TOTAL:	3
Batha	WFP, Solidarités International, ACTED	TOTAL:	3
Chari Baguirmi	WFP	TOTAL:	1
Guéra	WFP, Intermon Oxfam, CRS	TOTAL:	3
Hadjer Lamis	WFP	TOTAL:	1
Kanem	WFP, ACF, FAO	TOTAL:	3
Lac	WFP, IMC UK, ACTED	TOTAL:	3
Logone Occidental	WFP, FAO	TOTAL:	2
Logone Oriental	WFP, FAO	TOTAL:	2
Mandoul	FAO	TOTAL:	1
Mayo Kebbi Est	WFP, FAO	TOTAL:	2
Mayo Kebbi Ouest	WFP, FAO	TOTAL:	2
Moyen Chari	WFP, FAO, COOPI	TOTAL:	3
Ouaddaï	WFP, FAO, PU-AMI	TOTAL:	3
Salamat	WFP	TOTAL:	1
Sila	WFP, Intermon Oxfam, FAO	TOTAL:	3
Tandjilé	WFP, FAO	TOTAL:	2
Wadi Fira	WFP, FAO, CARE International, <i>Union Nationale des Associations Diocésaines de Secours et de Développement</i>	TOTAL:	4



Health

Cluster lead agency	WORLD HEALTH ORGANIZATION (WHO)
Funds required	\$28,681,269 for 13 projects
Contact information	Dr Barry Saidou Pathé (barrys@td.afro.who.int)

People in need and target beneficiaries

Category of people in need	Number of people in need			Beneficiaries targeted in cluster's CAP projects (end-year target)		
	Female	Male	Total	Female	Male	Total
Population affected by outbreaks	1,083,612	923,388	2,007,000	812,709	692,541	1,505,250
Sudanese +CAR refugees	193,544	153,110	346,654	101,726	79,775	181,501
U5 severely malnourished	101,280	88,720	190,000	56,000	53,000	109,000
Totals	1,388,343	1,171,657	2,543,654	970,435	825,316	1,795,751

Explanation of number of beneficiaries targeted

Targeted beneficiaries are projected people to be affected by recurrent epidemics of meningitis, measles and cholera. The Health Cluster is targeting to cover at least 75% of all populations in need by medical treatment as well as immunization response where applicable. This also includes medical response to the natural disasters that increase prevalence of epidemic diseases.

Some Health Cluster members operating in areas with a presence of refugee camps will contribute to the medical response that can reach 50% of people in need.

In response to malnutrition and food insecurity, Health Cluster is targeting to reach at least 50% of severely malnourished children that need medical interventions to cope with medical complications.

Cluster objectives and output targets

Strategic objective #1

Mortality and morbidity of the targeted populations are reduced.

Cluster objective #1-1

Increase access to and use of primary health services with an emphasis on immunization, HIV / AIDS, SGBV, the reproductive health in regions affected by crises

Output: Availability and use of primary health care services improved

Output Indicator	2013 target
Utilization rate of health services (Unit = Number of contact with health services)	1 Description: Population has access to health services in regions affected by crisis with at least one contact per person per year.
Immunization coverage (Unit = Percentage of immunized children)	85 Description: At least 85% of children under five immunized against measles and Penta-3 in affected regions
Supply of drugs to health facilities without stockout (Unit = Percentage of health facilities without stockout)	80 Description: In affected regions, at least 80% of health facilities have essential drugs and other medical consumables without stockout
Utilization and access to prevention treatment and support HIV/AIDS, STI (Unit = Percentage of health facilities with PMTCT and VCT)	50 Description: At least 50% of health facilities in affected regions have PMTCT and VCT services
% of reported cases of violations (gender disaggregated) with access to appropriate medical services (Unit = % of GBV cases treated)	100 Description: 100% cases of GBV referred to health facilities are correctly managed and receive medical treatment
Access and utilization rate of antenatal care services (Unit = Coverage rate of ante-natal care)	50 Description: At least 50% of women (15-45 years old) have two ante-natal consultations in affected regions
Percentage of deliveries in health facilities (Unit = Percentage of delivery assisted by trained staff)	20 Description: At least 30% of deliveries assisted by trained staff in health facilities of affected regions
Access and utilization of family planning services (Unit = Prevalence rate of family planning)	10 Description: At least 10% of women (15-45 years old) utilize family planning services in affected regions

Strategic objective #3

Timely assistance and protection is provided to victims of natural disasters and epidemics.

Cluster objective #3-1

Ensure medical care to affected population in regions affected by natural disasters and /or epidemic situations

Output: Prevention of outbreaks and case management of people affected by natural disasters and /or epidemics improved

Output Indicator	2013 target
Completeness of epidemiological surveillance data (Unit = Percentage of weekly surveillance report submitted)	90 Description: 90% of weekly

Output Indicator	2013 target
	reports timely submitted by health districts to National Surveillance Service to ensure early detection of epidemics
Case fatality rate (CFR) <10 % for meningitis outbreaks management (Unit = Case fatality rate)	10 Description: Supply of drugs, lab reagents and other medical consumables in affected health districts, train staff to ensure that CFR is <10% during meningitis outbreaks
Case fatality rate (CFR) <1 % for cholera outbreaks management (Unit = Case fatality rate)	1 Description: Supply of drugs, lab reagents and other medical consumables in affected health districts, train staff to ensure CFR is <1% during cholera outbreaks
Immunization coverage during outbreaks (Unit = Percentage of immunized population)	95 Description: At least 95% of affected population is immunized against measles (6-14 years old) during measles outbreaks end (1-29 years) during meningitis outbreaks

Strategic objective #4

Livelihoods and human resilience of most vulnerable people are increased.

Cluster objective #4-1

Strengthen the capacity of the health system and communities to ensure resilience after epidemics and natural disasters

Output: Health system and communities' capacity improved to sustain health services offered after a crisis

Output Indicator	2013 target
Percentage of health facilities with community health committee in place (Unit = % of Health facilities)	50 Description: After crisis at list 50% of health facilities in affected regions have a community health committee for population mobilization and management of health facility
Percentage of health facilities with trained health workers in early warning system for monitoring of epidemics and case management (Unit = Percentage of health facilities with trained staff)	50 Description: At least 50% of health facilities in affected regions have a trained staff in early warning system to monitor epidemics and case management of epidemic-prone diseases and PHC

Top-priority actions, beneficiaries, and locations

Actions:

- Advocate for having in place more qualified staff according to national policies and standards and provide support to staff redeployment when required.
- Ensure contingency stock of essential drugs, lab reagent and medical consumables to support health services for improving health delivery during crisis.
- Supply drugs and medical supplies including emergency health kits and reproductive health kits, laboratory supplies for emergency health care response to crisis.
- Support the integration of comprehensive reproductive health services into PHC to include Emergency Obstetric and Neonatal Care, Clinical care of survivors of sexual violence and STIs.
- Reduce HIV transmission through the coordination of activities, provision of essential supplies and equipment.
- Provide support for safe blood transfusion and social communication activities.
- Provide Therapeutic Nutrition Centre with emergency paediatric drugs and laboratory supplies for proper management of medical complications of SAM.
- Make available refresher courses on integrated management of childhood illness for health workers to ensure proper management of SAM with medical complication.
- Set up mobile clinics to ensure outreach treatment activities for improving referral of severe acute malnutrition with medical complication in nomadic population and remote areas of affected regions.
- Reinforce case management for meningitis, cholera and measles through the supply of essential drugs and the provision of refreshment training courses of health workers for epidemic response and control.
- Support the EWS for epidemiological surveillance of epidemic-prone diseases by providing refresher training courses for health workers and surveillance officers; providing surveillance tools, guidelines and strengthening essential laboratory capacity.
- Conduct investigations/assessments on suspected and/or rumoured cases for an adequate rapid response to any outbreak.
- Conduct mass campaign immunization of population at risk for measles and meningitis in the affected areas by epidemics.
- Beneficiaries: Population affected by outbreaks, refugees and severe malnourished children under five.

- **Locations:**

Population affected by outbreaks is located mainly in the regions bordering Lake Chad and Logone and Chari rivers for cholera outbreak. For meningitis and measles outbreak, the west, and southern east regions are the regions at high risk. Refugees are located in eastern and southern Chad, while nutrition medical response will target the Sahel belt.

Table of proposed coverage per location

Geographic Location	Health		
Region			
Batha	CRF, CRT	TOTAL:	2
Sila	COOPI, MSF/H	TOTAL:	2
Chari Baguirmi	World Vision	TOTAL:	1
Kanem	MDM	TOTAL:	1
Guera	International Aid Service	TOTAL:	1
Hadjer Lamis	Merlin; MSF/CH	TOTAL:	2
Lac	SIF	TOTAL:	1
Mayo Kebbi Ouest	IMC	TOTAL:	1
N'Djamena	SIF; MSF/F	TOTAL:	2
Bahr El Ghazal	IRC	TOTAL:	1
Ouaddai	PU-AMI, CSSI, BASE, IMC	TOTAL:	4
Sila	COOPI, MSF/CH	TOTAL:	2
Wadi Fira	SECADEV ; Care International	TOTAL:	2
Mandoul	MSF/F	TOTAL:	1



Logistics

Cluster lead agencies	WORLD FOOD PROGRAMME (WFP) UNITED NATIONS HUMANITARIAN AIR SERVICE (UNHAS)
Funds required	\$21,201,116 for 1 project
Contact information	Bernard de Wouters (bernard.de-wouters@wfp.org)

Explanation of number of beneficiaries targeted

Travel between the capital and the refugee camps remains highly hazardous and time-consuming, primarily due to the prevailing security situation and the lack of basic road infrastructure. Regions in the eastern and south-eastern part of the country are classified as United Nations security level 3; most road travel is authorized only with military/police escorts. Therefore, air travel has proven to be the only safe and reliable mode of transport to reach the refugees and IDPs throughout most of the year. Beside security concerns, the five-month rainy season also makes road transport extremely challenging. Most road travel is restricted during the rainy season in order to prevent further road damage caused by vehicle/truck traffic. All these results in sustained demand from the humanitarian community for WFP/UNHAS as the only means to reach the beneficiaries in many remote locations in Chad. The number of humanitarian workers transported is reasonably stable in 2012 compared to 2011. WFP/UNHAS transported 49,095 passengers, 141 MTs of cargo and carried out 72 evacuations from January to September 2011. In the same period of 2012, WFP/UNHAS transported 48,644 passengers, 134 MTs of cargo and carried out 72 evacuations. On average, WFP/UNHAS is expected to transport some 60,000+ passengers (humanitarian workers) per year.

How the sector response plan will contribute to the strategic objectives

This WFP/UNHAS operation will seek to provide a safe, reliable and cost-efficient air transport service to the humanitarian community providing assistance to refugees, host populations and IDPs throughout the country in 2013. This service has been requested by over 100 humanitarian agencies and the donor community currently operating in Chad. In 2013 WFP/UNHAS is planning to maintain same fleet size as in 2012; 4 fixed wing aircraft to service at least 17 destinations on regular basis.

Sector objectives and output targets

Strategic objective #2

Refugees, IDPs, returnees, repatriated migrants, host communities and other vulnerable people receive protection and assistance in accordance to their needs.

Sector objective #2-1

Uninterrupted delivery of air transport support to the humanitarian community to remote areas not easily accessible by road.

Output: To provide safe, efficient and cost-effective inter-agency air transport service for over 100 UN agencies, NGOs and donor organizations providing humanitarian assistance to Sudanese refugees, host populations and IDPs in the region

Output Indicator	2013 target
Aircraft occupancy rate (per cent)	70
Number of passengers transported per month	5,000

Output: To transport light cargo such as medical supplies, high energy foods and information and communications technology (ICT) equipment

Output Indicator	2013 target
Tonnage (MT) of food or NFIs transported per month	15

Output: To provide timely medical and security evacuations for the humanitarian community in Chad

Output Indicator	2013 target
Response to medical and security evacuations duly requested (per cent)	100

Top-priority actions, beneficiaries, and locations

- Actions: Uninterrupted delivery of air transport support to the humanitarian community to remote areas not easily accessible by road.
- Beneficiaries: 60,000 passengers (humanitarian workers) from over 100 UN agencies, NGOs and donor organizations providing humanitarian assistance.
- Locations: Multiple locations. Currently 17 destinations served on a weekly base. Adjustable via the User Group Committee and the User Group Meetings.



Multi-Sector for Refugees

Cluster lead agency	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR)
Funds required	\$158,893,426 for 1 project
Contact information	Jean Bosco Rushatsi (Rushatsi@unhcr.org)

People in need and target beneficiaries

Category of people in need	Number of people in need			Beneficiaries targeted in cluster's CAP projects (end-year target)		
	Female	Male	Total	Female	Male	Total
Sudanese refugees	162,167	126,290	288,457	162,167	126,290	288,457
Central African refugees	31,377	26,820	58,197	31,377	26,820	58,197
Urban refugees and asylum-seekers	325	212	537	325	212	537
Totals	193,869	153,322	347,191	193,869	153,322	347,191

Explanation of number of beneficiaries targeted

In 2013, UNHCR will continue to provide protection and assistance to 347,191 refugees including 288,457 Sudanese refugees who are living in 12 camps in eastern; 58,197 refugees from CAR in six camps in south and southeast and some 537 urban refugees from various countries living in N'Djamena (UNHCR statistics, September 2012).

In February 2012, a small influx of 570 refugees was registered in the south following clashes between new rebel movements and government troops in the north of CAR. Other clashes took place in June 2012 in Ouham Prefecture and in Paoua and Markounda, Ouham Pende Prefecture, northern CAR, causing the flight of more than 5,000 new arrivals to the south Chad of which 1,555 have regularly registered prior to their transfer to Gondje refugee camp in Gore.

Multi-sector objectives and output targets

Strategic objective #2

Refugees, IDPs, returnees, repatriated migrants, host communities and other vulnerable people receive protection and assistance in accordance to their needs.

Sector objective #2-1

Health status of the refugee population improved.

Output: Access to PHC services provided or supported

Output Indicator	2013 target
Crude mortality rate (per 1,000 population/month) for refugees from CAR	0.3

Output Indicator	2013 target
Crude mortality rate (per 1,000 population/month) for Sudanese refugees in the East	0.2
Extent people of concern (PoCs) have access to PHC (Sudanese refugees in East, refugees from CAR and urban refugees)	100%
Output: Health services to children under five delivered	
Output Indicator	2013 target
Under-five mortality rate decreases (per 1,000 population/month) for refugees from CAR and Sudanese refugees in East	0.5
Output: Preventative and community-based health care services provided	
Output Indicator	2013 target
Routine immunization programme established and maintained	100%
Sector objective #2-2	
Nutritional well-being improved	
Output: Community management of acute malnutrition programmes implemented and monitored	
Output Indicator	2013 target
Prevalence of anaemia in women of reproductive age (15-49 yrs)	40% Description: refugees from CAR
Prevalence of anaemia in women of reproductive age (15-49 yrs)	20% Description: Sudanese refugees in the East
Prevalence of GAM (6-59 months)	5% Description: refugees from CAR
Prevalence of GAM (6-59 months).	9% Description: Sudanese refugees in the East
Output: Supplementary feeding programme implemented and monitored	
Output Indicator	2013 target
Prevalence of anaemia in children (6-59 months) (Unit = Percentage)	53 Description: refugees from CAR
Prevalence of anaemia in children (6-59 months) (Unit = Percentage)	42 Description: Sudanese refugees in the East
Sector objective #2-3	
Supply of potable water increased or maintained	
Output: Water system constructed, expanded and/or upgraded	
Output Indicator	2013 target
Average # of litres of potable water available per person per day (Unit = Litres)	22 Description: refugees from CAR
Average # of litres of potable water available per person per day. (Unit = Litres)	20 Description: Sudanese refugees in the East
Incidence of watery diarrhoea decreased (Unit = Percentage)	10 Description: refugees from CAR

Output Indicator	2013 target
% of PoC living within 200 m from water point (Unit = Percentage)	90 Description: refugees from CAR and Sudanese refugees in the East

Sector objective #2-4

Shelter and infrastructure established, improved and maintained

Output: Shelter materials and maintenance tool kits provided

Output Indicator	2013 target
% of households living in adequate dwellings (Unit = Percentage)	45 Description: refugees from CAR and Sudanese refugees in the East
# of shelter maintenance tool kits and materials provided. (Unit = Number)	3,000 Description: refugees from CAR
# of people receiving shelter support (Unit = Number)	120,000 Description: Sudanese refugees in the East

Sector objective #2-5

Population has sufficient access to energy

Output: Energy-saving practices promoted

Output Indicator	2013 target
% of households with access to sustainable energy (Unit = Percentage)	70 (CAR) and 100 (Sudanese) Description: refugees from CAR and Sudanese refugees in the East
% of households using alternative energy (e.g. solar, biogas, ethanol, environmentally friendly briquette, wind, etc.) (Unit = Percentage)	83 Description: Sudanese refugees in the East
% of households provided with energy saving equipment (Unit = Percentage)	100 Description: Sudanese refugees in the East
Sustainable energy strategy developed & implemented (Unit = Percentage)	100 Description: refugees from CAR and Sudanese refugees in the East

Sector objective #2-6

Protection of children strengthened.

Output: Core child protection structures/functions established

Output Indicator	2013 target
% of unaccompanied and separated children for whom a best interest process has been initiated or completed (Unit = Percentage)	40 (Sudanese) and 35 (CAR) Description: refugees from CAR and Sudanese refugees in the East
% of out of school adolescents who participate in targeted programmes (Unit = Percentage)	30 (CAR) and 40 (Sudanese) Description: refugees from CAR and Sudanese refugees in the East
Extent children of concern with specific needs are identified and assisted (Unit = Percentage)	70 (CAR) and 100 (Sudanese) Description: refugees from CAR and Sudanese refugees in the East

Cluster objective #2-7

Risk of SGBV is reduced and quality of response improved.

Output: Participation of community in SGBV prevention and response enabled and sustained

Output Indicator	2013 target
Extent that known SGBV survivors receive support (Unit = Percentage)	30 (CAR), 35 (Sudanese), and 100 (urban) Description: refugees from CAR , Sudanese refugees in the East and urban refugees
# of reported incidents of SGBV per year. (Unit = Number)	1,200 Description: Sudanese refugees in the East and urban refugees
Victim/ survivor referral mechanisms have been established and sustained (yes/no) (Unit = percentage)	100 Description: refugees from CAR and Sudanese refugees in the East

Sector objective #2-8

Natural resources and shared environment better protected

Output: Forest protection undertaken

Output Indicator	2013 target
Extent environmental risks associated with the operation are mitigated (Unit = Percentage)	25 Description: refugees from CAR and Sudanese refugees in the East
# of hectares planted (Unit = Number)	500 (CAR) and 2,000 (Sudanese) Description: refugees from CAR and Sudanese refugees in the East

Output Indicator	2013 target
Forest protection and harvesting strategy developed & implemented (Unit = Percentage)	100 Description: refugees from CAR and Sudanese refugees in the East
Sector objective #2-9 Self-reliance and livelihoods improved	
Output: Access to agricultural / livestock / fisheries production enabled	
Output Indicator	2013 target
# of PoC receiving production kits / inputs for agriculture/livestock/fisheries activities (Unit = Number)	12,000 (CAR) and 48,000 (Sudanese) Description: refugees from CAR and Sudanese refugees in the East
% PoC (18-59 yrs) with own business / self-employed for more than 12 months (Unit = Percentage)	40 Description: refugees from CAR
Sector objective #2-10 Potential for resettlement realized	
Output: Identification of resettlement cases including women & girls at risk conducted	
Output Indicator	2013 target
# of cases identified including women and girls at risk (Unit = Number)	15 (Sudanese) and three (urban) Description: Sudanese refugees in the East and urban refugees
% of identified people departed for resettlement (Unit = percentage)	28 Description: refugees from CAR
% of people submitted for resettlement who have departed for resettlement (Unit = Percentage)	23 (CAR) and 28 (urban) Description: refugees from CAR and urban refugees
Sector objective #2-11 Law and policy developed or strengthened	
Output: Advocacy conducted	
Output Indicator	2013 target
Extent law and policy consistent with international standards. (Unit = Percentage)	90 Description: refugees from CAR and Sudanese refugees in the East
# of government officials lobbied (Unit = number)	50 Description: refugees from CAR and Sudanese refugees in the East

Sector objective #2-12

Population has optimal access to education

Output: Measures to improve education quality and learning achievement implemented

Output Indicator	2013 target
% of teachers who are female (Unit = Percentage)	19 (CAR) and 43 (Sudanese) Description: refugees from CAR and Sudanese refugees in the East
% of teachers who are qualified (men and Women) (Unit = Number and percentage)	20 (CAR) and 10 (Sudanese) Description: refugees from CAR and Sudanese refugees in the East

Output: Primary education provided

Output Indicator	2013 target
% of PoC aged 6-13 yrs enrolled in primary education (Unit = Percentage)	80 (CAR) and 95 (urban) Description: refugees from CAR and urban refugees

Output: Early childhood education provided

Output Indicator	2013 target
% of PoC aged 3-5 yrs enrolled in early childhood education (Unit = Percentage of deliveries assisted by trained staff)	80 Description: refugees from CAR and Sudanese refugees in the East

Sector objective #2-13

Population has optimal access to reproductive health and HIV services

Output: Preventive reproductive health and HIV services provided

Output Indicator	2013 target
% of HIV positive PoC eligible for ART who receive anti-retroviral therapy (Unit = Percentage)	80 Description: Sudanese refugees in East, refugees from CAR and urban refugees
Extent PoCs have access to comprehensive reproductive health services (Unit = Percentage)	70 Description: Sudanese refugees in East and refugees from CAR
% of rape survivors receiving PEP within 72 hours of an incident (Unit = Percentage)	90 Description: Sudanese refugees in East and refugees from CAR

Sector objective #2-14

Services for people with specific needs strengthened

Output: Support to people with specific needs provided

Output Indicator	2013 target
% of older people (men and women) with access to services for their specific needs (Unit = Percentage)	100 Description: Sudanese refugees in East, refugees from CAR and urban refugees
% of PoC with disabilities with access to services for their specific needs (Unit = Percentage)	50 Description: Sudanese refugees in East, refugees from CAR and urban refugees
% of rape survivors receiving PEP within 72 hours of an incident (Unit = Percentage)	90 Description: Sudanese refugees in East and refugees from CAR

Sector objective #2-15

Civil registration and civil status documentation strengthened

Output: Birth registration and certificates provided

Output Indicator	2013 target
% of PoC who have a birth certificate (Unit = Percentage)	100 Description: Sudanese refugees in East, refugees from CAR and urban refugees

Sector objective #2-16

Level of individual documentation increased

Output: Issuance of ID & travel documents to people of concern supported

Output Indicator	2013 target
% of PoC who have a valid identity document (Unit = Percentage)	90 Description: Sudanese refugees in East, refugees from CAR and urban refugees

Sector objective #2-17

Quality of registration and profiling improved or maintained

Output: Eligible cases identified and registered

Output Indicator	2013 target
% of female and male registered on an individual basis (Unit = Percentage)	100 (CAR and Sudanese) and 85 (urban) Description: Sudanese refugees in East, refugees from CAR and urban refugees

Sector objective #2-18

Protection from crime strengthened

Output: Extent security management system effective in ensuring security of PoC

Output Indicator	2013 target
# of person trained (Unit = Number)	300 Description: DIS personnel present in the camp
# of \$ of local and international procurement undertaken to reinforce capacity of security forces (Unit = \$)	1,063,851 Description: Procurement of fuel and equipment
% of vehicles maintained in adequate condition (Unit = Percentage)	100 Description: DIS fleet

Top-priority actions, beneficiaries, and locations

- Actions: multi-sectoral support to 12 refugee camps in the east, and six refugee camps in the south
- Beneficiaries: Refugees
- Locations: eastern and southern Chad

Table of proposed coverage per location

Geographic Location Areas (Camps)	Multi-Sector for Refugees		
Goz Beida (Goz Amer, Djabal)	UNHCR, CNARR, HIAS, ADES, JRS, LWF, APLFT, AIRD	TOTAL:	8
Farchana (Farchana, Bredjing, Treguine and Gaga)	UNHCR, CNARR, HIAS, CRT, ADES, BASE, CORD, LWF, APLFT, AIRD, IRC	TOTAL:	11
Iriba (Kounoungou, Mile, Am Nabak, Touloum, Iridimi and Oure cassonie)	UNHCR, CNARR, HIAS, ADES, JRS, APLFT, AIRD, CSSI, IMC, IRC, SECADEV	TOTAL:	11
Gore (Moula, Belôm, Amboko, Dosseye, Gondje and Moyo/Koy)	UNHCR, CNARR, ADES, LWF, APLFT, AIRD, CARE, CSSI, ACRA, AFRICARE	TOTAL:	10
Ndjamena	UNHCR, CSSI	TOTAL:	2



Nutrition

Cluster lead agency	UNITED NATIONS CHILDREN'S FUND (UNICEF)
Funds required	\$37,927,946 for 7 projects
Contact information	Venuste RWAMFIZI, Phone. +23566790098, Email: vrwamfizi@unicef.org

People in need and target beneficiaries

Category of children in need	Number of children affected			Beneficiaries targeted in Cluster's HAP projects (end-year target)		
	Female	Male	Total	Female	Male	Total
Children under five	579,870	55,7130	1,137,000	579,870	557,130	1,137,000
Pregnant and lactating women	150,000	-	150,000	150,000	-	150,000
Totals	729,870	557,130	1,287,000	729,870	557,130	1,287,000

Explanation of number of beneficiaries targeted

Nutrition interventions such as curative (targeted cases) and preventive (blanket feeding; VIT A supplementation and deworming; infant and young children feeding messages) will target all under five girls and boys.

How the cluster response plan will contribute to the strategic objectives

Curative and preventive interventions planned in the cluster response will save lives and will contribute to decrease mortality and morbidity in under five children girls and boys).

Cluster objectives and output targets

Strategic objective #1

Mortality and morbidity of the targeted populations are reduced.

Cluster objective #1-1

Increase coverage and quality of community-based management of acute malnutrition among boys and girls under five and pregnant and lactating women.

Output 1.1.1: Increase health centres in Chad that have integrated the management of acute malnutrition

Output Indicator	2013 target
Number of health facilities implementing the management of acute malnutrition in Sahel belt and Sudanian region	707

Output 1.1.2 : Increased children identified with acute malnutrition receive adequate treatment

Output Indicator	2013 target
Percentage of identified malnourished children treated	75
% of health facilities which respond to nutrition SPHERE standards	70

Output 1.1.3: Promote health centres have at least one person trained on the national protocol and at least 80% of community health workers in targeted area trained

Output Indicator	2013 target
No. of health centres with staff trained on the national protocol in Sahel and southern areas	707

Output 1.1.4: Intensify health facilities, screening on acute malnutrition are systematically performed at community level and/or through mobile clinics and malnourished children are referred to health facilities for treatment

Output Indicator	2013 target
No. of health facilities which initiated the community- based screening	100
No. of health facilities which initiated the community- based screening	100

Cluster objective #1-2

Ensure the prevention of maternal and child malnutrition and micronutrients deficiencies in targeted population

Output 1.2.1: Increased mothers with under five children reached for treatment receive messages on health and nutrition

Output Indicator	2013 target
Percentage of mothers with malnourished children in treatment reached for messages on nutrition and health	100

Output 1.2.2: Improved under five children receive VIT A supplementation and deworming each six months

Output Indicator	2013 target
Percentage of <5 children reached for VIT A supplementation and deworming	100

Output 1.2.3: Increased targeted children have received the blanket feeding supplementation

Output Indicator	2013 target
No. of targeted children reached for the blanket feeding programme in the Sahel belt regions	300,000

Cluster objective #1-3

Strengthen nutrition surveillance and emergency preparedness

Output 1.3.1: The nutrition data are monthly submitted; analysed and shared in cluster meetings

Output Indicator	2013 target
Nutrition data with performance indicators are made available through monthly reports	12

Output 1.3.2: SMART surveys are organized every six months

Output Indicator	2013 target
Number of SMART surveys and evaluation done annually	2

Cluster objective #1-4

Strengthen the coordination mechanisms related to nutrition interventions; and strengthen monitoring and evaluation system

Output 1.4.1: Increased coordination meetings are organized as planned. b) Participation in inter-clusters meetings monthly with WASH/FOOD SEC/Health c) Monthly participation at least in one coordination meeting at regional level

Output Indicator	2013 target
Number of coordination meetings organized by the number of scheduled meetings	36

Output 1.4.2: Implementing partners elaborate project proposals for CAP and 100% of projects submitted are shared with the cluster team in charge for analysis

Output Indicator	2013 target
Number of implementing partners elaborates project proposals for CAP.	10
% of projects submitted which are shared with the cluster team in charge for analysis	100

Output 1.4.3: Conduct strategic plan for three years is elaborated and approved by the cluster members

Output Indicator	2013 target
A strategic plan for three years (2013-2015) is elaborated and approved by the cluster members	1

Top-priority actions, beneficiaries, and locations

The following package will be improved as a priority:

- Mobilize community in sensitizations.
 - Expand screening at community level with a focus on clinic mobile.
 - Extend the number of health centres which implement the nutrition interventions from 400 of the year 2012 to 476 in 2013 in the Sahel belt regions and in 130 health facilities in the southern area.
 - Support the referral system of malnourished cases.
 - Increase the capacity of support at regional, hospital and health centre level.
 - Support the medical treatment of diseases associated with malnutrition.
 - Support the prevention of malnutrition: Health and nutrition education; tracking cases at home; systematic treatment.
 - Strengthen the coordination and the monitoring/evaluation system.
 - Improve the supply management (storage, distribution and accountability and monitoring).
- Beneficiaries: Acute malnourished children boys and girls under five, pregnant and lactating women with acute malnutrition, will receive curative treatment:
 - Sahel belt regions: 125,959 < 5 years severely acute malnourished; 99,100 pregnant and lactating women; 431,490 moderately acute malnourished
 - Southern areas: 129,837 < 5 years severe acute malnourished; 50,492 pregnant and lactating women and 212,142 moderately acute malnourished.

The preventive interventions such as vitamin A supplementation and deworming will cover all 6-59 under five children boys and girls in the targeted areas:

- All the country: 1.137.000 < 5 years
The preventive interventions in areas with high rates of malnutrition will cover all 6-24 months girls and boys estimated at 300,000 in the Sahel belt regions.
- Locations: Priority done for nine Sahel belt regions and three southern regions where the rates of acute malnutrition justify an emergency interventions: Kanem, BEG, Batha, Lac, Hadjar-Lamis, Ouaddai, Sila, Wadi-Fira, Salamat; Tandjile, Logone Occidental, Chari Baguirmi

Table of proposed coverage per location

Geographic Location State	Nutrition		
Batha	<i>Ministere de la Sante, UNICEF, PAM, CRT-CRF, MSF-F</i>	TOTAL:	6
Kanem / Mao	<i>Ministere de la Sante, UNICEF, ACF, PAM</i>	TOTAL:	4
Dar-Sila	<i>Ministere de la Santé, UNICEF, Concern, COOPI, IMC, MSF-H, CSSI</i>	TOTAL:	7
Ouaddai	<i>Ministere de la Santé, UNICEF, PAM, CRT, BASE, CSSI, IRC</i>	TOTAL:	7
Salamat	<i>Ministere de la Santé, MSF-H</i>	TOTAL:	2
Guera	<i>Ministere de la Santé, UNICEF, PAM, IRC</i>	TOTAL:	4
Chari Baguirmi	<i>Ministere de la Santé</i>	TOTAL:	1
Tandjile	<i>Ministere de la Santé, WVI</i>	TOTAL:	2
Mandoul	<i>Ministere de la Sante, WVI</i>	TOTAL:	2
Logone Oriental	<i>Ministere de la Santé, WVI</i>	TOTAL:	2
Wadi Fira	<i>Ministere de la Sante, IMC, BASE</i>	TOTAL	3
Hadjer Lamis	<i>Ministere de la Sante, MSF-CH, MSF-H, Merlin</i>	TOTAL	4
LAC	<i>Ministere de la santé, Bambini, Alima, PAM, UNICEF</i>	TOTAL:	5
BEG	<i>Ministere de la Santé, ACF, PAM, UNICEF</i>	TOTAL	4
N'Djamena	<i>Ministere de la Santé, NDA, Bethanie, UNICEF, PAM</i>	TOTAL	4



Protection

Cluster lead agencies	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR)/ COMMISSION NATIONALE D'ACCUEIL DE REINSERTION DES REFUGIES ET DES RAPATRIES (CNARR)
Funds required	\$24,506,509 for 14 projects
Contact information	Honorine Sommet-Lange (sommet@unhcr.org)

People in need and target beneficiaries

Category of people in need	Number of people affected			Beneficiaries targeted in Cluster's HAP projects (end-year target)		
	Female	Male	Total	Female	Male	Total
IDPs	49,460	40,540	90,000	49,460	40,540	90,000
Returnees (IDP sites)	50,012	40,988	91,000	6,500	6,500	13,000
Returnees (neighbouring countries)	14,120	79,024	93,144	26,500	26,500	53,000
Children under five suffering from malnutrition	63,000	63,000	126,000	52,000	52,000	104,000
Children affected by the presence of mines and UXO	60,000	60,000	120,000	45,000	45,000	90,000
People affected by floods	118,616	118,616	237,232	25,000	25,000	50,000
Totals	355,208	402,168	757,376	204,460	195,540	400,000

Explanation of number of beneficiaries targeted

IDPs

After the inter-community conflict from 2005 to 2007 about 181,000 people were displaced in the eastern Ouaddaï and Sila regions. During the course of 2010 some 50,000 people are estimated to have returned to their areas of origin. In 2011 an estimated 7,000 returned, and by September 2012 a further 34,000 had returned. Currently there are still some 90,000 displaced people who are in need of assistance, two-thirds of which are under 18 years. In 2013, the IDP population is in need of assistance, in particular, in the area of access to land, housing, property and documentation to avoid future eviction and new conflicts that might cause new displacement. Most of the IDPs who opted for local integration lack civil status documentation, including birth certificates, a protection tool for children. To obtain accurate information on the number of IDPs who are in need of assistance, a profiling of PoCs will be conducted and an assessment and analysis of their conditions will be periodically undertaken. In addition, support will need to be provided to assist the competent authorities to issue civil documentation to IDPs. Protection monitoring mechanisms will be put in place or reinforced to prevent conflict between shepherds and farmers, to assist in the resolution of conflicts to preserve the peaceful co-existence between IDPs and the host community and to reduce the exploitation, violence, abuse and neglect of girls and boys. Self-reliance programmes need to be implemented in areas of local integration and relocalization. Assistance also needs to be provided in establishing permanent shelter to the

most vulnerable people including those who were affected by floods and severe weather during the rainy season in 2012.

Returnees (IDP sites)

Based on requests received from government entities, direct support to establish livelihood-generating opportunities for IDPs in eastern Chad, through various measures, will be facilitated in a first stage for 5,000 most vulnerable beneficiaries. Simultaneously, 8,000 beneficiaries in 1,500 households will be given voluntary return assistance and be provided with an economic start-up kit. In sum, the IDP-returnee programme will target 13,000 beneficiaries.

People affected by floods

According to Government registration data about 237,232 people are currently affected by the floods caused by the prolonged rainy season and the effects of secondary flooding of the riverbanks. Humanitarian emergency assistance is to be provided to the affected population in cooperation with government entities. Interim care, tracing and reunification services for children separated from their families will be provided and affected girls and boys will have access to free recreation and learning activities in community-supported CFSs.

Returnees (neighbouring countries)

Chadians returning from Libya and Nigeria are in need of direct psycho-social care and counselling in the regions of Batha, Ouaddai, Wadi Fira and Sila. An assessment from March 2012, with several follow up evaluations undertaken until September 2012, showed the grave situation of the target beneficiaries in these areas, where psycho-social care systems remain non-existent and medical facilities are inadequate to facilitate psychological first aid and psycho-social accompaniment. The target group has by now been exposed to a prolonged period of dealing with traumatic experiences of forceful and often directly violent displacement, hindering their social and economic reintegration process. Facilitating counselling processes and establishing systems at the community level to accompany those living with and suffering from traumatic experiences will enable beneficiaries to commence a self-sustained life in their current living situation.

The total number of beneficiaries of the intervention is 1,000 direct beneficiaries. The target group is 50,000 Chadian returnees (from Nigeria and Libya) in the geographic catchment area.

The return of some 3,000 Chadians who sought refuge in neighbouring countries such as Cameroon is foreseen in 2013. These people will require an initial minimum assistance to enable them to return to their areas of origin in Chad and to provide them with some basic non-food items to facilitate their re-integration.

Additionally, unaccompanied children returning from neighbouring countries, including those formerly associated with armed groups, will be cared for, protected reunited with their families and reintegrated into their community according to their specific needs and their best interest.

Child Protection

Malnourished children under five will be targeted in eight of the 11 Sahel regions, where child protection partners with a psycho-social support capacity in nutrition programmes are active. Sensitization campaigns will be conducted to discourage the use of negative coping mechanisms and harmful traditional practices towards children.

75% of the children exposed to mines in the eight identified regions in the north, east and south-east will be targeted through mine-risk education programmes in schools. The lack of access to formal education explains the difference between the population in need and that targeted.

Cluster objectives and output targets

Strategic objective #2

Refugees, IDPs, returnees, repatriated migrants, host communities and other vulnerable people receive protection and assistance in accordance to their needs.

Cluster objective #2-1

Promote the national legal framework for IDPs and the protection of children in accordance with international law.

Output: Support authorities in adopting and applying child rights-related legal instruments

Output Indicator	2013 target
# of national legal texts concerning child protection adopted (Unit = legal texts/codes)	2 Description: national codes e.g. Child Protection Code, Penal Code, Civil Code
# of trainings on national codes/texts related to child rights (Unit = trainings)	3 Description: Trainings on newly adopted codes to legal authorities and practitioners
# of national codes/texts related to child rights which are printed and distributed (Unit = booklets)	400 Description: Newly adopted codes to be distributed to judicial authorities and legal practitioners

Output: Law and policy developed or strengthened

Output Indicator	2013 target
# of national legal texts drafted and adopted	1
# of workshops or seminars held to promote compliance with protection standards	10
Extent law and policy consistent with international standards	80
Advocacy for inclusion in local, national and regional development plans	100

Cluster objective #2-2

Ensure the protection of people affected by (forced) displacement and access to humanitarian space through the strengthening of national institutions and the community.

Output: Situation of people affected by forced displacement monitored

Output Indicator	2013 target
Extent people have access to legal assistance (%)	80
# of advocacy interventions for access to national justice systems conducted	10
Reintegration monitoring system established	100

Output Indicator	2013 target
# of capacity development projects targeted at CSOs	20
Output: Humanitarian space guaranteed in areas affected by crises	
Output Indicator	2013 target
# of interventions undertaken by local authorities to ensure the humanitarian space	45
% of affected population with access to security services	50
Output: Peaceful co-existence between people affected by forced displacement and local communities promoted and strengthened	
Output Indicator	2013 target
# of awareness campaigns on peaceful co-existence and social cohesion conducted	30
# of incidents reported that violated the peaceful coexistence of the affected population and the host community	10
Output: Government authorities are enabled to respond to natural disasters in accordance to international standards upholding protection principals of most vulnerable populations (including women, children, population affected by previous traumatic experiences such as former displacement)	
Output Indicator	2013 target
# of government authorities trained in disaster response	150
# of government authorities trained in psycho-social first response	500
Cluster objective #2-3	
Reinforce mechanisms for prevention, protection and response to GBV particularly sexual violence in areas of return, relocalization and integration.	
Output: Increased awareness of GBV issues as a human rights violations	
Output Indicator	2013 target
# of people sensitized on key concepts gender, GBV and human rights	120,000
# of awareness raising campaigns that are specific to the local contexts and priorities	
# of films/theatre performances that aim to provide strategic messages to a large public including those who are illiterate or who do not have access to trainings and other opportunities	
Output: GBV prevention and response mechanisms reinforced (health, psycho-social, legal and security)	
Output Indicator	2013 target
% of reported cases have access to medical, psycho-social, legal, and security assistance	
# of partners offering quality services in health, psycho-social, legal and security (including prevention interventions)	
# of protection committees established	
% of known SGBV survivors receive support	22
# of survivors or victims' families receiving legal assistance	100
Victim/ survivor referral mechanisms have been established and sustained	100

Output: Coordination for better prevention and response to GBV reinforced

Output Indicator	2013 target
# of cluster leads who have integrated GBV into their programmes	
# of mapping exercises of existing services available	

Strategic objective #4

Livelihoods and human resilience of most vulnerable people are increased.

Cluster objective #4-1

Promote and strengthen durable solutions to people affected by humanitarian crises and strengthen the resilience of communities.

Output: Population profiling undertaken and completed

Output Indicator	2013 target
# of affected population profiling carried out with shared results	4
# of PoC profiled (disaggregated by age and sex)	130,000
Data system in place to systematically collect affected population data	100
# of months since population data was updated	10

Output: Durable solutions for people affected by crises identified

Output Indicator	2013 target
% of affected population lacking personal identity documents and/or other civil status documentation	90
% of affected population who obtained legal documentation that guarantees their right to property such as land and housing	10
% of surveyed sites where there is a functioning dispute resolution mechanism (judicial or customary/informal) to address housing, land and property grievances	50
% of affected population who have locally integrated	50
% of affected population who returned after having migrated to third countries have re-integrated into their community	75
% of affected population who returned after having migrated to third countries have received psycho-social assistance with the aim to re-integrate into their community	50
% of affected population who have received assistance to enable their re-integration in their areas of return	4
% of affected population who received assistance to enable their local integration	4
Extent national rights of returnees are re-established	80
Extent affected population represented in leadership management structures	40
# of community self-management structures strengthened	15
# of people trained in leadership	125

Output: Shelter materials and maintenance tool kits provided to vulnerable people among the affected population

Output Indicator	2013 target
% of households living in adequate dwellings	40
# of people receiving shelter support	100,000
# of people trained	20,000

Output: Self-reliance programmes provided for vulnerable people among the affected population to achieve a more sustainable reintegration

Output Indicator	2013 target
# of self-reliance programmes implemented	2
# of vulnerable people of affected population enrolled in self-reliance programmes	13,000
# of development projects that benefit the affected population	5

Output: Special assistance for people with special needs provided

Output Indicator	2013 target
% of older people with access to services for their specific needs	80
% of affected population with disabilities with access to services for their specific needs	50
# of families with specific needs receiving support (non-cash)	3,000

Cluster objective 4-2

Strengthen and promote a protective environment for girls and boys affected by humanitarian emergencies.

Output: Cases of violence, neglect, abuse and exploitation of girls and boys affected by humanitarian situations are identified, referred and followed up

Output Indicator	2013 target
% of reported cases of violations with access to protection services (Unit = % of cases)	25 Description: At least 25% of children affected by abuse, neglect, exploitation, violence of children access protection services (FTR, psycho-social, medical, legal)
# of focal points identified and trained in protection monitoring (Unit = Number of people)	20 Description: 20 NGO reps or community members
% of separated/unaccompanied boys and girls reunified with their families (Unit = % of boys and girls)	80 Description: At least 80% of SUAC reunited with families
# of inter-agency information management system established (Unit = Number of systems)	1 Description: Establishment of an inter-agency information management system to record child rights violations

Output: Reduce children's vulnerabilities to the negative impact of crises

Output Indicator	2013 target
# of community awareness trainings on child rights conducted (Unit = Number of trainings)	30 Description: Trainings to displaced people, returnees and host communities
% of people trained who are decision makers	30

Output Indicator	2013 target
(Unit = % of decision makers)	Description: Decision makers include local authorities, religious leaders, women representatives
% of displaced girls and boys who have a birth certificate (Unit = % of boys and girls)	25 Description: Displaced boys and girls in IDP camps and returnee sites
# of community-based child protection committees established (Unit = Number of CPCs)	10 Description: CPCs in IDP camps or areas of return
# of girls and boys trained on mine-risk education (Unit = Number of boys and girls)	90,000 Description: Girls and boys disaggregated by age/school year
# of partner staff and others trained on general child protection and child rights	100
Output: Provide psycho-social support in nutrition centres to acutely malnourished children and in CFSs located in displacement sites or places of return	
Output Indicator	2013 target
# of acutely malnourished boys and girls receiving PSS (Unit = Number of boys and girls)	100,000 Description: Severely malnourished boys and girls 0-59 months
# of nutrition centres with PSS programmes (Unit = Number of outpatient nutritional centres ⁴)	260 Description: CNAs in the Sahel belt
# of recreation kits used in nutrition centres and CFS (Unit = Number of kits)	200 Description: Nutrition centres in Sahel regions and CFS in areas of displacement
# of child-friendly spaces with PSS activities (Unit = Number of CFS)	12 Description: CFS in IDP camps, areas of return or new displacement sites (due to natural disasters)
# of displaced girls and boys receiving PSS in CFS (Unit = Number of boys and girls)	4,000 Description: Displaced girls and boys in IDP camps, areas of return or new displacement sites
# of social/health actors (women and men) trained in PSS (Unit = Number of women/men)	600 Description: Social and health actors (government and NGO staff) working in nutrition centres or CFS
Output: Strengthen the capacity and coordination of child protection actors and facilitate joint advocacy efforts	
Output Indicator	2013 target
# of training provided to child protection actors on Child Protection in emergency issues (Unit = Number of trainings)	2 Description: Trainings on CPiE, protection principles, RNA, IASC guidelines etc., to CPSC members
# of joint evaluations conducted	2

⁴ In French, *centres nutritionnelles ambulatoires* (CNAs.)

Output Indicator	2013 target
(Unit = Number of evaluations)	Description: Inter-agency evaluations of an emergency situation conducted by members of the CPSC
# of joint advocacy campaigns (Unit = Number of campaigns)	2 Description: Advocacy campaigns conducted by multiple members of the CPSC e.g. Day of the African Child
# of occasions child protection activities by cluster members are mentioned in the print or radio media (Unit = Number of media hits)	5 Description: International or national media - print, online, radio

Top-priority actions, beneficiaries, and locations

- **Actions:** A key priority will be to accompany the Government of Chad to incorporate the Kampala Convention in national legislation and to contribute to the return and reintegration of IDPs in the east to ensure the implementation of the durable solutions. Inter-community dialogue will be an essential tool in support of durable solutions in areas of return and local integration or re-localization. Further institutional support will focus on access to justice (support to mobile courts, capacity-building and legal representation), reinforcement of traditional, administrative and security structures, access to land, basic services and self-reliance opportunities. Additionally, the Protection Cluster will reinforce the activities to support a smooth reintegration of returnees from neighbouring countries, including psycho-social support. Timely protection support to victims of natural disasters, especially the provision of psycho-social care to severely malnourished children under five and their caretaker along the Sahel belt, remains a priority for the sector.
- **Beneficiaries:** In the east, focus will be placed on some 26,000 beneficiaries (5,000 most vulnerable, 8,000 voluntary and 13,000 returnees) to avoid further discrepancies between returnees or locally integrated and local (affected) population as well as to harmonize, as much as possible, the approach for IDPs and other vulnerable affected populations. Girls, boys and other vulnerable groups such as elderly and/or disabled people, victims of natural disasters or exposed to risks such as UXO, as well as GBV victims are a priority.
- **Locations:** Assoungha, Sila regions in the east as well as transit or final destination areas of returnees from neighbouring countries. Zones affected by natural disasters such as floods (east and southern Chad) and drought/malnutrition (Sahel belt). Areas with significant presence of UXO (east and northern Chad).



Water, Sanitation and Hygiene

Cluster lead agency	UNITED NATIONS CHILDREN'S FUND (UNICEF)
Funds required	\$16,664,672 for 13 projects
Contact information	Lillian Okwirry, lokwirry@unicef.org, Tel: (+235) 66362900 David Deubalbe, ddeubalbe@unicef.org, Tel: (+235) 66633488 / 95887930

People in need and target beneficiaries

Category of people in need	Number of people in need			Beneficiaries targeted in cluster's CAP projects (end-year target)		
	Female	Male	Total	Female	Male	Total
Mothers / caregivers of malnourished children	93,600	62,400	156,000	78,926	48,374	127,300
People at risk of cholera	141,000	94,000	235,000	87,152	58,280	145,432
Displaced populations in eastern Chad	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
Host population areas affected by crises in the east	177,000	153,000	330,000	177,000	153,000	330,000
Population affected by floods	168,000	112,000	280,000	41,430	29,373	70,803
Totals	775,420	561,012	1,336,432	580,328	428,639	1,008,967

How the cluster response plan will contribute to the strategic objectives

The WASH Sector strategy aims to improve and to maintain the health and build resilience of the most vulnerable population (men, women and children) to humanitarian crises in Chad, targeting the efforts in implementing fast and efficient water programmes and hygiene promotion and sanitation services, prevention of natural disasters and the fight against cholera epidemics to improve living conditions and reduce mortality and morbidity in affected communities by the events of humanitarian crises.

This strategic sector overall strategy is defined to contribute to the reduction of mortality and morbidity of population affected by the humanitarian crisis in Chad and especially the improvement of living conditions of people vulnerable giving access to basic social services matter and water sanitation.

Cluster objectives and output targets

Strategic objective #1

Mortality and morbidity of the targeted populations are reduced.

Cluster objective #1-1

Contribute to the reduction of morbidity and mortality through improved access to safe drinking

water, sanitation facilities suitable, sustainable and good hygiene practices to people affected by the food and nutrition crisis.

Output: The population affected by the food and nutritional crisis in the Sahel (477,300 people) has access to potable water, sanitation, promotion of good family hygiene practices and with autonomous and sustainable maintenance of the infrastructures according to the national standard

Output Indicator	2013 target
Number of people with access to water in sufficient quality and quantity according to national standards (Unit = Number of people)	477,300
Number of health centres, therapeutic nutrition centres (in French, <i>centre thérapeutique nutritionnel / CNT</i>), CNAs and health facilities have access to drinking water quality / quantity (Unit = Number)	385
% Water points constructed or rehabilitated have a functional management committee and repairmen trained and equipped (Unit = %)	100
% mixed community animators (men / women) are trained and know the essential techniques of household water treatment and conservation (Unit = %)	100
% of water quality monitoring activities in the source, in CNA/CNT and at households in affected areas are carried out regularly (Unit = %)	80
Number of CNA/CNT delivering the WASH minimum package (Unit = Number)	385
Number of hygiene kits with key hygiene messages distributed to SAM affected carer / mother and child (Unit = Number)	127,300
% of men, women, couple carer/mother-malnourished children know and adopt good hygiene and sanitation practices for the fight against malnutrition, food insecurity and diarrheal diseases (Unit = %)	80
% population of the communities affected know the ways of transmission and prevention of waterborne diseases related to poor hygiene (Unit = %)	80
% of clubs hygiene mixed (boys and girls) implemented are functional (Unit = %)	100
ATPC / CLTS disseminated and adapted to the context in X number of villages (Unit = Number of villages)	150
% of triggered villages became open defecation free in targeted areas of intervention (Unit = %)	80
% of CNA and CNT in the Sahel belt have access, use and maintain separate latrines (taking into account accessibility for children and specific needs of men , women and children) (Unit = %)	100
% of villages ODF are aware of the concept of Eco-San as part of a pilot project in the Sahel (Unit = %)	20

Strategic objective #2

Refugees, IDPs, returnees, repatriated migrants, host communities and other vulnerable people receive protection and assistance in accordance to their needs.

Cluster objective #2-2

Contribute to improving access to basic social services (water, sanitation and hygiene) for displaced people, returnees, refugees and host of areas affected by humanitarian crises

Output: IDPs, returnees, refugees and host population in areas affected by humanitarian crises in Chad (635,432 people) have access and manage in an autonomous and sustainable way the water, hygiene and sanitation basic services in enough quantity and quality

Output Indicator	2013 target
% water points constructed or rehabilitated have a functional management committee and repairmen trained and equipped (Unit = %)	100
% mixed community animators (men / women) are trained and know the essential techniques of household water treatment and conservation (Unit = %)	100
ATPC / CLTS disseminated and adapted to the context in X number of villages (Unit = Number of villages)	60
% of triggered villages became open defecation free in targeted areas of intervention (Unit = %)	80
Number of people with access to water in sufficient quality and quantity according to national standards (Unit = Number)	635,432
% of water quality monitoring activities in the source and at households in affected areas are carried out regularly (Unit = %)	80
% of men, women know and adopt good hygiene and sanitation practices for the fight against malnutrition, food insecurity and diarrhoeal diseases (Unit = %)	80
% population of the communities affected by crises know the ways of transmission and prevention of waterborne diseases related to poor hygiene (Unit = %)	80
% of clubs hygiene mixed (boys and girls) implemented in schools are functional (Unit = %)	100
Number of functional health centres, school and public places benefitting from sustainable access to sanitation and hygiene promotion (Unit = Number)	50
% of schools using and maintaining separate latrines (taking into account accessibility for children and specific needs of men , women and children) (Unit = %)	80

Strategic objective #3

Timely assistance and protection is provided to victims of natural disasters and epidemics.

Cluster objective #2-1

Preparedness and response to emergencies (operational action plan and contingency) to reduce the risks of natural disasters and the suffering of communities affected by humanitarian crises

Output: Mortality and morbidity caused by epidemic diseases (such as cholera) and diarrhoea is reduced and risk management (prevention and response) related to natural disasters is known and provided to the affected communities (305,803 people) in a resilient way

Output Indicator	2013 target
Number of people with access to water in sufficient quality and quantity according to national standards (Unit = Number of people)	305,803
% Water points constructed or rehabilitated have a functional management committee and repairmen trained and equipped (Unit = %)	100
% mixed community animators (men / women) are trained and know the essential techniques of household water treatment and conservation (Unit = %)	100
ATPC / CLTS disseminated and adapted to the context in X number of villages (Unit = Number of villages)	60
% of triggered villages became open defecation free in targeted areas of intervention (Unit = %)	80
% of water quality monitoring activities in the source and at households in affected areas are carried out regularly (Unit = %)	80
% of men, women know and adopt good hygiene and sanitation practices for the fight against malnutrition, food insecurity and diarrheal diseases (Unit = %)	80
% population of the communities affected by crises know the ways of transmission and prevention of waterborne diseases related to poor hygiene (Unit = %)	80
% of clubs hygiene mixed (boys and girls) implemented in schools are functional (Unit = %)	100
Number of functional health centres, school and public places benefitting from sustainable access to sanitation and hygiene promotion (Unit = Number)	25
% of schools using and maintaining separate latrines (taking into account accessibility for children and specific needs of men, women and children) (Unit = %)	80
Number men, women benefitting from a cholera prevention kit (Unit = Number of people)	235,000

Output Indicator	2013 target
% pre-positioning of contingency stocks (Unit = %)	80

Strategic objective #4

Livelihoods and human resilience of most vulnerable people are increased.

Cluster objective #4-1

Strengthen the technical and operational capacity of the WASH Sector coordination, institutional and organizational capacities and inter-cluster coordination to provide the resources, tools and strategies for ensuring the effective and efficient management preparedness and emergency response

Output: The WASH Cluster coordination and inter-cluster coordination will provide the necessary means and operational strategies to ensure coherent and effective management of humanitarian crisis (with a resilient approach)

Output Indicator	2013 target
% meetings organized by cluster featuring integrated strategy priority WASH / Nutrition / Food Security and WASH / Health and multi-sectoral coordination (Unit = %)	80
% WASH stakeholders (national and international) and community animators are trained through technical and operational capacity-building in management of natural disasters and epidemics (Unit = %)	80
% WASH needs are assessed in the Sahel belt and areas affected by cholera epidemics, natural disasters and crises in East (Unit = %)	80
% the WASH and Nutrition database of the Sahel belt are capitalized, updated and shared (Unit = %)	80

Table of proposed coverage per location

Geographic Location State	WASH		
Batha	<i>Ministere de la Sante (Delegation et District sanitaire), Solidarites International, Ministere de l'Hydraulique Urbaine et Rurale</i>	TOTAL:	3
Kanem / Mao	<i>ADRA, Ministere de la Sante (Delegation et District sanitaire), Ministere de l'Hydraulique Urbaine et Rurale</i>	TOTAL:	3
Dar-Sila	<i>International Aid Service, CHORA, ACTED, Intermon Oxfam, World Concern, Ministere de la Sante (Delegation et District sanitaire), Ministere de l'Hydraulique Urbaine et Rurale</i>	TOTAL:	8
Ouaddai	<i>ACTED, International Aide Service, Ministere de la Sante (Delegation et District sanitaire), Ministere de l'Hydraulique Urbaine et Rurale</i>	TOTAL:	4
Salamat	<i>MSF, Solidarites International, Islamique Relief Worldwide, Ministere de la Sante (Delegation et District sanitaire), Ministere de l'Hydraulique Urbaine et Rurale</i>	TOTAL:	5
Guera	<i>Intermon Oxfam, ACORD, NAGDORO, International Aide Service, Ministere de la Sante (Delegation et District sanitaire), Ministere de l'Hydraulique Urbaine et Rurale</i>	TOTAL:	6
Chari Baguirmi	<i>ESMS, FSID, Agence EAA, Universite Populaire, Secours Islamique France, Mairie de Ndjama, Ministere de la Sante (Delegation et District sanitaire), Ministere de l'Hydraulique Urbaine et Rurale</i>	TOTAL:	8
Logone Occidental	CRT-CRF	TOTAL	2
Mandoul	CRT-CRF	TOTAL	2
Mayo Kebbi Est	<i>Ministere de la Sante (Delegation et District sanitaire), Ministere de l'Hydraulique Urbaine et Rurale</i>	TOTAL:	2
Mayo Kebbi Ouest	<i>Ministere de la Sante (Delegation et District sanitaire), Ministere de l'Hydraulique Urbaine et Rurale</i>	TOTAL:	2
Tandjile	<i>CAIDEL, World Vision, Ministere de la Sante (Delegation et District sanitaire), Ministere de l'Hydraulique Urbaine et Rurale</i>	TOTAL:	4
Wadi Fira	<i>SECADEV, CARE International, International Aide Service, Ministere de la Sante (Delegation et District sanitaire), Ministere de l'Hydraulique Urbaine et Rurale</i>	TOTAL	5
Hadjer Lamis	<i>Merlin, Oxfam GB, Ministere de la Sante (Delegation et District sanitaire), Ministere de l'Hydraulique Urbaine et Rurale</i>	TOTAL	4

Roles, responsibilities and linkages

The main humanitarian coordination mechanisms at the national level are the following:

The Humanitarian Country Team

The HCT, composed of representatives of UN humanitarian agencies, NGOs and donors, is the main forum for operational and strategic humanitarian coordination in Chad and is placed under the leadership of the HC. The HCT is supported by ICC. Its terms of reference were developed in accordance with the 2009 IASC guidance on HCTs and revalidated in Ndjamena on August 29, 2012. The HCT's main objectives are:

- The humanitarian strategic and operational decisions in Chad are taken with the best interest of the vulnerable populations, based on joint needs assessments and humanitarian priorities, including resource allocation.
- An efficient and appropriate response to humanitarian emergencies is planned and executed in a timely manner across the country.
- Efficiency of the humanitarian response is ensured on a technical level by ICC, seeking constant inter-sectoral complementarity.
- The humanitarian response is in accordance with the common humanitarian strategy and targets the priority gaps.
- Humanitarian and operational principles guiding humanitarian action are respected.
- A partnership is developed between the structures of humanitarian coordination and those of actors working over the long term, including the government.

Inter-cluster coordination

ICC meetings are at the heart of the humanitarian coordination structure in Chad, bringing together all the seven clusters to ensure inter-sectoral synergy and complementarity. Facilitated by OCHA and with the participation of cluster coordinators and co-facilitators, the ICC is the technical and operational body that supports HCT deliberations and executes its decisions. The ICC meets regularly once a month or on an ad hoc basis according to humanitarian needs.

The clusters and sub-clusters

There are currently seven operational clusters in Chad (Food Security, Early Recovery, Education, Nutrition, Health, WASH, and Protection) and two sub clusters linked to the Protection cluster (Child Protection and GBV). The clusters are responsible for the sectoral coordination of humanitarian action as well as for collecting updated data and identifying sectoral needs, gaps and priorities.

General coordination meetings

The general coordination meeting is an important forum for information sharing on general humanitarian developments and security dynamics with an impact on humanitarian action. All national and international humanitarian actors are invited to participate, including NGOs, international organizations and donors. The general coordination meeting takes place regularly once a month.

Cross-cutting issue

The Environment. Humanitarian actors must integrate environmental considerations in their programmes. Underlying environmental factors, such as the impact of climate change, desertification and the erosion of major water basins such as Lake Chad and Lake Ounianga among others, compounded by the over-exploitation of underground water resources and disputes over land, have a direct negative impact on the livelihoods of people affected by crises in Chad. The lack of effective environmental safeguards in humanitarian programming can hamper resilience-building and early recovery initiatives. Thus, in 2013 the humanitarian community will streamline mechanisms to contextualize and assess the environmental impacts of humanitarian action, aiming to enhance environmental benefits and mitigate potential negative impacts.

The Gender Marker

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

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

ANNEX I: LIST OF PROJECTS

Table IV: List of Appeal Projects (grouped by cluster)

Consolidated Appeal for Chad 2013

as of 15 November 2012

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority
COORDINATION AND SUPPORT SERVICES				
CHD-13/CSS/56227/15019	Soutien à la Coordination des ONG au Tchad	CCO	200,000	HIGH
CHD-13/CSS/56317/119	Strengthening Humanitarian Coordination and Advocacy in Chad	OCHA	4,848,038	VERY HIGH
Sub total for COORDINATION AND SUPPORT SERVICES			5,048,038	
EARLY RECOVERY				
CHD-13/ER/56218/5660	Early recovery support in the home area of returnees and host community in Daguessa; Dogdore and Mongororo of Sygnar Canton - Sila Region.	INTERSOS	176,550	VERY HIGH
CHD-13/ER/56234/776	UN Joint initiative on Operational Capacity Development for Health	UNDP	1,120,000	VERY HIGH
CHD-13/ER/56241/14439	Appui aux femmes et aux hommes retournées de Sila	OHD	530,000	VERY HIGH
CHD-13/ER/56247/14439	Appui aux femmes et aux hommes pour l'autosuffisance alimentaire	OHD	500,000	HIGH
CHD-13/ER/56281/776	Renforcement de la résilience des populations par l'appui à l'amélioration du niveau des revenus non agricoles dans les zones de retour	UNDP	804,000	HIGH
CHD-13/ER/56282/776	Reduction of vulnerability of IDPs and the inhabitant populations in the returning areas	UNDP	391,340	HIGH
CHD-13/ER/56291/776	Environmental protection	UNDP	1,176,120	HIGH
CHD-13/ER/56313/776	UNDP/UNHCR Joint Support Programme for the Détachement Intégré de Sécurité	UNDP	1,600,000	VERY HIGH
CHD-13/ER/56816/776	Renforcement de la coordination du Relèvement Précoce au Tchad	UNDP	524,000	VERY HIGH
CHD-13/H/56284/776	HIV/AIDS prevention and sexual education	UNDP	558,600	HIGH
CHD-13/H/56295/15861	Lutte contre les VIH/SIDA et l'excision	JEDM	330,000	VERY HIGH
Sub total for EARLY RECOVERY			7,710,610	
EDUCATION				
CHD-13/E/56000/14879	Amélioration du système d'éducation primaire dans les zones de retour de l'Assoungha - région Ouaddaï.	PU-AMI	650,000	HIGH
CHD-13/E/56223/5660	Develop Primary Education within Return Area of Ouadi-Kadja, (Dar Sila, Kimiti)	INTERSOS	216,140	VERY HIGH
CHD-13/E/56314/124	Promoting Access to Good Quality Education for all Chadian Children	UNICEF	5,350,000	VERY HIGH
Sub total for EDUCATION			6,216,140	
FOOD SECURITY				
CHD-13/A/55298/5146	A&L: Guera Supporting Recovery & Women's Activities	CRS	506,943	VERY HIGH
CHD-13/A/55687/123	Strengthening vulnerable returnees and hosts populations livelihoods	FAO	7,283,396	VERY HIGH
CHD-13/A/55689/123	Support to malnutrition reduction in the western Sahel belt of Chad	FAO	4,723,477	VERY HIGH
CHD-13/A/55692/123	Emergency assistance to floods affected populations in Chad	FAO	3,286,666	VERY HIGH
CHD-13/A/55844/5633	A&L: Improvement of food security and strengthening resiliency of Batha region rural community	Solidarités	1,000,000	VERY HIGH
CHD-13/A/55890/13107	A&L: Off-Season Agriculture With Women Groups in the Lake Region	IMC UK	1,641,239	HIGH
CHD-13/A/55899/5645	A&L: Restoring and improving household food security and livelihoods of vulnerable Communities in the Departments of Kobe and Biltine (Wadi Fira Region in Eastern Chad)	CARE International	508,250	VERY HIGH
CHD-13/A/55948/15590	A&L: Appui à l'auto-prise en charge des réfugiés soudanais des camps de Milé et Kounoungou et des populations environnantes	UNAD	315,900	MEDIUM
CHD-13/A/55982/14879	A&L: Renforcer la situation économique des populations des zones de retour de l'Assoungha - région Ouaddaï	PU-AMI	624,000	VERY HIGH

CHAD CONSOLIDATED APPEAL 2013 +

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority
CHD-13/A/56195/5167	A&L. Assistance to floods affected populations in southern Chad	COOPI	800,000	HIGH
CHD-13/A/56214/123	Improving food security sector coordination and performance	FAO	1,100,000	HIGH
CHD-13/A/56236/7854	A&L - Nutrition and food security reinforcement project for the vulnerable populations in the Mangalme district, Region of North Guéra, Chad.	Intermon Oxfam	205,590	VERY HIGH
CHD-13/A/56238/7854	A&L - Nutrition and food security reinforcement project for the former displaced population who returned to the Kimiti Department in the Sila Region of Chad.	Intermon Oxfam	267,500	VERY HIGH
CHD-13/A/56264/5120	A&L: Increasing resilience among vulnerable pastoralists and agro-pastoralists affected by drought in Northern Bahr El Gazal	OXFAM GB	1,300,000	VERY HIGH
CHD-13/ER/56239/5271	A&L - Appui à la sécurité alimentaire et à la préservation des moyens d'existence, Kanem, Tchad	ACF - France	968,000	VERY HIGH
CHD-13/F/56178/6458	A&L Strengthening food security by supporting early recovery of food crisis affected households in the Batha and the Lac Regions	ACTED	3,083,883	VERY HIGH
CHD-13/F/56250/561	FA - Targeted food assistance to refugees and vulnerable people affected by malnutrition and recurrent food crises	WFP	166,048,088	VERY HIGH
Sub total for FOOD SECURITY			193,662,932	
HEALTH				
CHD-13/H/55889/5167	Support Maternal and child care in Sila region	COOPI	500,000	HIGH
CHD-13/H/55995/14879	Renforcement de la prise en charge en soins obstétricaux, neonataux et infantiles d'urgence dans le district sanitaire d'Adré - région Ouaddaï.	PU-AMI	900,000	VERY HIGH
CHD-13/H/56073/124	Improving HIV/AIDS services for mothers, children and young people in Chad emergency settings with a focus on the Sahel Belt	UNICEF	1,230,500	VERY HIGH
CHD-13/H/56079/5167	Prevention and response to Cholera outbreak	COOPI	248,000	HIGH
CHD-13/H/56108/298	Psycho-social Capacity Building for Health and Social Service Providers	IOM	283,815	VERY HIGH
CHD-13/H/56111/298	Enhancing prevention and health care against scorpion stings	IOM	49,995	HIGH
CHD-13/H/56289/122	Emergency response to control meningitis, cholera and measles outbreaks in Chad.	WHO	6,406,060	VERY HIGH
CHD-13/H/56293/122	Emergency medical intervention for saving lives of severely malnourished children	WHO	946,000	VERY HIGH
CHD-13/H/56297/122	Emergency medical response to natural disasters in Chad.	WHO	1,039,500	HIGH
CHD-13/H/56298/124	Maternal and Child Health Care services to vulnerable population in the Sahel belt of	UNICEF	14,445,000	VERY HIGH
CHD-13/H/56303/5109	Improve access to HIV prevention and treatment by systematic integration HIV and AIDS in humanitarian zones (refugees, IDPs and returnees' people) in the eastern and southern regions of Chad	UNAIDS	925,000	VERY HIGH
CHD-13/H/56312/1171	Improving access to Reproductive Health (RH) services to the conflict-affected populations in the East and South of Chad	UNFPA	872,799	HIGH
CHD-13/H/56790/122	Improving Health Cluster coordination and monitoring of emergency response	WHO	834,600	HIGH
Sub total for HEALTH			28,681,269	
LOGISTICS				
CHD-13/CSS/56290/561	Provision of Humanitarian Air Services in Chad (UNHAS)	WFP	21,201,116	VERY HIGH
Sub total for LOGISTICS			21,201,116	
MULTI-SECTOR ACTIVITIES FOR REFUGEES				
CHD-13/MS/54744/120	Protection and Assistance of refugees in Chad	UNHCR	158,893,426	VERY HIGH
Sub total for MULTI-SECTOR ACTIVITIES FOR REFUGEES			158,893,426	
NUTRITION				
CHD-13/H/55942/5195	Provision of integrated emergency nutrition and basic health care services for vulnerable population of Massaguet and Bokoro districts of Hadjer Lamis Region of Chad	MERLIN	3,055,446	VERY HIGH
CHD-13/H/55949/13107	Provision of Nutrition Care to Bol and Bagasola Districts population	IMC UK	1,200,000	VERY HIGH
CHD-13/H/56002/14879	Assistance d'urgence à la lutte contre la malnutrition dans l'Assoungha - région Ouaddaï.	PU-AMI	1,000,000	VERY HIGH
CHD-13/H/56006/5271	To ensure continuity in the response to the nutritional emergency in Kanem and Bahr El Gazel regions – Chad	ACF - France	3,104,000	VERY HIGH

CHAD CONSOLIDATED APPEAL 2013 +

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority
CHD-13/H/56249/124	Emergency nutrition and child survival response in the Sahel belt of Chad	UNICEF	22,523,500	VERY HIGH
CHD-13/H/56280/15864	Amélioration du statut nutritionnel et sanitaire des pasteurs nomades dans 3 zones de concentration de Grédaya, Dourbal et Mandalya	CSSI	625,000	HIGH
CHD-13/H/56302/124	Achieve improved nutrition outcomes and build long term resilience in the Sahel belt of Chad through social protection measures	UNICEF	6,420,000	VERY HIGH
Sub total for NUTRITION			37,927,946	
PROTECTION				
CHD-13/H/55972/5167	Child Protection: Provide psycho-social support (PSS) in health centres located in displacement sites or places of return	COOPI	850,000	HIGH
CHD-13/P-HR-RL/54760/120	Protection and mixed solution for internally displaced Chadians in the East of Chad	UNHCR	12,826,684	VERY HIGH
CHD-13/P-HR-RL/54954/15671	Child Protection - Mines / ERWs Risk Education, Awareness, Training and Birth Certificates Attribution in 3 sub-Saharan Regions (Borkou, Ennedi and Tibesti) of Chad	AFFAIDS	673,000	HIGH
CHD-13/P-HR-RL/55165/124	Child Protection: Protect boys and girls against the negative impacts of humanitarian crises in Chad.	UNICEF	2,675,000	VERY HIGH
CHD-13/P-HR-RL/55327/5146	Child Protection: Strengthening the Fight Against Child Trafficking (SFACT): Phase II	CRS	371,894	HIGH
CHD-13/P-HR-RL/55642/5645	Child Protection: Protection and Rehabilitation of Children affected by armed conflict in Chad	CARE International	654,172	HIGH
CHD-13/P-HR-RL/56014/5271	Child Protection: To contribute to develop, in the community, positive care practices for vulnerable children during the nutritional emergency in Kanem and Bahr El Gazel regions – Chad	ACF - France	861,000	HIGH
CHD-13/P-HR-RL/56106/298	Voluntary Return and Reintegration Assistance For IDPs	IOM	2,449,919	VERY HIGH
CHD-13/P-HR-RL/56115/298	Humanitarian Assistance to flood affected population	IOM	635,776	VERY HIGH
CHD-13/P-HR-RL/56151/6217	Protection de l'enfant : prevention des violences contre les enfants et reinsertion des ex-EAFGAs dans l'est du Tchad	JRS	153,539	HIGH
CHD-13/P-HR-RL/56183/298	Direct Psycho-social Support to Returnees from Libya and IDPs	IOM	401,835	VERY HIGH
CHD-13/P-HR-RL/56194/8592	Protection de l'Enfance: Améliorer la prise en charge sociale, juridique et judiciaire des mineurs en danger moral et/ou en conflit avec la loi au Tchad	ASF	1,000,000	MEDIUM
CHD-13/P-HR-RL/56222/5660	INTERSOS Contribute to improve life condition return and integration of population affected by displacement Sygnar et Fongoro canton - Sila Region.	INTERSOS	636,650	VERY HIGH
CHD-13/P-HR-RL/56922/1171	Strenghtnenning resilience for IDP to adress GBV in the eastern Chad	UNFPA	317,040	HIGH
Sub total for PROTECTION			24,506,509	
WATER AND SANITATION				
CHD-13/WS/55369/5645	Improve quality water access and prevent water disease in Flood affected area in Grande Sido Department	CARE International	613,302	HIGH
CHD-13/WS/55797/5633	Improving access to safe water, sanitation and good hygiene practices among the population of Amdjamena Bulala, Fitri Department, Batha Region	Solidarités	696,600	VERY HIGH
CHD-13/WS/55985/13107	Building the Resilience of Flood-Affected Communities in Preventing Epidemic Diseases by Improving Health, Hygiene and Sanitation Conditions in Mayo Kebbi Est	IMC UK	600,001	VERY HIGH
CHD-13/WS/56005/7854	Improve water, hygiene and sanitation conditions for vulnerable populations in Guera	Intermon Oxfam	824,118	VERY HIGH
CHD-13/WS/56007/14879	Improvement of the access to safe water for returnees in eastern Chad	PU-AMI	427,000	VERY HIGH
CHD-13/WS/56009/7854	Reinforcing the access to essential services for the population of returnee areas (villages of return and host communities) of the Sila region by improving water, hygiene and sanitation conditions.	Intermon Oxfam	392,252	VERY HIGH
CHD-13/WS/56031/5271	Water, Hygiene and Sanitation intervention in a context of nutritional emergency - Kanem and Bahr el Gazal regions	ACF - France	1,833,000	VERY HIGH
CHD-13/WS/56120/124	Improving access to equitable and sustainable Water , Sanitation and Hygiene (WASH) services to for vulnerable populations (Women, children and men) affected by multiple crisis (returnees, IDPs, host populations, malnourished and people affected by cholera, and other epidemics)	UNICEF	7,651,591	VERY HIGH
CHD-13/WS/56181/6458	Supporting return movements in Eastern Chad by reinforcing coverage of basic water and sanitation needs	ACTED	949,461	VERY HIGH

CHAD CONSOLIDATED APPEAL 2013 +

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority
CHD-13/WS/56211/5582	Improved health status by provision of clean water and sanitation facilities for population in Guera and Eastern Chad	IAS	1,013,250	VERY HIGH
CHD-13/WS/56228/5633	Global pilote assessment of safe water availability in Batha rural areas	Solidarités	171,000	VERY HIGH
CHD-13/WS/56266/5120	Improved access to basic WASH services in cholera prone urban areas of Chad	OXFAM GB	1,230,000	HIGH
CHD-13/WS/56271/15591	Promotion de l'hygiène dans 10 écoles primaires et dans les ménages de 02 quartiers à N'Djaména et 05 écoles primaires à Mandelia	ESMS	263,097	VERY HIGH
Sub total for WATER AND SANITATION			16,664,672	
Grand Total			500,512,658	

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

Table V: Requirements per location

Consolidated Appeal for Chad 2013
as of 15 November 2012

Location	Requirements (\$)
All regions	200,180,939
Multiple locations	225,723,014
Bahr El Gazel	1,300,000
Bande sahelienne	29,312,977
Batha	1,867,600
Borkou	49,995
Guera	1,536,651
Hadjer Lamis	3,055,446
Kanem	968,000
Lac	2,841,239
Mayo Kebbi Est	600,001
Moyen Chari	2,452,802
N'Djamena	2,730,708
Ouaddaï	16,427,684
Sila	10,641,452
Wadi Fira	824,150
Grand Total	500,512,658

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

Table VI: Requirements per gender marker score

Consolidated Appeal for Chad 2013
as of 15 November 2012

Gender marker	Requirements (\$)
2b-The principal purpose of the project is to advance gender equality	1,100,855
2a-The project is designed to contribute significantly to gender equality	199,242,818
1-The project is designed to contribute in some limited way to gender equality	237,045,613
0-No signs that gender issues were considered in project design	41,922,256
Not Specified	21,201,116
Grand Total	500,512,658

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

ANNEX II: NEEDS ASSESSMENT

REFERENCE LIST

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

EVIDENCE BASE FOR THE 2012 CAP: EXISTING NEEDS ASSESSMENTS

Cluster/sector	Geographic areas and population groups targeted	Lead agency and partners	Date	Title or Subject
WASH, Health, Protection, Early Recovery, Food Security, Coordination	Faya Largeau, Ounianga Kebir, BET.	OCHA, WFP, IOM, Chadian Red Cross, UNICEF, UNHCR, UNDP	February 2012	Rapid Assessment Report, Impact of the Libya Crisis in the livelihoods of populations in Faya Largeau and Ounianga Kebir
Food Security	Nationwide	WFP, FAO Ministry of Agriculture, partners	February 2012	Post-harvest national survey
Protection, WASH, Food Security, Education, Early Recovery	Sila region (8 cantos)	INTERSOS	September/February 2012	Needs assessment on return zones in the east. 8 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, Oxfam	March 2012	Sustainable solutions for IDPs in eastern Chad.
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

CHAD CONSOLIDATED APPEAL 2013 +

Cluster/sector	Geographic areas and population groups targeted	Lead agency and partners	Date	Title or Subject
WASH	Koukou	AFDI	April 2012	WASH in zones of IDP return
Coordination	Pala, Lai	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 (8 cantons)	INTERSOS/ECHO	April/June 2012	Four reports –east border canton, northern border canton, internal canton and canton Barh Azoum. Mission Needs assessment
Nutrition	Sahel	UNICEF, WFP, French Red Cross, Ministry of Public Health	May/June 2012	Global Acute Malnutrition, SMART Survey
WASH	Faya-Largeau	Solidarités	June 2012	Rapid WASH assessment
Food Security	Sahel	FEWSNET	June 2012	Food Security Update
WASH, Food Security, Shelter, Health	Salamat Mouraye, Alkouk, Kharoub et Siheb	Islamic Relief	August 2012	Preliminary report on the impact of floods in Mouraye
Nutrition, Health	Salamat, Mouraye	MSF Holland	August 2012	Assessment of the impact of floods
Protection, WASH, Food Security, Education, Early Recovery	Sila region (8 cantons)	INTERSOS/ ECHO	October 2012	Tracking return movements and changes in the situation
Coordination	Bongor	OCHA, ECHO, Meteorology Direction	October	Floods assessment
Coordination	Moundou, Doba,	OCHA, Ministry of Planning, local authorities	October 2012	Support to CRA and preparedness
Coordination	Mao	OCHA, Ministry of Planning, local authorities	October 2012	Support to CRA and preparedness
Protection, Child Protection, Food Security, WASH,	Tandjilé, Mayo Kebbi Est, Moyen Chari	OCHA, UNICEF, WFP, FAO, UNHCR, WHO,	September 2012	Multi-Cluster Initial Rapid Assessment -Impact of floods

Cluster/sector	Geographic areas and population groups targeted	Lead agency and partners	Date	Title or Subject
Health		CRS, COOPI, LWF		in southern Chad
Food Security	Flooded areas	Ministry of Agriculture and Irrigation, WFP, FAO	October 2012	Impact of floods on agriculture
Protection, Child Protection, GBV, WASH, Health, Food Security, Education	Ndjamena	OCHA, UNICEF, WHO, IOM, UNHCR, FAO, WFP, CHORA, UP, Mairie de Ndjamena	October 2012	Multi-Cluster Initial Rapid Assessment – Preliminary Scenario Definition
Health, WASH, Education	Sila, Axe Tiero-Marena	OCHA, Oxfam Intermon, UNHCR, APFLT	October 2012	Report on the situation of returnees in the axis Tiero-Marena
Food Security, WASH, Health, protection	Mayo Kebbi Est, Ndjamena	International Federation of the Red Cross	October 2012	Chad Floods

CURRENT GAPS IN INFORMATION

Cluster/sector	Geographic areas and population groups	Subject
Intercluster	Lake Chad region, population living in islands of difficult access.	Protection issues, including child protection and security, health, education, WASH
Intercluster	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
Intercluster	Population living in south around Tissy, on the border triangle with CAR and Sudan.	Protection, maternal health, education, WASH
Early Recovery, Migration,	Returnees from Libya, across the country.	Integration and livelihoods. Conflict prevention.
Food Security, Nutrition	Sahel	Impact of the 2012 food security crisis in the livelihoods of affected populations
Education	Northern Chad	Education facilities for non-francophone returnee students from Libya in northern Chad and their impact on the local educational system.
Early Recovery	Abeche and Goz Beida	Coordination of efforts by different humanitarian and recovery actors

PLANNED NEEDS ASSESSMENTS

Cluster/sector	Geographic areas and population groups targeted	Lead agency and partners	Planned date	Subject
Health	Kanem, Hadjer Lamis, Barh el Gazel, Batha	WHO, Ministry of Public Health	Nov. 2012	Laboratory capacity assessment
Food Sec	Countrywide	Ministry of Agriculture, PAM, FEWSNET, FAO	Nov. 2012	Joint pre-harvest evaluation/ preliminary crop assessment
Nutrition	South	Ministry of Health, UNICEF, partners	Dec 2012	SMART survey
Multi-sector	South and East	UNHCR, WFP	Dec 2012	Joint Assessment Mission: Evaluation of the situation of central African refugees in eastern and southern Chad

ANNEX III: DONOR RESPONSE TO THE 2012 APPEAL

Table VII: Requirements and funding per cluster

Consolidated Appeal for Chad 2012
as of 15 November 2012

Cluster	Original requirements	Revised requirements	Carry-over	Funding	Total resources available	Unmet requirements	% Covered	Uncommitted pledges
	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(%)	(\$)
	A	B	C	D	E=C+D	F=B-E	G=E/B	H
AGRICULTURE AND LIVELIHOODS	23,805,866	24,932,067	-	12,231,363	12,231,363	12,700,704	49%	-
COORDINATION AND SUPPORT SERVICES	22,236,086	22,333,097	57,181	20,656,101	20,713,282	1,619,815	93%	-
EARLY RECOVERY	4,462,934	4,494,554	-	1,400,044	1,400,044	3,094,510	31%	-
EDUCATION	8,192,462	4,433,962	-	643,429	643,429	3,790,533	15%	-
FOOD ASSISTANCE	132,290,772	236,406,322	-	242,303,486	242,303,486	(5,897,164)	102%	327,654
HEALTH	22,969,612	31,364,492	-	7,671,810	7,671,810	23,692,682	24%	-
MULTI-SECTOR ACTIVITIES FOR REFUGEES	159,394,146	159,526,163	-	44,550,018	44,550,018	114,976,145	28%	-
NUTRITION	33,114,892	46,568,392	-	40,367,040	40,367,040	6,201,352	87%	-
PROTECTION	23,859,765	21,530,986	-	1,011,582	1,011,582	20,519,404	5%	-
WATER AND SANITATION	27,040,611	20,356,962	-	7,338,154	7,338,154	13,018,808	36%	-
CLUSTER NOT YET SPECIFIED	-	-	-	2,670,628	2,670,628	n/a	n/a	-
Grand Total	457,367,146	571,946,997	57,181	380,843,655	380,900,836	191,046,161	67%	327,654

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

Funding: contributions + commitments

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 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 per priority level

Consolidated Appeal for Chad 2012
as of 15 November 2012

Priority	Original requirements	Revised requirements	Total resources available	Unmet requirements	% Covered	Uncommitted pledges
	(\$)	(\$)	(\$)	(\$)	%	(\$)
	A	B	C	D=B-C	E=C/B	F
A. VERY HIGH	438,368,828	551,179,914	363,789,022	187,390,892	66%	327,654
B. HIGH	16,105,411	17,874,176	12,774,499	5,099,677	71%	-
C. MEDIUM	2,892,907	2,892,907	1,666,687	1,226,220	58%	-
D. NOT SPECIFIED	-	-	2,670,628	n/a	n/a	-
Grand Total	457,367,146	571,946,997	380,900,836	191,046,161	67%	327,654

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

Funding: contributions + commitments

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 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 per organization

Consolidated Appeal for Chad 2012
as of 15 November 2012

Appealing organization	Original requirement	Revised requirement	Carry-over	Funding	Total resources available	Unmet requirements	% Covered	Uncommitted pledges
	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(%)	(\$)
	A	B	C	D	E=C+D	F=B-E	G=E/B	H
ACF - France	4,875,387	5,957,530	-	4,141,042	4,141,042	1,816,488	70%	-
ACRA	1,226,220	1,226,220	-	-	-	1,226,220	0%	-
ACTED	8,875,372	8,875,372	-	5,007,688	5,007,688	3,867,684	56%	-
CCO	300,000	300,000	-	-	-	300,000	0%	-
ESMS	-	196,347	-	-	-	196,347	0%	-
FAO	17,898,223	17,898,223	-	5,906,508	5,906,508	11,991,715	33%	-
IAS	1,068,500	1,068,500	-	-	-	1,068,500	0%	-
IMC	2,100,000	2,100,000	-	2,463,354	2,463,354	(363,354)	100%	-
INTERSOS	2,335,742	2,017,942	-	900,029	900,029	1,117,913	45%	-
IOM	660,190	660,190	-	-	-	660,190	0%	-
IRC	133,750	133,750	-	133,750	133,750	-	100%	-
IRW	1,264,655	1,264,655	-	588,855	588,855	675,800	47%	-
MDM France	850,000	850,000	-	-	-	850,000	0%	-
MERLIN	-	2,625,484	-	2,418,302	2,418,302	207,182	92%	-
Mines Advisory Group	459,600	459,600	-	-	-	459,600	0%	-
OCHA	4,319,394	4,416,405	57,181	2,268,485	2,325,666	2,090,739	53%	-
OXFAM GB	4,242,587	4,242,587	-	3,012,585	3,012,585	1,230,002	71%	-
PU	3,235,000	3,715,000	-	1,838,225	1,838,225	1,876,775	49%	-
Secours Islamique	510,614	510,614	-	-	-	510,614	0%	-
Solidarités	1,522,641	3,320,746	-	2,481,397	2,481,397	839,349	75%	-
UNAD	-	755,456	-	-	-	755,456	0%	-
UNAIDS	1,500,000	1,500,000	-	342,935	342,935	1,157,065	23%	-
UNDP	2,255,934	2,255,934	-	500,015	500,015	1,755,919	22%	-
UNFPA	1,485,000	1,485,000	-	283,336	283,336	1,201,664	19%	-
UNHCR	177,480,767	177,077,784	-	44,833,351	44,833,351	132,244,433	25%	-
UNICEF	45,783,279	47,639,000	-	30,675,449	30,675,449	16,963,551	64%	-
WCDO	-	1,040,749	-	547,001	547,001	493,748	53%	-
WFP	160,708,104	264,382,842	-	271,124,282	271,124,282	(6,741,440)	100%	327,654
WHO	12,276,187	13,971,067	-	1,377,066	1,377,066	12,594,001	10%	-
Grand Total	457,367,146	571,946,997	57,181	380,843,655	380,900,836	191,046,161	67%	327,654

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

Funding: contributions + commitments

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2012. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table X: Total funding per donor to projects listed in the Appeal

Consolidated Appeal for Chad 2012
as of 15 November 2012

Donor	Funding (\$)	% of Grand Total (%)	Uncommitted pledges (\$)
United States	194,552,086	51%	-
European Commission	59,305,023	16%	-
Various (details not yet provided)	27,626,916	7%	-
Allocation of unearmarked funds by UN agencies	18,111,603	5%	-
Central Emergency Response Fund (CERF)	17,064,836	4%	-
Canada	13,592,781	4%	-
Japan	10,715,625	3%	-
Sweden	9,127,915	2%	-
France	4,674,869	1%	-
Australia	4,639,347	1%	-
Germany	3,351,206	1%	-
Netherlands	2,857,143	1%	-
United Kingdom	2,650,883	1%	-
Belgium	2,545,623	1%	-
Spain	2,226,365	1%	-
Ireland	1,878,332	0%	327,654
Finland	1,742,624	0%	-
Private (individuals & organisations)	1,499,084	0%	-
Switzerland	1,404,850	0%	-
Denmark	685,614	0%	-
Korea, Republic of	400,000	0%	-
Norway	123,906	0%	-
Estonia	67,024	0%	-
Carry-over (donors not specified)	57,181	0%	-
Grand Total	380,900,836	100%	327,654

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

Funding: contributions + commitments

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2012. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table XI: Non-Appeal funding per IASC standard sector

Other Humanitarian Funding to Chad 2012
as of 15 November 2012

Sector	Funding (\$)	% of Grand Total (%)	Uncommitted pledges (\$)
AGRICULTURE	462,602	1%	-
COORDINATION AND SUPPORT SERVICES	2,453,308	4%	-
ECONOMIC RECOVERY AND INFRASTRUCTURE	857,843	1%	-
EDUCATION	64,350	0%	-
FOOD	15,323,295	26%	-
HEALTH	12,147,256	20%	-
MINE ACTION	186,335	0%	-
PROTECTION/HUMAN RIGHTS/RULE OF LAW	271,121	0%	-
WATER AND SANITATION	1,238,041	2%	-
SECTOR NOT YET SPECIFIED	26,552,696	45%	-
Grand Total	59,556,847	100%	-

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

Funding: contributions + commitments

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2012. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table XII: Total humanitarian funding per donor (Appeal plus other)

Chad 2012
as of 15 November 2012

Donor	Funding (\$)	% of Grand Total (%)	Uncommitted pledges (\$)
United States	208,030,389	47%	-
European Commission	88,318,497	20%	-
Various (details not yet provided)	27,626,916	6%	-
Allocation of unearmarked funds by UN agencies	18,111,603	4%	-
Central Emergency Response Fund (CERF)	17,064,836	4%	-
Canada	14,646,460	3%	-
Japan	13,715,625	3%	-
Sweden	11,744,153	3%	-
Germany	8,125,235	2%	-
France	4,674,869	1%	-
Australia	4,639,347	1%	-
United Kingdom	4,359,306	1%	-
Finland	3,468,933	1%	-
Netherlands	2,857,143	1%	-
Belgium	2,545,623	1%	-
Ireland	2,402,578	1%	327,654
Spain	2,226,365	1%	-
Switzerland	2,200,739	0%	-
Denmark	1,551,871	0%	-
Private (individuals & organisations)	1,499,084	0%	-
Korea, Republic of	400,000	0%	-
Norway	123,906	0%	-
Estonia	67,024	0%	-
Carry-over (donors not specified)	57,181	0%	-
Grand Total	440,457,683	100%	327,654

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

Funding: contributions + commitments

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

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2012. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

ANNEX IV: ACRONYMS AND ABBREVIATIONS

3W	Who does what, where
ACAS	<i>Association Culturelle pour la Santé</i> (Cultural Association for Health)
ACF-France	<i>Action Contre la Faim</i> (Action Against Hunger)
ACORD	Agency for Cooperation and Research in Development
ACRA	Association for Cooperation in Rural areas in Africa and Latina America
ACTED	<i>Agence d'Aide à la Coopération Technique Et au Développement</i> (Agency for Technical Cooperation and Development)
ADES	<i>Association pour le Développement de l'Energie Solaire</i>
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)
AFFAIDS	African First Aids
AFRICARE	Africare
AIRD	Africa Initiative Relief for Development
AME	<i>association mères d'élèves</i> (association of mothers of students)
AMI	<i>Aide Médicale Internationale</i> (International Medical Aid)
ANC	ante-natal care
ANT	<i>Armée Nationale Tchadienne</i>
APE	<i>association parents d'élèves</i>
APLFT	<i>Association pour la Promotion des Libertés Fondamentales au Tchad</i> (Promotion of Fundamental Freedoms in Chad)
ARC	American Refugee Committee
ARI	acute respiratory infection
ART	antiretroviral therapy or treatment
ASF	<i>Avocats Sans Frontières</i>
ASI	Air Serv International
ATPC	African Trade Policy Centre
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)
AWD	acute watery diarrhoea
BASE	Backward Society Education
BCPR	Bureau for Crisis Prevention and Recovery
BEG	Bahr El Ghazal
BEmOC	basic emergency obstetric care
BEmONC	basic emergency obstetric and neonatal care
BET	Bourkou-Ennedi-Tibesti
BSFP	blanket supplementary feeding program
BSM	<i>Bureau de Sécurisation et Mouvement</i> (Security and Movement Office)
CAFOD	Catholic Agency for Overseas Development

CAIDEL	<i>Centre d'Appui aux Initiatives de Développement Local</i>
CAOGs	Chadian armed opposition groups
CAP	consolidated appeal or 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)
CBO	community-based organization
CCCM	camp coordination and camp management
CCO	<i>Comité de Coordination des ONG au Tchad</i> (NGO Coordination Committee in Chad)
CEDAW	UN Committee on the Elimination of Discrimination Against Women
CELIAF	<i>Cellule d'Information et de liaison des Associations Féminines</i> (Women's Associations Liaison and Information Unit)
CEmONC	comprehensive emergency obstetric and neonatal care
CERF	Central Emergency Response Fund
CESVI	<i>Cooperazione e Sviluppo</i> (Cooperation and Development)
CFSA	Crop and Food Supply Assessment
CFSAM	Crop and Food Security Assessment Mission
CFSS	Comprehensive Food Security Survey
CFSVA	Comprehensive Food Security and Vulnerability Analysis
CfW	cash-for-work
CGIAR	Consultative Group on International Agricultural Research
CHAP	common humanitarian action plan
CHW	community health worker(s)
CLTS	community-led total sanitation
CMAM	community-based management of (severe) acute malnutrition
CMR	crude mortality rate
CNA	<i>centre nutritionnel ambulatoire</i> (outpatient nutritional centre)
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	<i>centre thérapeutique nutritionnel</i> (therapeutic nutritional or feeding centre)
CONSAHDIS	<i>Coordination Nationale de Soutien aux Activités Humanitaires et au Détachement intégré de Sécurité</i> (National Coordination of Humanitarian Activities and Support for the Integrated Security Detachment)
COOPI	<i>Cooperazione Internazionale</i> (International Cooperation)
CORD	Christian Outreach Relief and Development
CORDAID	Catholic Organization for Relief and Development Aid
COSV	<i>Comitato di Coordinamento delle Organizzazioni per il Servizio Volontario</i> (Coordinating Committee for International Voluntary Service)
CPC	child protection committee
CPiE	Country Programme Interim Evaluation
CPSC	Consumer Product Safety Commission
CRA	<i>Comités Régional d'Action</i>
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)
DDR	disarmament, demobilization and reintegration
DEWS	Disease Early Warning System
DHS	Demographic and Health Survey
DIS	<i>Détachement Intégré de Sécurité</i> (Integrated Security Unit)
DRC	Danish Refugee Council
DREN	<i>Délégation Régionale de l'Éducation Nationale</i> (Regional Education Delegates)
DRM	disaster risk management
DRR	disaster risk reduction
DRR	Disarmament, Demobilization and Reintegration
DSR	<i>Division de la Santé de la Reproduction</i> (Division of Reproductive Health)
DTP	diphtheria-pertussis-tetanus
EAA	<i>Organisation Eau et Assainissement pour l'Afrique</i> (former CREPA)
ECCE	Early Childhood and Care Education
ECD	early childhood development
ECHO	European Commission Directorate-General for Humanitarian Aid and Civil Protection
EFSA	emergency food security assessment
EiE	Education in Emergencies
EIRENE	<i>Internationaler Christlicher Friedensdienst</i> (International Christian Service for Peace)
EmONC	emergency obstetric and neonatal care
EMOP	Emergency Operation (WFP)
EMOPs	emergency operations
EPI	expanded programme of immunization
ER	early recovery
ERC	Emergency Relief Coordinator
ERF	Emergency Response Fund
ESMS	<i>Ecole Saine, Ménage Sain</i>
ETC	emergency telecommunications
EU	European Union
FAO	Food and Agriculture Organization of the United Nations
FAWE	Forum for African Women Educationalists
FCS	food consumption score
FEWSNET	Famine Early Warning Systems Network
FFA	food for assets
FFC	food for cash
FFE	food for education
FFR	food for recovery
FFT	food for training
FFW	food for work
FGC	female genital cutting
FGM	female genital mutilation
FPT	<i>Futures Portes du Tchad</i>
FSID	<i>Fonds de solidarité islamique pour le développement</i>

FTR	Family Tracing and Reunification
FTS	Financial Tracking Service
FUC	<i>Front uni pour le changement (United Front for Change)</i>
GAA	<i>Welthungerhilfe (German Agro Action)</i>
GAM	global acute malnutrition
GBV	gender-based violence
GBVIMS	Gender-Based Violence Information Management System
GDP	gross domestic product
GIZ	<i>Deutsche Gesellschaft für Internationale Zusammenarbeit (German Society for International Cooperation)</i>
GNA	(ECHO) Global Needs Assessment
GNI	gross national income
GNNT	<i>Garde National et Nomade du Tchad (National and Nomadic Guard of Chad)</i>
GoC	Government of Chad
HC	Humanitarian Coordinator
HCR	(UN) High Commissioner for Refugees
HCT	Humanitarian Country Team
HDI	Human Development Index
HDR	Human Development Report
HIAS	Hebrew International Aid Service
HIV/AIDS	human immunodeficiency virus/acquired immune deficiency syndrome
HRBA	human-rights-based approach
HRW	Human Rights Watch
IAS	International Aid Services
IASC	Inter-Agency Standing Committee
ICC	Inter-Cluster Coordination
ICG	International Crisis Group
ICRC	International Committee of the Red Cross
ICT	information and communications technology
IDP	internally displaced person
IEC	information, education, and communication
IED	improvised explosive device
IERP	integrated early recovery programme
IFRC	International Federation of Red Cross and Red Crescent Societies
IGAs	income-generating activities
ILO	International Labour Organization
IMAM	integrated management of acute malnutrition
IMC-UK	International Medical Corps - United Kingdom
IMCI	integrated management of child illness
IMF	International Monetary Fund
INEE	Inter-Agency Network for Education in Emergencies
Intermón Oxfam	OXFAM Spain
INTERSOS	<i>Organizzazione Umanitaria per l'Emergenza (Emergency Humanitarian Organization)</i>
IOM	International Organization for Migration
IPC	Integrated Food Security and Humanitarian Phase Classification

IRC	International Rescue Committee
IRD	International Relief and Development
IRIN	Integrated Regional Information Networks
IRW	Islamic Relief Worldwide
ISDR	International Strategy for Disaster Reduction
IYCF	infant and young-child feeding
JEDM	<i>Jeunesse Espace Développement Multiforme</i>
JAM	Joint Assessment Mission
JEM	Justice and Equality Movement
JRS	Jesuit Refugee Service
LEAD TCHAD	(name of a Chadian association)
LRRD	Linking Relief, Rehabilitation and Development (Project)
LWF/ACT Alliance	Lutheran World Federation / Action by Churches Together Alliance
MAG	Mine Action Group
MAM	moderate acute malnutrition (<i>malnutrition aiguë modérée</i>)
MD	medical doctor
MDM	<i>Médecins Du Monde</i> (Doctors of the World)
MENTOR	Malaria Emergency Technical and Operational Response
MERLIN	Medical Emergency Relief International
MICS	multiple indicator cluster survey
MINURCAT	<i>Mission des Nations Unies en République Centrafricaine et au Tchad</i> (United Nations Mission in the Central African Republic and Chad)
MIRA	Multi-cluster Initial Raid Assessment
MISP	Minimum Initial Service Package
MMR	maternal mortality rate
MoA	Ministry of Agriculture
MoH	Ministry of Health
MRE	mine risk education
MSEE	Minimum Standards for Education in Emergencies
MSF	<i>Médecins sans frontières</i> (Doctors Without Borders)
MSP	Ministère de la Santé Publique (Ministry of Public Health)
MUAC	mid-upper-arm circumference
MYR	mid-year review
NFI(s)	non-food item(s)
NGO(s)	non-governmental organization(s)
NRC	Norwegian Refugee Council
OCHA	Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the High Commissioner for Human Rights

OHD	<i>Organisation Humanitaire et de Développement</i> (Humanitarian Organization and Development)
OIC	Organization of the Islamic Conference
ONDR	<i>Office National pour le Développement Rural</i> (National Office for Rural Development)
OPS	Online Planning / Projects System
ORS	oral rehydration salt
OTP	outpatient therapeutic programme(s)
OXFAM-GB	Oxford Committee for Famine Relief - Great Britain
PAM	<i>Programme Alimentaire Mondial</i>
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 health care
PLW	pregnant and lactating women
PLWHA	people living with HIV/AIDS
PMTCT	prevention of/preventing mother-to-child transmission
PoC	people of concern
PPP	purchasing power parity
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
PSS	psycho-social support
PTAs	parent-teacher associations
PU	<i>Première Urgence</i> (First Aid)
PU AMI	<i>Première Urgence Aide Médicale Internationale</i>
RC/HC	Resident Coordinator / Humanitarian Coordinator
RCN	<i>Réseau des Citoyens pour la Justice et la Démocratie</i> (Citizens' Network for Justice and Democracy)
RFC	<i>Rassemblement des forces pour le changement</i>
RET	Refugee Education Trust
RGPH	General population and housing census
RSD	refugee status determination
RUF	ready-to-use food
RUTF	ready-to-use therapeutic food(s)
SAM	severe acute malnutrition
SAP	Early Warning System (of the Chadian Government)
SC	Save the Children
SCUD	<i>Socle pour le changement, l'unité et la démocratie</i>
SDC	Swiss Agency for Development and Cooperation
SDR	secondary data review
SECADEV	<i>Secours Catholique pour le Développement</i> (Catholic support for Development)
SFP	supplementary feeding programme

SGBV	sexual and gender-based violence
SIF	<i>Secours Islamique France</i>
SLA	Sudanese Liberation Army
SMART	standardize monitoring assessment of relief transition
SPHERE	Humanitarian Charter and Minimum Standards in Disaster Response
STD	sexually transmitted disease
STI	sexually transmitted infection
TCN	third-country national
TDH	<i>Terre Des Hommes</i>
TFC	therapeutic feeding centre
TFU	therapeutic feeding unit
TLS	temporary learning space
UFDD	<i>Union des forces pour la démocratie et le développement</i>
UN	United Nations
UNAD	<i>Union Nationale des Associations Diocésaines de Secours at Développement</i>
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDAC	United Nations Disaster Assessment and Coordination
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
UNEP	United Nations Environmental Programme
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
UNIFEM	United Nations Development Fund for Women
UNMAS	United Nations Mine Action Service
UNSC	United Nations Security Council
UNSG	United Nations Secretary-General
URD	Groupe Urgence-Réhabilitation-Développement (Emergency-Rehabilitation-Development Group)
USD	United States dollars
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
WVI	World Vision International

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