

Key figures

3.1 million

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

127,300

Children suffering from severe acute malnutrition in 2012 (UNICEF)

Baseline

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

Funding

\$572 million

requested (US\$)

57% funded

Crisis description

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

Most-affected areas:

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

Most-affected groups:

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

Main drivers of the crisis:

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

Progress towards strategic objectives

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

People in need

281,311

Refugees from Sudan (UNHCR)

125,000

Internally displaced people (UNHCR)

90,358

Chadian returnees from Libya (IOM)

54,573

Refugees from Central Africa Republic (UNHCR)

56,000

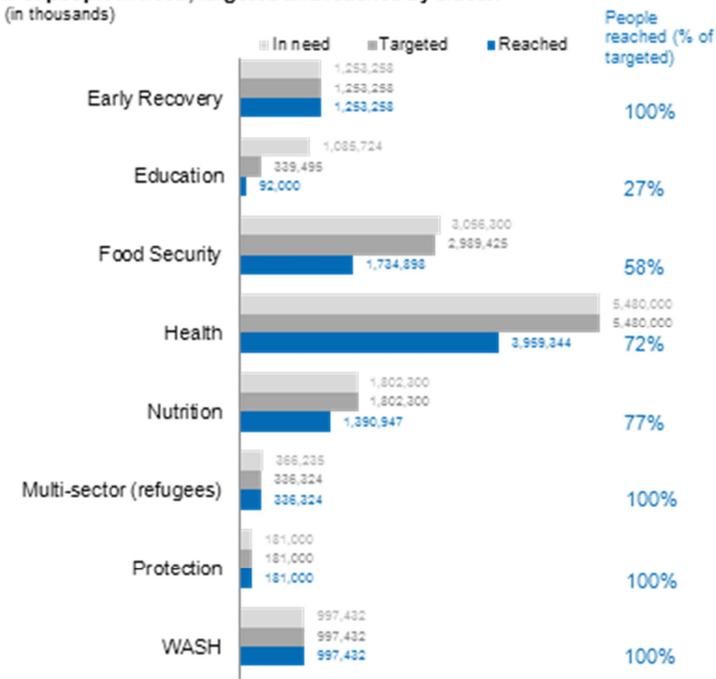
Returnees since 2010—former IDPs (UNHCR/INTERSOS)

1,113

Chadian returnees from Nigeria (IOM)

Cluster overview

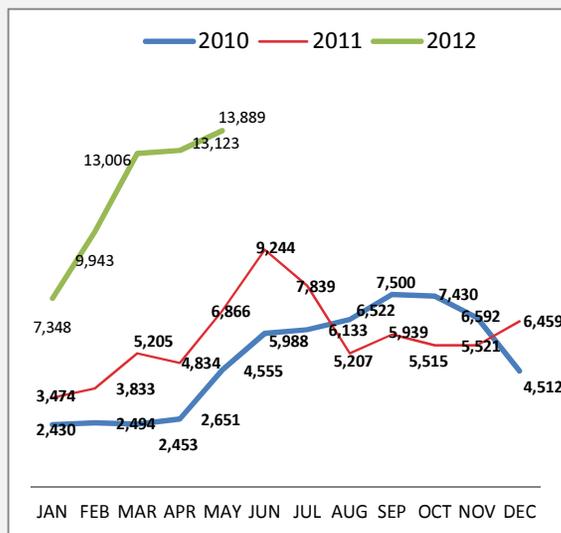
of people in need, targeted and reached by cluster (in thousands)



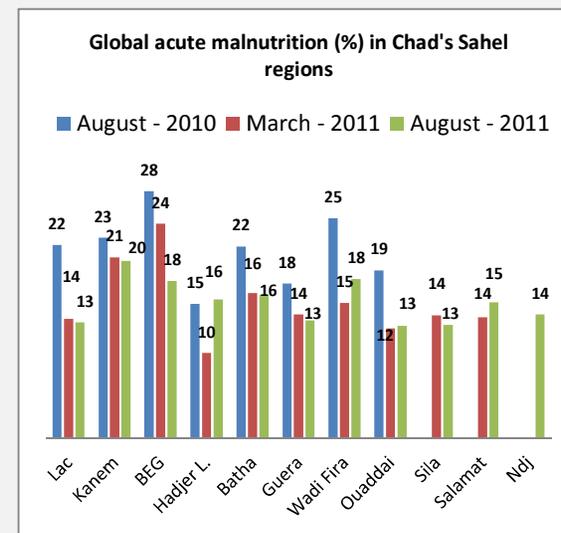
Evolution of needs

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

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



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



Progress of response and gap analysis

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