



**ANNUAL REPORT OF
THE RESIDENT/HUMANITARIAN COORDINATOR
ON THE USE OF CERF GRANTS**

Country	Chad
Resident/Humanitarian Coordinator	Michele Falavigna
Reporting Period	1 January 2009 – 31 December 2009

I. Summary of Funding and Beneficiaries

Funding (US \$)	Total amount required for the humanitarian response:	\$400,558,371	
	Total amount received for the humanitarian response:	\$360,609,294	
	Breakdown of total country funding received by source:	CERF align="right">\$7,463,048 CHF/HRF COUNTRY LEVEL FUNDS OTHER (Bilateral/Multilateral)	
	Total amount of CERF funding received from the Rapid Response window:	\$1,998,660	
	Total amount of CERF funding received from the Underfunded window:	\$5,464,388	
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:	
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):	
		c. Funds for Government implementation:	
		d. TOTAL:	\$7,463,048
	Beneficiaries	Total number of individuals affected by the crisis:	234000 refugees, 171000 IDPs, 20000 returnees, 150.000 host population.
Total number of individuals reached with CERF funding:		234000 refugees, 171000 IDPs, 20000 returnees, 150.000 host population	
		105,937 children under 5	
		275,436 females	
Geographical areas of implementation:	East and South of Chad		

II. Analysis

Since 2003, the humanitarian situation in Chad had been adversely impacted by political instability and fragile security conditions both within the country and in the neighbouring countries of Sudan and the Central African Republic (CAR). As of December 2009, populations in need for multi-sector assistance include more than 286,000 Sudanese refugees, 72,000 CAR refugees, 168,000 internally displaced peoples (IDPs), 20,000 returnees, and some 150,000 of the most affected persons in host communities. The security condition remains volatile, with the resurgence of attacks by armed opposition groups (AOGs) against the national army in the Goz Beida, Am Timan, and Sudanese border regions in May of 2009, as well as recurrent banditry and armed incidents against humanitarian actors.

Upon the passage of United Nations Security Council Resolutions 1778 and 1861, authorising the deployment of a European military force and United Nations Mission (MINURCAT) in eastern Chad and northern CAR, the European Union Force in Chad and CAR (EUFOR CHAD/CAR) was replaced. The deployment of MINURCAT began on 15 March 2009; however, even by the close of the year, troop deployment was only at 68% of the required 5200 troops. An important element of MINURCAT's protection mandate is carried out by the Chadian Integrated Security Detachment (*Détachement Intégré de Sécurité*, DIS). DIS is tasked with maintaining law and order in refugee camps, sites with concentrations of IDPs, and key towns in neighbouring areas by conducting patrol and armed escorts of humanitarian actors. Despite this effort, violations of human rights and humanitarian law have continued to be reported throughout 2009. These violations include, forced recruitment of children and adults by armed groups, sexual and gender-based violence (SGBV), militarization of refugee camps and sites hosting IDPs, and attacks on humanitarian staff and property. Humanitarian access remains a concern; in border regions, due to the reduction of relief activities, an estimated 76,500 persons are considered vulnerable.

In early 2009, new caseloads of CAR refugees fleeing fights between Government and armed opposition forces in Northern CAR crossed into the Salamat region of south-eastern Chad. The unpredictable security situation in Sudan and CAR, coupled with inadequate access to basic services in zones of origin of Chadian IDPs, remain major factors delaying the return of refugees and IDPs to their areas of origin.

While focusing on self reliance and durable solutions in 2009, the humanitarian community continued to monitor and address acute emergency needs of the most vulnerable beneficiaries. CERF allocations had been therefore highly necessary for both rapid response (RR) and under funded emergencies (UFE).

The Humanitarian Coordinator for Chad had in 2009 had requested a **USD 1,998,660** allocation from the Central Emergency Response Fund (CERF) under the "rapid response window" for life saving activities in support to 15,000 CAR refugees newly settled in Daha area; a further allocation of **USD 5,454,388** had been requested for immediate multi-sector assistance.

The funding received from the CERF over 2009 amounts to USD 7,463,048. It represents 2 percent of the global Consolidated Appeals Process (CAP) funding that stood at 90 percent of the revised requirement (USD 400, 558,371).

CERF funds in particular made possible the protection of and assistance to newly arrived CAR refugees in Daha; it also was much-needed in order to continue to help the existing refugee and IDP populations in eastern Chad.

a. Rapid Response grant:

Since December 2008, there has been a significant deterioration in the security situation of the northeastern part of the Central African Republic. Military operations have affected the axis N'Dele-Ngarba, Vakaga region, preventing aid agencies in CAR access to the affected population. Thousands of those affected crossed the border into the relative safety of Chad, reporting looted and burned villages as well as community members caught between rebels and the CAR national army (Forces Armées de Centre Afrique). By early January, refugees started to arrive, with a significant influx by mid January into the village of Daha, Salamat region – 900kms south of Abeche, on the border with Central African Republic. By the end of January, approximately 6,000 refugees were reported in Daha, at which time, the Chadian Government requested the United Nations High Commissioner for Refugees (UNHCR) to intervene. The host population of approximately 4,000 shared their scarce resources with the refugees, but this put an enormous strain on local communities.

On 27 January 2009, a joint inter-agency assessment mission, comprised of UNHCR, the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), Médecins Sans Frontières- France (MSF-F), and the Commission Nationale d'Assistance aux Réfugiés (CNAR), supported by MINURCAT air assets, conducted an assessment of the Daha refugee population. This January mission noted approximately 6,000 registered refugees. By the end of March, it was estimated that there were approximately 7,500 refugees in the Daha area, with some 2,500 further refugees who were identified in Massambagne, east of Daha.

This refugee movement was unexpected by aid agencies in Chad, which led to gaps in the response. Agencies' contingency plans did not forecast that the security situation in CAR would deteriorate to such an extent and consequently no provision had been made for this refugee influx.

Women and children make up 80 percent of this newly-arrived refugee group. Therefore, there is an increased risk of SGBV. Further, this population has been through a highly traumatic experience; many women have newly become the heads of their households, and many children will need a child-friendly space in which to recover.

The assessment indicated that the new arrivals were in dire need of food and shelter, water/sanitation and emergency health assistance. Security was a most critical need as refugees fear attacks by the CAR armed groups who often move freely back and forth across the border.

The water and sanitation sector was drastically lacking facilities and basic hygiene knowledge needs to be enhanced. The initial rapid assessment shows that almost 100 percent of the population defecated in the open.

Considering the above situation CERF grant was requested to undertake activities to provide protection and life-saving assistance to the 15,000 newly arrived CAR refugees

in the Daha village, and to 5,000 members of the host population, within which they settled.

Implementation and results:

The rapid disbursement of CERF funds allowed UNHCR to establish a permanent Emergency Response Team on site and coordinate the provision of emergency assistance in close collaboration with the World Food Programme (WFP), UNICEF, the World Health Organization (WHO) and the local authorities. UNHCR has ensured the monitoring of the newly arrived refugees at the border and conducted immediate pre-registration and distribution of non-food items (NFIs) in Daha. Together with UNICEF an initial 20 metric tonnes of emergency relief supplies (blankets mats, kitchen sets, jerricans, soap, mosquito nets and plastic sheets) was distributed to about 1600 families. In addition, further sectors such as Health, Reproductive health, water and sanitation, and food assistance benefited from this grant by being able to deliver emergency response to and address urgent needs of newly arrived CAR refugees:

- Health: CERF fund allowed a free treatment of sick refugees and local population for three (3) months waiting for long term health interventions.
- Water Sanitation and Hygiene: CERF support has contributed to increasing the survival of children and women through the Water, Sanitation and Hygiene Programme (WASH) intervention. WASH services provided to the refugees significantly reduced the mortality and morbidity among the refugees through the reduction of diseases such as Diarrhoea
- Reproductive Health: Coordination of Minimal Initial Service Package (MISP) and overall reproductive interventions were put in place efficiently. Psychosocial and clinical services for SGBV survivors were carried out.
- Support services : CERF funds have been crucial as they bolstered other funds donated to cover the funding gap at a very critical period (the grounding of the United Nations Humanitarian Aid Service (UNHAS) was imminent due to lack of funds)

b. Under-funded Emergency grant:

In 2009, Chad was selected by the Emergency Response Coordinator (ERC) and the CERF Secretariat to receive an allocation from the under-funded emergencies window of the Central Emergency Response Fund (CERF), for funding humanitarian projects for a total amount not exceeding USD 5,000,000. This amount was later increased to USD 5,464,388 to support UNHAS operations in Chad.

CERF UFE grant has been used to strengthen and allow humanitarian programme continuity. Decisions on priority sectors for funding have been based on the very low level of funding for life-saving activities in the sectors of Agriculture (3 percent of requirement), Education (4 percent), Protection (10 percent), Health (11 percent), Water and Sanitation (11 percent), and Multi-sector support to refugees (27 percent). Further, the UFE grant was spent in the support of UNHAS, allowing the service to continue its vital operations in eastern Chad.

The allocation of funds was also based on the increased humanitarian needs in the main lifesaving sectors assessed during the CAP 2009 MYR:

- **Protection:** While a considerable amount of child protection activities have been implemented in the refugee camps, reaching children and adolescents, five major problems have been identified: (1) the involvement of children in armed forces and armed groups (national army, Chadian and/or Sudanese rebel groups); (2) child trafficking, economic exploitation and child labour (domestics, herders etc.); (3) sexual and gender-based violence (SGBV), including rape and female genital mutilation; (4) non-registration of newborn refugee and displaced children; and (5) proliferation of unexploded ordnance (UXO) – 30 percent of the total number of victims are children. Between January and June 2009, 285 cases of SGBV have been reported in eastern Chad.
- **Malnutrition:** During the second quarter 2009, there was an alarming increase of Severe Acute Malnutrition (SAM). In the Goz Beida area, there were twice as many reported cases of SAM in June than the monthly January-April average; this trend continued through July. Of further note, 66% of children diagnosed with SAM were from IDP sites around Goz Beida. The situation was also critical in host communities. A survey conducted by Action Contre La Faim in Abéché (Ouaddaï) revealed Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM) levels of respectively at 20.6 percent and 3.2 percent.
- **WASH:** Access to safe drinking water and basic sanitation is below the SPHERE standards- water supply barely reaches 4.2 litres per person per day and up to 250 people have been found to be using one latrine. This situation is having a high impact on the prevalence of water and excreta born diseases. The Hydraulics Department estimates rural water coverage to be as low as 2 percent in the eastern regions of Ouaddai and Wadi Fira, while sanitation is almost inexistent in rural areas (below 1 per cent). Due to the lack of water, sanitation and hygiene services, the occurrence of diseases such as diarrhoea and hepatitis E is frequent in IDP settlements.
- **Food availability:** The hunger season for livestock in Chad in 2009 is the harshest it has been in five years, due to the combined effects of simultaneous pasture and water shortages and the high cost of animal feed and feed supplements. Organizations operating in north and east Chad raised alarms regarding the deaths of animals (16 percent in the Sahelian region) and in recognition of farmers selling animals at very low prices. Normal coping strategies for livestock hunger season were insufficient to close the food gap this year, with poor households in general and returnees in particular (approximately 20,000 people) facing high levels of food insecurity as a result.
- **Health:** From January to July 2009 in eastern Chad, there was an increased demand for health assistance related to the influx of CAR refugees, return movements, a measles epidemic in the first quarter, and armed clashes in May 2009 in the Amdam region. This situation was aggravated by the phasing-out or absence of health partners and the scarcity of health structures. Following the departure of Médecins Sans Frontières/France (MSF/F) in mid-May, the Daha area remains without an international NGO to provide health services to approximately 4,000 local residents and 11,000 refugees, due to the absence of governmental presence. A progressive increase of deaths of children under 5 and mothers has been reported. Neonatal mortality rate (children <28 days of age) was estimated at 15 per 1000 deliveries, reflecting poor obstetrical management.
- **Education:** Gross primary school enrolment ratio was of 82 per cent in eastern Chad refugee camp schools, with 77 per cent enrolment ratio for girls. The coverage was lower in surrounding host community (60 percent, 47 percent for girls) and IDP

schools (22 percent, 16 percent for girls). There is a high shortage of teachers among IDP communities, where 95 percent of the population is illiterate. Schools also lack equipment, such as desks, school manuals and other didactic materials (slates, pencils, notebooks, blackboards, chalk etc.).

- **Support to UNHAS:** In light of the insecurity, the deplorable road conditions and the long distances between the capital and the areas of operations both in the south and the east of the country, the Humanitarian Coordinator, supported by the UNCT and the humanitarian community (including donors) considered it vital to support the UNHAS air operation in Chad, in order to access the beneficiaries in remote areas.

Outcomes and results:

The disbursement of the CERF under-funded grant has allowed aid workers in Chad to cover the unmet needs in vital life saving activities. Activities and results are detailed by sector below:

Nutrition sector:

The CERF allocation allowed supporting life-saving emergency interventions for nutritional rehabilitation of severely malnourished children and pregnant/lactating women in need of nutrition support. The CERF funding has been used to improve nutrition services delivery in 12 refugee camps, 6 IDP sites (especially through the procurement of Ready to Use Therapeutic Food totalling 1,500 boxes of Plumpynuts), and to quickly respond to the influx of CAR refugees by setting up 2 nutritional centres. The recovery rate increased from 68 percent to 78.4 percent during the implementation period.

WASH sector:

CERF funds were used to reduce mortality and morbidity related to unsafe drinking water and water-borne diseases linked to unsafe and/or lack of sanitation. Particularly, CERF support has allowed for the purchase of hygiene kits, namely 8,000 cartons of soap. This amount of soap was able to be allocated between all IDPs, and importantly, it arrived in a timely manner during the critical rainy season and during the off-season vegetable production.

The WASH cluster intervention has provided critical support to other sectors such as, Health, Education, and Agriculture, and has played a major role in reducing child-specific mortality and morbidity related to the high prevalence of water-borne diseases.

Health sector:

CERF funding has increased access to basic health services, including emergency surgical cases and has ensured coverage against endemic and outbreak-prone communicable diseases in the specific area of returnee movements.

CERF UFE grants allowed the start of health and nutrition sectors to benefit some of those targeted by CAP 2009 projects, something that is of high importance due to the poor levels of health care structures and services available in eastern Chad.

The specific CERF funds used to bolster the proper care of surgical cases has reduced the average stay of patients in surgical departments. The funds put in place in the communication system for the referral of patients to district hospitals has contributed to reduced fatalities. Further CERF funding has reinforced epidemiological surveillance and the early detection of disease outbreaks. Reproductive Health services to the most

vulnerable groups (IDPs) in Dar Sila have been increased due to CERF funding; specifically, information and counselling with appropriate tools and materials are now offered to affected people.

The CERF funding of US \$ 186,920.93 was allocated to support emergency health services for refugees and vulnerable host populations in eastern Chad. CERF funds allowed for free treatment of sick refugees and local population for 3 months, during the wait for long term health intervention.

Protection sector:

In the context of the eastern Chad humanitarian crisis, protection remains a sector of concern. The CERF UFE grant has been valuable, in contributing to activities for greater involvement and partnership with national authorities to prevent SGBV, in limiting the enrolment of children in armed conflict groups, and in the implementation of integration services for former child soldiers. In the particular sub cluster of Child Protection, the CERF UFE grant contributed to 45.5 percent of total funding.

Education sector:

In the education sector, CERF funds constituted 15 percent of requested funds, an amount which allowed 24,664 children affected by conflict to be allowed their right to an education, an essential tool for protection.

Improving country level coordination:

Concerning the allocation process, under the leadership of the Humanitarian Coordinator, several meetings have been held in N'djamena by cluster leads, with the involvement of United Nations Country team, the Red Cross movement and non governmental organisations (NGO) which figure prominently as implementing partners of projects.

The Multisector for refugees: The Office of the United Nations High Commissioner for Refugees (UNHCR) played a leading role in coordinating assistance to refugees. UNCHR also coordinated the sectors of protection, camp management, emergency shelter, and telecommunications in IDP camps.

In the WASH sector, coordination and prioritisation of projects was ensured by UNICEF as lead agency within the Nutrition Cluster, through several meetings and discussions with United Nations and NGO partners. The WASH cluster met on 4 August 2009 in Abéché to select key interventions by partners active in the target areas and to decide who will be supported through CERF funds. The project was further discussed in an IASC meeting on 17 August 2009 in N'Djaména, with feedback by NGOs and donors leading to further refining of targeting and prioritisation of critical needs.

For the Health sector, Projects were identified in Health Cluster meetings in Abéché, where partners agreed on the importance of supporting catch-up immunisations, restoring basic health services and supporting emergency surgical care. They were therefore recommended for priority funding and subsequently adjusted in an enlarged meeting of the UNCT and Inter-Agency Standing Committee (IASC).

Protection sector: Following consultations (coordinated by UNHCR and UNICEFF) in Abéché and Goz Beida in early August, projects in the Child Protection and SGBV clusters were prioritized. Emergent trends from these meetings were a focus on

development and strengthening of Child Friendly Spaces (CFSs) was also informed by a recent evaluation of CFSs in eastern Chad conducted by UNICEF that included training and discussion with 25 participants from different local and international NGOs operating in eastern Chad. Meanwhile, it was agreed, in consultation with UNFPA, to focus activities on Child Protection and work complementarily to UNFPA efforts supported under the CERF for SGBV interventions and reproductive health

Once the range of possible amounts for allocations to projects within each sector was known, clusters recommended projects that should be prioritised because of their urgency and/or because of their funding level. Proposals were made on which projects should be proposed for funding by the cluster leads on behalf of each cluster.

Partnership: Each agency worked with their usual partners when implementing proposed projects. This facilitated understanding of when projects had to be implemented.

At the end of the whole process, a IASC meeting with the participation of the UNCT, Red Cross movement and members representing NGOs took place in N'djamena and have unanimously endorsed this process.

III. Results:

Sector/ Cluster	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Protection/Human Rights/Rule of law	Prevention of and response to GBV among refugees and IDPs in Eastern Chad CHD-09/P-HR-RL/20784/117 1 (09-FPA-020)	350,000	2,320,000	624,682 refugees, IDPs, returnees, host population Women of childbearing age: 142,427	- Coordination of all SGBV interventions is strengthened; - Harmonization of responses in different areas and sectors is effective - Community environment for the prevention and management of GBV more favourable	A national campaign involving all the UN agencies and national authorities as well as communities organised SGBV sub-cluster fully functioning at the regional level; SGBV task force functioning at the regional level in Eastern Chad. A regional SGBV plan of action available Different tools and service delivery modules produced Process of introducing a unique tool for data collection put in place SGBV mapping updated Awareness campaign raised in the 7 camps and 4 sites Staff from NGOs, government services were trained to support victims 456 focal points and community workers were trained in SGBV Centre social de Abéché has seen its capacities reinforced to provide psycho-social services	High level of national commitment demonstrated during for the SGBV activities and after UN partnership strengthened in a country where delivery as one is not yet effective Environment more favour to SGBV prevention and response interventions	Field visit Regular reports on the project implementation	SGBV project is totally gender sensitive targeting men and women as stakeholders or as beneficiaries

	<p>Improve access to a protective environment for children in IDPs sites and host communities affected by armed conflict in eastern Chad CHD/09/P/HR/RL/22007/124 (09-CEF-039-C)</p>	374,596.09	233,780	<p>10,000 Children in Children Friendly Spaces (CFS), 150 Children Associated with Armed and Forces Groups (CAAFG) in eastern Chad,</p>	<p>1. Referral and follow up mechanism made on the basis of the reference system and Standard Operating Procedures (SOP) in place in IDP sites / Number of SOP systems established.</p> <p>2. Children referred cases are documented and addressed / Number of cases.</p> <p>3. Children affected by conflict are enabled to access to a protective environment and to enjoy of all services available in the IDPs site (medical care, psychosocial support, childhood development activities) – Number of Children attending CFS supported by the project.</p> <p>4. 100% of Child protection networks established are improved & provide effective and prompt response to child protection needs</p> <p>5. 100% CFS established fit the minimum required standards to provide a protective environment</p>	<p>1. In partnership with INTERSOS, six SOP systems established in six IDP sites: Koloma, Koubigou, Gouroukoun, Gassire, Sanour and Ganachour.</p> <p>2. INTERSOS has detected 1689 cases of vulnerable children from 3 to 16 were on sites and has referred following the SOP (893 children living with disabilities, 36 unaccompanied children, 584 separated children, 134 orphans, 18 child-headed households and 24 former CAAFG).</p> <p>3. Not yet. The JRS proposal for the reinsertion of CAAFG in Department of Dar Tama and the proposal of INTERSOS for family reunification and reintegration in the SILA are under treatment by UNICEF</p> <p>4. 8 groups of common interest in 8 sites, comprising 988 women and 132 youth aged 15 to 20 years participated in the Protection of 7048 IDPs Children by identifying the vulnerable and protection cases, the psychosocial and monitoring and reporting of violations of child rights</p> <p>5. 13 child friendly spaces and 5 parent and child spaces are established and functional. These areas have received more than 1643 children (including 131 under 2 years, 361 of 3 to 6 years, 405 aged 7 to 11 years and 746 from 12 to 18 years) in recreation, arts and culture. The children also monitored for those of them having a specific problem of protection such as early marriage, abuse, exploitation, parental neglect.</p>	<p>The CERF fund contributed to 45.5% on a total funding of 513.000 SUS supported by 5 other donors for children IDPs in the region of Sila</p>	<p>In order to improve the quality of psychosocial care of children in child friendly spaces in Chad, UNICEF had conducted an evaluation of the activities being implemented with various partners by an International consultant. The activities of the Cooperation Agreement with INTERSOS in 13 EAE in the region of Sila assessed from 22 to 25 June 2009 and recommendations have been formulated to improve the strategy.</p> <p>The monitoring activities throughout the duration of the project is done by the UNICEF child protection specialist base Goz Beida and financial evaluation is ongoing during the month of March 2010.</p>	<p>50% of girls are counted among children under 12 years attending the CFS. This pourcentage down to 37% beyond 12 years.</p>
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				<p>6. Child rights violations are identified documented and addressed / Data collected and compiled</p> <p>7. Support for the release of 150 children associated</p> <p>8. with armed groups/forces (CAAG) within the framework of UNICEF's release and reintegration programme (from release to transit centres or foster families through to reintegration in their communities and families)</p>	<p>In order to improve the quality of psychosocial care of children in child friendly spaces in Chad, UNICEF had conducted an evaluation of the activities being implemented with various partners by an International consultant. The activities of the Cooperation Agreement with INTERSOS in 13 EAE in the region of SILA assessed from 22 to 25 June 2009</p> <p>6. 42 cases of violations of child rights including 12 cases of recruitment by Armed Forces and Groups, 17 mutilation, loss of 5 children and 1 juvenile detention have been identified and registered in the inter-agency data base.</p> <p>7. Not yet. Un proposal de JRS pour la prise en charge de 84 anciens CAAFAG est à l'étude à l'UNICEF et pourra démarrer en avois 2010.</p> <p>8. Not yet. A proposal by JRS for 84 former CAAFAG is under consideration to UNICEF and will start in April 2010</p>			
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Multi sector	Care and Maintenance for CAR refugees in Southern Chad CHD-09/MS/21434/R/120 (09-HCR-026)	1,182,000	9,734,159	65,800	<p>65,684 refugees enjoy their legal, physical protection and their socio-economic conditions improved.</p> <p>The number of refugees having access to primary health care;</p> <p>The number of refugees having access to HIV/AIDS prevention activities;</p> <p>The number of HIV/AIDS patient having access to social support.</p> <p>The number of refugees having access to clean water;</p> <p>The number of refugees having access to clean sanitary conditions;</p>	<p>Approx 65,800 refugees and about 10 000 beneficiaries from host communities had access to health facilities in the camps.</p> <p>Malaria remained the main morbidity cause. All children under five year and pregnant women had access to National protocol against malaria (ACT).</p> <p>Crude mortality rate and Under five mortality rate remained within acceptable standards (respectively < 1.5 and < 3 death/1000/month)</p> <p>Global Acute malnutrition rate met the standards in Amboko and Gondjé but not in Moula, Dosseye and Yaroungou Severe Acute malnutrition in all camps remained at < 2 %.</p> <p>87.1 % of children under 1 year were immunized except for Moula and Amboko. Coverage of antenatal care: 93 % in Goré camps, 63 % in Moula and 27 % in Yaroungou.</p> <p>Proportion of deliveries attended by skilled personnel: > 85 %</p> <p>Approx 35,000 refugees had access to HIV awareness campaigns, distribution of male and female condoms, STI's management etc.</p> <p>More than 1 000 pregnant women had access to PMTCT integrated programs in 3 camps: Amboko, Gondjé and Dosseye.</p> <p>1 120 refugees were tested and had known their HIV status.</p> <p>57 refugees receive ARV therapy through national program</p>	CERF funds allowed UNHCR to pursue its life-saving activities for Central African refugees in Southern Chad, while its programme in Southern Chad receives very little support from bilateral donor	<p>Implementing Partners are monitored on a regular basis and provide regular reports.</p> <p>UNHCR conducts regular visits to the field sites.</p>	<p>18.38% of the population is composed of children of under 5 years</p> <p>The total %of children under 17 years is 41.61%. Women represent 62.19% of the population</p>
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						<p>All the refugees had sufficient access to potable water. The amount of water available per person in the sites in southern Chad was in most cases superior to the international standard of 15 l/person/day. In Gondje camp, the corresponding figure was 23, in Dosseye 20 and in Amboko 23.</p> <p>The sanitary conditions remained satisfactory in the camps. The number of persons per latrine ranged from 15 persons in Dosseye site to 21 persons in Gondje site. In order to promote the family-based latrines, new latrines slabs have been constructed. 64 water & sanitation committees have been established and trained.</p>			
	<p>Assistance to IDP in Eastern Chad CHD-09/MS/21436/R/120 (09-HCR-027)</p>	214,000	12,517,393	400 IDP families	Improved living conditions of beneficiaries, IDPs in eastern Chad.	400 shelter kits were procured by UNHCR Implementing partner at the end of the year for the construction of shelters in villages of return. The shelters will be constructed in 2010.		<p>Implementing Partners are monitored on a regular basis and provide regular reports.</p> <p>UNHCR conducts regular visits to the field sites depending on the security situation prevailing in the areas hosting the IDPs.</p>	55% of the population is composed by women
Health	<p>Support surgical references at the regional hospital of Abeche CHD-09/H/25844/R (09-WHO-040)</p>	178,256	310,407	243,000 Sudanese refugees, 180,000 IDPs and 1,200,000 local population	<ol style="list-style-type: none"> 1. The emergency surgery is available at the regional hospital in Abeche 2. All cases require the care of surgical emergencies are handled 	<p>A contract was signed with the Medical NGO (BASE) to hire a surgical team for ensuring the surgical operations at the regional hospital of Abeche</p> <p>Essential drugs and consumables provided to Regional hospital of Abeche for appropriate management of emergency surgical cases</p>	CERF funds targeted specific needs for taking proper care of surgical cases has reduced the average stay of patients in surgical department	Monitoring and evaluation activities at the hospital surgical Regional Abeche is by visiting the admitted patients, meetings of staff to discuss on case management and meetings of health cluster	Beneficiaries of this project are local people, refugees in camps and internally displaced seeking for health care in Abeche hospital.

	<p>Improving access to health care for IDPs and host populations in East Chad CHD-09/H/20488/R/122 (09-WHO-039)</p>	314 900	507,870	174,000 IDPs and local population	<p>Utilisation rate > to 0,6/per/year (health center)</p> <p>Referral systems operational (health center)</p> <p>.EWARS system operational (health center)</p> <p>Number of patients treated at the Amdam hospital increased</p>	<p>Essential drugs have been provide to (10) health centers in health districts</p> <p>Adre and Goz Beida health districts established a communication system to support the referral of patients and an Early Warning System sat up for epidemiological surveillance</p> <p>Medical equipment provided to Amdam hospital district</p>	<p>CERF funds putted in place communication system for referral of patients to district hospitals that contributed to reduce fatalities</p> <p>The early warning system reinforced epidemiological surveillance and early detection of outbreaks.</p>	<p>WHO Abeche sub Office carried out monitoring of activities of the project as it went on.</p> <p>Epidemiological surveillance bulletins were issued regularly to monitor outbreaks.</p>	<p>The beneficiaries of this project are the local population of Adre, Goz Beida and Amdam health districts, IDPs</p>
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	<p>Improving reproductive health (RH) services to the conflict-affected populations in East of ChadCHD-09/H/20783/R/1171 (09-FPA-021) (09/</p>	350,025	880,000	<p>624,682 refugees, IDPs, returnees, host population Women of childbearing age: 142,427 including 28,111 pregnant women Neonates: 24,987</p>	<p>Maternal and neonatal mortality and morbidity are stabilized at their pre-conflict level.</p> <p>HIV transmission rate is reduced among IDPs and surrounding populations.</p> <p>Social mobilization for RH interventions and referral systems are improved</p>	<p>Reproductive Health mobile clinic is services to IDPS, refugees and host populations in Dar Sila region</p> <p>Availability and quality RH services have been reinforced in Gaga, Ouré Cassoni, Bredjing, Farchana, Djabal, Goz Amir and 5 IDPs sites</p> <p>A national pool of trainers in MISP (Minimum Initial Service Package in RH) have been put in place</p> <p>Different tools and material of IEC in RH are available</p> <p>The RH rapid assessment is done in some IDPs sites and refugees camps.</p> <p>Generic planning tool for RH is available and can by different stakeholders.</p> <p>Provision of free female and male condoms is done in the sites and refugees camps</p> <p>Blood safety is effective in Bahaï District hospital</p> <p>PMTCT services have been strengthened in Gaga camp with an acceptance rate of 87 %.</p>	<p>RH quality service reaching the most vulnerable groups (IDPs) in Dar Sila</p> <p>Information and counselling to affected people better done with appropriate tools and materiel</p>	<p>Field visits and monthly RH report produced by partners providing basic indicators</p>	<p>Major parts of the population targeted by the project target are women.</p>
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	<p>Advanced mobile strategies for immunisation of returnee children in Dar Sila, Eastern Chad CHD-09/H/20931/R/124 (09-CEF-039-D)</p>	<p>93,430.09</p> <p>99,968 is the amount disbursed according to our records</p>	<p>Project 1,893,900</p> <p>CERF 93,430.09 and 100,000 additional CERF under funded</p>	<p>36,000 Children 6-59 months immunized against measles 12,500</p> <p>6,500 0-11 months fully immunized</p> <p>18,000 women at reproductive age received TT2 vaccines.</p>	<p>Expected Results:</p> <p>Output 1: 90% Immunization Coverage: Strengthen routine immunization in returnees villages and IDP's sites.</p> <p>Output 2. Increase Response Capacities: Technical assistance, Monitoring and Evaluation in support to implementing partners including the Ministry of Health.</p>	<p>The project is still ongoing and is on target to achieve its objectives. Most objectives mentioned hereunder have been achieved in 2010 since the funding have been received in December 2009.</p> <p><u>Immunization coverage in IDP Sites :</u> BCG (Vaccine tuberculosis) : 87% DTC3 (Vaccine against Diphtheria/ Tetanus/Whooping Cough) : 100% VPO3 (Vaccine against poliomyelitis) : 100% VAT2+ (Vaccine against targeting pregnant women): 78% VAR Measles Vaccine) : 97%</p> <p>Technical assistance & Logistics Support Funding was pivotal to ensure proper international expertise and technical assistance by UNICEF in monitoring, supervising and guiding health programmes for children and pregnant women, and to develop enhanced analysis of the health and nutritional situations in the project areas. Technical assistance thus covered the health district of Goz beida; UNICEF provided logistics support for storage, transport of supply to the field as well as cold chain maintenance in district hospitals.</p> <p>Training of community health workers UNICEF ensured the training of 36 community health workers (CHWs) on Family Essentials Practices, Health assistants from the Minister y of Health are trained on immunization techniques in March 2010.</p>	<p>Between January and December 2007 the number of displaced Chadians increased from 100,000 to over 170,000. About 700,000 people are directly affected by the impact of the new arrivals in their villages– which is illustrated by a depletion of resources, agricultural land and space for habitation.</p> <p>The CERF funding of US \$ 186,920.93 was allocated to support emergency health services to refugees and vulnerable host population in Eastern Chad.</p> <p>At the end of the first quarter of 2009, inter-agency assessments confirmed a number of over 15,000 returnees in the areas of Tiero/Marena, along with further return movements on the Kerfi-Koukou axis (Agourtoulou, Arangou, Arata, Bakigna, Djorlo, Bandikao, Louboutigue, Gododigue), in the county of Wadi Habile).</p>	<p>UNICEF is conducting monthly field visits to monitor routine immunization.</p> <p>UNICEF jointly with WHO is conducting weekly EWARS and epidemiologique surveillance on communicable diseases.</p>	<p>Routine and Immunization campaigns targeted children and women at reproductive age.</p> <p>TT campaign to vaccinate 18,000 women 72 traditional birth attendants trained in vaccination techniques.</p>
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						Education and Hygiene promotion; the CHW were give social mobilization tools to build community ownership toward self reliance; in addition they received proper training to provide community base management on the main morbidities such as Diarrhea, Malaria, ARI and preventive medicine. 20 Extended Programme of Immunization (EPI) 10 cold chain units have been rehabilitated	(Afadja, Itechane, Karo, Loubane, Tessou), and in Wadi Kadja (Awin Rado, Hadar Beida, Kourlalou Dajdo). In light of these returns, advanced mobile strategies for immunisation were launched to vaccinate children and women.		
Health and Nutrition	Mitigation acute malnutrition impact among young children in Abeche and surrounded villages – DSR Ouaddai CHD-09/H/25310/R/122 (09-WHO-041)	99,942	187,518	5,000 under five children suffering from Global acute malnutrition, undernourished pregnant women and lactating mothers	<p>1. All children are treated free of charge at the pediatric service of regional hospital of Abeche.</p> <p>2. Reduce mortality rate among severely malnourished children with medical complications to below 6%;</p> <p>3. At least 80% of severely and moderately malnourished children to be detected and treated in Abeche and 18 surrounded villages</p>	<p>Community health workers were selected in 18 villages and trained on screening of undernourished children.</p> <p>Health workers were trained for malnutrition case management in health facilities</p> <p>Medical supplies and pediatric drugs provided to Abeche Hospital for case management of severe undernourished children.</p> <p>Appropriate protocols and other guidelines for timely detection and accurate management of acute malnutrition produced</p>	<p>CERF fund allowed a free of charge case management of undernourished children which improve accessibility of nutrition services</p>	<p>WHO Abeche sub Office carried out monitoring and joint supervision missions with ACF NGO of the project.</p>	<p>Under five children girls and boys as well in 18 villages surrounding Abeche benefited from the project</p>
	Nutritional Support for IDP and host populations in eastern Chad CHD-09/H/20928/R/124 (09-CEF-039-A)	378,408.32	Project 1,639,240 CERF 378,408.32 UNICEF received 700,000 from CERF underfunded in addition to other sources of funding; the project is ongoing	12,620 Under five children 27,212 Pregnant and lactating women	<p>Output 1: GAM under 10%: Provide Therapeutic Nutrition Services for Refugees and IDP'.</p> <p>Output 2. Increase Response Capacities: Technical assistance, Monitoring and Evaluation in support to implementing partners including the Ministry of Health.</p>	<p>The project is still ongoing and is on target to achieve its objectives. Most objectives mentioned hereunder have been achieved in 2010 since the funding have been received in December 2009</p> <p>The performance indicators achieved are within normal SPHERE standards:</p>	<p>CERF funding helped with procurement of Ready to Use Therapeutic Food: 1,500 boxes of Plumpynuts</p>	<p>Monitoring and evaluation will be conducted jointly with the implementing partner COOPI who received part of the funding for nutrition programme in 8 IDPs sites in the Dar Sila region</p>	<p>The project is designed to address nutrition needs of pregnant and lactating women and of 6 to 69 months children</p>

					<p>The project is still ongoing; outcomes will be measured in a planned Nutrition Survey on June 2010</p>	<p>SFC <u>Cure Rate:</u> Refugees 70,1% Host Population 63,4%</p> <p><u>Mortality Rate:</u> Refugees 0,4% Host Population 1,4%</p> <p><u>Default Rate:</u> Refugees 11,8% Host Population 22,7%</p> <p><u>Transfer Rate:</u> Refugees 7,5% Host Population 11,4%</p> <p>TFC <u>Cure Rate:</u> 78,4% <u>Mortality Rate:</u> 6,5% <u>Default Rate:</u> 6,2% <u>Transfert Rate:</u> 8,9%</p> <p>Technical assistance: UNICEF provided training and capacity to implementing partners and the Ministry of Health providing health and nutrition services in the refugees camps and vulnerable host communities; health and nutrition care providers received up to date knowledge on child survival case management packages including Community Integrated Management of Childhood Illnesses; In addition UNICEF, provided Nutrition and Health Clusters Coordination, Monitoring and Evaluation, ensuring quality and standardization of key interventions. UNICEF supported COOPI and ACF for nutrition services implementation in Dar Sila region and ACF in Ouaddai region in favor of IDP's and Refugees.</p> <p>Therapeutic Nutrition Food Supply: UNICEF procured and supplied Ready-to-Use Therapeutic Foods (RUTFs) to support nutrition programs in the refugees' camps and the district of Goz Beida.</p>		
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<p style="text-align: center;">Coordination and Support Services - UNHAS</p>	<p>WFP Humanitarian Air Service in Chad in Support of EMOP 09-WFP-044</p>		<p>349,997</p>	<p>Not applicable</p>	<p>UNHAS provided safe, efficient and cost-effective inter-agency air transport service for over 100 UN Agencies, NGOs and donor organizations supporting more than 600,000 refugees/IDPs in eastern Chad and over 77,000 refugees in southern Chad. The total number of users transported from January to December 2009, is 54,622 representing 130 percent of the planned activities. The service provided further 30 medical evacuations and one casualty.</p> <p>It also transported 231 mt (representing 137 percent against the planned amount) to its 12 destinations and conducted over 26 special flights for diplomatic missions, UN Agencies and various NGOs. The number of flown hours is 489 compared to 450 planned.</p>	<p>In 2009, humanitarian aid workers, together with light cargo transported, exceeded originally planned support as a result of an increase in demand from the humanitarian community.</p>	<p>CERF funds has been crucial as it added up to other funds donated to cover the funding gap at a very critical period grounding of UNHAS was imminent due to lack of funds.</p>	<p>Monitoring and evaluation were conducted through the regular meetings with users including UN agencies and NGOs.</p> <p>The aim of this forum was also to coordinate and meet the needs of the special operation users.</p>	<p>The beneficiaries of this special operation included UN agencies, NGOs and donor's organisations providing humanitarian assistance in Chad.</p> <p>The benefit was equal to all users' men and women.</p>
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<p style="text-align: center;">Agriculture</p>	<p>Emergency supply of farming inputs to vulnerable households affected by conflicts and floods in eastern and southern Chad CHD-09/A/21029/123 (09-FAO-022)</p>	<p>500,000</p>	<p>1,903,000</p>	<p>10 000 households</p>	<p>Production of at least 500 Kg of vegetables per household</p> <p>Increased purchasing power, food security and resilience of 10 000 beneficiary households</p> <p>Malnutrition and morbidity rates reduced</p>	<p>Since the seeds were distributed at the beginning of January 2010, the project impact will be recorded in the 2010 annual report.</p>	<p>CERF funding was provided on time for the off season vegetable production. It helped to respond to needs identified by local actors, which were under-funded.</p>	<p>FAO assisted with monitoring tools to improve the follow up of field activities. Lists of beneficiaries will be validated by FAO in 2010.</p>	<p>Both men and women equally benefited from the project activities. More details will be provided in the 2010 project activity report.</p>
<p style="text-align: center;">Water and Sanitation</p>	<p>Water supply, sanitation and hygiene education for population affected by eastern Chad crisis CHD-09/WS/21928/124 (09-CEF-039-B)</p>	<p>768,153</p>	<p>9,144,000</p>	<p>Children =6240 Women =16000</p>	<p><u>In the area of Haouich , Amdam, and around Gozbeda , IDP and returned and host communities have an improvement access to safe drinking water and sanitation facilities and hygiene through</u></p> <p>Construction of machine drilled and hand drilled boreholes equipped with hand pump</p> <p>Replacement / construction of 600 emergency latrines.</p> <p>Hygiene education for Chadian IDP children, women and host and returned populations/</p> <p>Provision of water, hygiene and sanitation kits for 20,000 underserved households.</p> <p>Emergency capacity building and response for pump maintenance and hygiene promotion.</p>	<p>2) In 2009 with the partnership of Oxfam-GB, 21 boreholes and 400 latrines in the IDP's Site of Gouroukoum and Gassire have been implemented. The Negotiation with Oxfam GB for an agreement to increase access to WASH in Sanour and Ganachour are on going.</p> <p>2) More, The procurement of 8000 soap cartons of IDP is now finalize. As a Part of Hygiene Kit, UNICEF must procure annually 16000 cartoon s of SOAP equivalent of 1280 000 Soap unit in total to be distributed monthly to each IDP's in the 14 IDP'S sites.</p> <p>3) An agreement with NGO in Haouich and Am-dam region -Islamic Relief Worldwide- IRW is ready to be implement in theses regions. At the end of this agreement, 10 boreholes, 350 family latrines and community capacity building will be achieved.</p>	<p>CERF support has permit to complete the GAP of procurement Kit Hygiene, particularly related to SOAP, which is a big challenge for Hygiene promotion and prevention of diseases. With the procurement of 8000 carton of Soap, we are now able to reach all IDP's during the distribution of Soap in particulars during the critical period of rainy season</p>	<p>A monitoring system already exists to supervise all WASH project s in the East. A WASH team reinforced by the Government WASH office in Abeche organize regular visits on the field. Recently a strong an assessment has been done by this team who identified clearly the villages and, the priorities to be conduct in Haouch, and Goz Beida.</p>	<p>Support is equal done for boy. Girls. woman and man.</p> <p>For example each family member receive on Soap for month with out consideration of gender and age</p>

<p style="text-align: center;">Education</p>	<p style="text-align: center;">Access to improved quality education for pre and primary school children in ID sites and host communities in eastern Chad CHD-09/E/21968/124 (09-CEF-039-E)</p>	<p style="text-align: center;">513,511.3</p>	<p style="text-align: center;">490,961.01</p>		<p>At least 30,000 IDPs and host community children of primary school age have access to quality education</p> <p>At least 50% CAR refugees of Daha and host community children of primary school age have access to quality education</p> <p>Children affected by displacement (including those in host communities) are enabled to access and participate in quality education and their school rate has increased specially girls.</p>	<p>23,864 IDPs and host community children of primary school age received school supplies (exercise books, pens, pencils, slates, erasers, sharpeners) and materials</p> <p>23,864 pupils had opportunity to learned in a safe and secure environment through procurement of plastic sheeting for temporary classroom construction</p> <p>800 CAR refugees of Daha camps and host community children of primary school age have access to quality education and benefited from distribution of school supplies (exercise books, pens, pencils, slates, erasers, sharpeners) and materials</p> <p>190 teachers from level 1 and 45 teachers from level 2 were trained on methodology quality teaching delivery</p>	<p>Being 15% of requested funds, contribution received from CERF allowed 24,664 children affected by conflicts to meet their education right which is an essential tool for protection</p>	<p>UNICEF strengthened partnership with local education authorities, INGOs such as Premiere Urgence and JRS in providing quality education to children affected by conflicts (IDPs, refugees and host communities) and ensuring adequate coordination and monitoring of implemented education activities as well as evaluating educations standards and progress vis-a-vis of the sector. Data are collected in a regular basis through standards tools for analysis purpose and follow up</p>	<p>In IDPs sites among children enrolled and assisted by the project, 40% are girls ie 9,777 and 60% are boys ie 14,087</p> <p>While in CAR refugees camps of Daha in South-East from 800 school aged children assisted, 580 are refugees with 41% girls and 59% boys. Host community children represent 27% ie 220 pupils' 41% of which are girls and 59% boys.</p> <p>The disparity between girls and boys is due to many others culture with early marriage, pregnancy etc...</p>
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<p style="text-align: center;">Multisector</p>	<p>Protection and humanitarian assistance to newly arrived CAR refugees in south-eastern Chad (09-HCR-017)</p>	<p>746,860</p>	<p>2,000,000</p>	<p>1,826 <5 children 6,177 women</p>	<ul style="list-style-type: none"> - All refugees are in safety and dignity in the site, including vulnerable groups; - All refugees are provided with essential items to meet their basic needs; - All refugees receive adequate services; women and children receive special attention; - Activities of partners are implemented and well coordinated; - Situation is monitored on a daily basis and interventions made with the authorities when necessary. 	<ul style="list-style-type: none"> - The registration exercise conducted in July 2009 allowed UNHCR to have a clear understanding of the exact population in the area. In Daha camps 1 & 2, a negative difference of 1926 persons compared to previous verifications was recorded. The total number of refugees in Daha was thus fixed at 9,908 for the camps of Daha 1 & Daha 2. These figures do not include the refugees settled in Koy, Masebagné and Betimrera. - All refugees received essential NFIs, notably blankets, mats, kitchen set, jerrycans, soap, plastic sheeting (4m x 5m). The distribution of soap and jerry cans largely contributed to the improvement of hygiene conditions. The plastic sheeting improved the quality of the emergency shelters built by the refugees protecting them from the elements. - Refugees had access to essential services. Site planning was finalized, 5 additional boreholes were realized, refugees were sensitized for the construction of family latrines 37 mixed associations (refugees and host population) received a distribution of agricultural seeds. Education was provided through the support to community teachers - Refugees with special needs were constantly monitored and provided with special attention through the selection of 15 focal point in the camps 	<p>The rapid disbursement of CERF funds allowed UNHCR to monitor the newly arrived refugees at the border as well as conduct immediate pre-registration and distribution of NFIs in Daha.</p>	<p>Monitoring mechanisms are established at different levels. Refugee committees were established in the camps, notably a central committee, the women committee, the security committee etc)</p> <p>Implementing Partners are monitored on a regular basis and provide regular reports.</p> <p>UNHCR conducts regular visits to the field sites.</p>	<p>18.38% of the population is composed of children of under 5 years</p> <p>The total % of children under 17 years is 41.61%. Women represent 62.19% of the population.</p>
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Food	Assistance to CAR refugees in south-eastern Chad (PRRO 10510.0) (09-WFP-026)		672,000	Total 18,334 children under five and 19,144 adults' women were reached. Under the same project, 20169 female between 5 and 18 were also assisted.	<p>According to the nutrition survey conducted by COOPI in CAR refugee's camps, the prevalence of acute malnutrition among children under 5 weights for height has been stabilised to 6.5 percent from 2008.</p> <p>The recovery rate in supplementary feeding centres has been improved 56.2 to 78.8 percent.</p> <p>The defaulter rate in supplementary feeding centres has decreased from 28.3 to 13.9 percent.</p> <p>Other set indicators in the CERF application were not yet assessed.</p>	Over 16,000 refugees were assisted through general food distribution and 2,440 children under 5, pregnant and lactating women have been assisted through supplementary feeding programme.	The rapid funding provision of the CERF allowed the project to cover the urgent needs of new refugees' caseload.	<p>The Monitoring and Evaluation (M&E) has developed an RBM Toolkit which had been used to monitor food distribution and post distribution. Monitoring in the refugees camps has been carried out in collaboration with UNHCR and its cooperating partners.</p> <p>The nutritional status of children under-five has been monitored through data collected in the supplementary feeding centres including monthly screening data conducted by medical NGOs partners</p>	<p>Refugees from Central Africa Republic and vulnerable group including refugees and host community.</p> <p>The benefit was equal between male and female at the respective proportion of 49.2 and 50.8.</p>
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Health	<p>Reducing excess morbidity and mortality related to reproductive health and GBV among CAR refugees in Salamat region, Chad (09-FPA-014)</p>	112,000	360,000	<p>17,000 newly arrived Central African refugees mostly women and children and 5,000 of host population</p>	<p>Clean deliveries are performed in the community or in the health facilities;</p> <p>Obstetrical emergency and complications are adequately managed;</p> <p>Universal precautions are respected; Free male and female condoms are available;</p> <p>SGBV survivors receive medical and psychosocial support;</p> <p>Basic data are available for all the stakeholders;</p> <p>Preventive and curative activities against STI/HIV/SGBV are coordinated.</p>	<p>Minimum Initial Service Package (MISP) implanted in the district</p> <p>Emergency Obstetrical care managed efficiently in Daha and the surrounding sites and host communities</p> <p>Universal precaution is respected thanks to appropriated material provided;</p>	<p>Coordination of MISP and overall reproductive intervention is efficient</p> <p>Psychosocial and clinical services for SGBV survivors available</p> <p>Caesarean sections and other obstetrical surgical interventions have save life in Daha and Haraze health centers thanks to human resources and supply in equipment</p>	<p>Weekly (EWARS) and monthly reports,</p> <p>Field visits</p>	<p>Gender equity fully respected as the project targets especially women of childbearing age 4 of the staff involved in the project are female</p>
	<p>Improving access to primary health care for newly arrived refugees and local populations of Daha in south-eastern Chad (09-WHO-022)</p>	104,000	224,617	<p>17,000 Daha refugees and 5,000 local population</p>	<p>Capacity of Daha health centre in managing health care is strengthened</p> <p>Working conditions at Daha health centre is improved</p> <p>Capacity of the regional hospital Am Timan to manage severe Daha cases is strengthened</p>	<p>Health emergency kits and medical equipment provided to Daha health centre</p> <p>Supply of trauma Kit to Am Timan Hospital</p> <p>Solar lighting system installed at health centre of Daha</p> <p>Provision and Installation of high frequency radios at health centre of Daha and District Health office of Haraze for communication of referral case and epidemiological data.</p> <p>Monitoring of primary health care activities and epidemiological surveillance</p>	<p>CERF fund allowed a free treatment of sick refugees and local population for three (3) months waiting for long term health interventions</p>	<p>Joint supervision missions by Abeche WHO sub office and UNCHR of the project</p>	<p>Daha refugees and local population surrounding the refugee camps.</p>

<p style="text-align: center;">Health-Nutrition</p>	<p style="text-align: center;">Integrated emergency response for refugee population and host communities in Daha (09-CEF-026-A)</p>	<p style="text-align: center;">239,763.7</p>	<p>Project 556,400.00</p> <p>CERF funding 239,763.70</p> <p>UNICEF mobilized additional funding from others donors.</p>	<p style="text-align: center;">-10,684 Under five children</p> <p style="text-align: center;">-21,915 Pregnant and lactating women</p>	<p>Output 1: Global Achievement Malnutrition (GAM) under 10%: Provide Therapeutic Nutrition Services for Refugees and IDPs.</p> <p>Outcomes: 13 Ambulatory centres functional 6 Stabilization Units functional GAM in IDP sites range from 2 to 4%.</p> <p>Output 2. Increase Response Capacities: Technical assistance, Monitoring and Evaluation in support to implementing partners including the Ministry of Health.</p> <p>Outcomes: Monthly training session and cluster meeting 16 Nutrition specialists were trained on national protocol and indicators and on Nutrition survey techniques.</p> <p>At least 90% under-5 children immunised against polio and Measles and receive Vitamin A supplements and de-wormed</p> <p>All under-5 children and pregnant and lactating mothers have access to therapeutic and supplementary care services in line with the international standards</p>	<p>The project has been fully implemented and has given the following results:</p> <p>The following quantities of therapeutic food were delivered:</p> <ul style="list-style-type: none"> o RUTF/Plumpynut : 2,906 boxes o Milk F 100 : 309 boxes o Milk F 75 : 138 boxes o High Energy Biscuits/BP5 : 2019 boxes <p>In addition essential medicines (Amoxicilline, Folic Acid, Mebendazole, and Vitamin A) were provided for use in nutrition centres.</p> <p>Training sessions targeted health agents in IDP-sites of the Dar Sila (Gouroukoun, Koloma, Koubigou, Habile, Aradib).</p> <p>Quality and quantity of the emergency stock were identified in the contingency plan and the required equipment/commodities were pre-positioned in Abeche and Goz Beida.</p> <p>Regular coordination meetings were conducted. In spite of the occasional partial attendance of partners, these meetings allowed for information sharing and monitoring of the nutritional situation. A joint nutritional survey covering IDP-sites was conducted from September to October. Final results have been disseminated in December 2008.</p>	<p>The CERF funding was used to improve nutrition services delivery in 12 refugee camps, 6 IDP sites, especially through the procurement of Ready to Use Therapeutic Food, and to quickly respond to the influx of Central African Republican refugees by setting up two nutritional centres.</p> <p>The recovery rate increased from 68% to 78.4% during the implementation period.</p>	<p>Monitoring missions took place in April and July covering 11 out of 12 refugee camps and the surrounding IDP-sites.</p> <p>UNICEF conducted joint field missions with the ministry of health and implementing partners each quarter.</p> <p>Nutrition data are collected through nutrition screening.</p> <p>UNICEF as cluster lead organized monthly cluster meeting to discuss progress and interventions gaps.</p>	<p>The project addressed the nutritional needs of children under 5 and more 21,000 women; in addition 240 CHW women were associated in the services delivery in term of capacity building and social mobilization.</p>
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				<p>Entire population in targeted villages have access to basic primary health care services</p> <p>At least 80% under-5 children and 60% pregnant women receive sleep under the impregnated mosquito net Project proposal included slightly different set of expected outcomes:</p> <p>At least 90% under-5 children immunised against polio and Measles and receive Vitamin A supplements and de-wormed</p> <p>All under-5 children and pregnant and lactating mothers have access to therapeutic and supplementary care services in line with the international standards</p> <p>Entire population in targeted villages have access to basic primary health care services</p> <p>At least 80% under-5 children and 60% pregnant women receive sleep under the mosquito net</p>	<p>Technical assistance given: UNICEF provided training and capacity to implementing partners and the Ministry of Health providing health and nutrition services in the refugees camps and vulnerable host communities; health and nutrition care providers received up to date knowledge on child survival case management packages including Community Integrated Management of Childhood Illnesses; In addition UNICEF, provided Nutrition and Health Clusters Coordination, Monitoring and Evaluation, ensuring quality and standardization of key interventions. UNICEF supported COOPI for nutrition services implementation in Dar Sila region in favor of IDP's and Refugees; two Therapeutic Feeding Centers were step up in Goz Beida and Koukou.</p> <p>Therapeutic Nutrition Food Supply: UNICEF procured and supplied Ready-to-Use Therapeutic Foods (RUTFs) to support nutrition programs in the refugees' camps and the district of Goz Beida</p> <ul style="list-style-type: none"> • Cure Rate: 78.4% • Mortality Rate: 6.5% • Default Rate: 6.2% • Transfer Rate: 8.9% <p>95% admission coverage</p>			
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Water and Sanitation	Integrated emergency response for refugee population and host communities in Daha (09-CEF-026-B)	100,002	193,000	<p>Children= 3047 Women = 8000</p>	<p>Expected outcomes project :Integrated emergency response in WASH for CAR refugees in Daha are the following</p> <p>R1-9117 refugees in Daha and 6060 others from Massangne have access to safe drinking water in conformity with water standard sphere (15l/person/Day) thought</p> <p>Distribution of 100,000 PUR comprimes to households water treatment</p> <p>Construction of 10 new water points Monitoring of water quality and at house hold level</p> <p>R2-Provide sanitation facilities for refugees at standard sphere level to 9117 refugees in Daha and 6060 from Massambagne (20 persons/latrine) By construction of 350 family latrines.</p> <p>R3-<u>Ensure that the knowledge of the best practices of hygiene by all refugee</u> By implementation of community training on the best practices of hygiene</p>	<p><u>Water Supply</u> At the end of December 2009 , 9177 refugees of Daha and 6060 Refugees of Massangne have access to safe drinking water respectively at 22liter/p.day) in Daha and 23l/p/days in Massamagne . The mains activities done to achieved the following results are :</p> <p>Construction of fifteen (15) boreholes in Daha (8) and Massangue (7). The new Afflux of refugees in the same region in Massangue and haraze increase the number of boreholes from 10 to fifteen.</p> <p>Distribution of 86 400 PUR comp rime to the whole households for water treatment and training them on how to use the product</p> <p>At the beginning of the crisis, refugees supplied water in the river near the camps. the first challenge was to make sure that water quality is good. So it was proceeded to the distribution of PUR to house hold and inform them how to use them as well as the distribution of jerry cans and buckets for water storage and transportation</p>	<p>CERF support has permit to increasing the survival of children and women with WASH intervention. WASH services provided to the refugees reduced significantly the mortality and morbidity among the refugees through the reduction of diseases such Diarrhea,</p>	<p>Since the crisis started, A monitoring team has been sent to Daha by UNICEF. This team includes A WASH officer and hygiene animators .On a daily basis WASH team supervises and monitors the construction of latrines, and boreholes, as well as the hygiene training</p>	<p>All refugees, boys, girls, men, women have an equal access to the boreholes, latrines, and Kit hygiene. Sanitation.</p>
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					<p>Establishment of camps cleansing. Distribution of NFIs (soap, buckets, plastic shetting , jerrycans etc)</p>	<p>In sanitation: - Access to sanitation Daha= 23 pers/latrines Massamagne 25pers /latrines - UNICEF Constructed 291 emergency latrines in Daha and Massanbaye area. <u>Hygiene best practices</u> -Organisation on a daily basis the campaign of hygiene behaviour on hand washing, water storage, household environment, -Distribution of hygiene Kit</p>			
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Annex 1: NGOs and CERF Funds Forwarded to Each Implementing NGO Partner

NGO Partner	Sector	Project Number	Amount Forwarded (US\$)	Date Funds Forwarded
Premiere Urgence	Education	2009/21/CHD/EDU/PU	344,411.655	24/09/2009
AFRICARE DEVELOPPEMENT	Agriculture	09-FAO-022	0	2010
ONDR BONGOR	Agriculture	09-FAO-022	0	2010
CARE INTERNATIONAL	Agriculture	09-FAO-022	0	2010
BCI/PRODABO	Agriculture	09-FAO-022	0	2010
WCDO	Agriculture	09-FAO-022	0	2010
SECADEV	Agriculture	09-FAO-022	0	2010
ONDR MONGO	Agriculture	09-FAO-022	0	2010

Annex 2: Acronyms and Abbreviations

AOG	Armed Opposition Groups
CAAFG	Children Associated with Armed Forces Groups
CAP	Consolidated Appeals Process
CAR	Central African Republic
CERF	Central Emergency Response Fund
CFS	Child Friendly Space
COOPI	Cooperazione Internazionale
CNAR	Commission Nationale d'Assistance aux Refugies
DIS	Chadian Integrated Security Detachment
ERC	Emergency Response Coordinator
GAM	Global Acute Malnutrition
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Person
INGO	International Non-Governmental Organization
INTERSOS	Organizzazione Umanitaria per l'emergenza
IRW	Islamic Relief Worldwide
MINURCAT	United Nations Mission in the Central African Republic and Chad
MISP	Minimal Initial Service Package
MSF-F	Médecins Sans Frontières-France
MYR	Mid-Year Report
NFI	Non-food Item
NGO	Non-Governmental Organization
PMTCT	Preventing Mother-to-Child Transmission
RUTF	Ready-to-use Therapeutic Food
RR	Rapid Response
SAM	Severe Acute Malnutrition
SGBV	Sexual and Gender-Based Violence
SOP	Standard Operating Procedure

UFE	Under-Funded Emergency
UNCT	United Nations Country Team
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNHAS	United Nations Humanitarian Air Service
UNHCR	United Nations High Commissioner for Refugees
UXO	Unexploded ordnance
WASH	Water Sanitation and Hygiene Programme
WFP	World Food Programme
WHO	World Health Organization

Instructions: Under the leadership of the Resident/Humanitarian Coordinator (RC/HC), Humanitarian Country Teams (UN agencies, IOM, and NGOs) are required to provide **one consolidated**¹ narrative report per year. The annual report is due on **30 March**, covering all the CERF allocations provided to agencies in the respective country in the prior calendar year (January-December). Inputs by these dates will help the CERF Secretariat meet reporting obligations to the General Assembly and ECOSOC. Information contained in the report will be posted on the CERF website, shared with contributors to the Fund and provided to the members of the CERF Advisory Group.

Using the template below, the report should include:

1. Summary of Funding and Beneficiaries;
2. Analysis of the value added to the CERF;
3. Lessons learned;
4. Results matrix;
5. Annex 1- list of funds forward to NGOs; and
6. Annex 2- list of acronyms and abbreviations used throughout the report. Acronyms should be written out in full the first time they are used.

¹ Individual agency reports will be returned to the Office of the Resident/Humanitarian Coordinator.