



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

RESIDENT / HUMANITARIAN COORDINATOR REPORT 2012 ON THE USE OF CERF FUNDS CHAD

RESIDENT/HUMANITARIAN COORDINATOR

Mr. Thomas Gurtner

PART 1: COUNTRY OVERVIEW

I. SUMMARY OF FUNDING 2012¹

TABLE 1: COUNTRY SUMMARY OF ALLOCATIONS (US\$)		
Breakdown of total response funding received by source	CERF	14,781,195
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND <i>(if applicable)</i>	0
	OTHER (Bilateral/Multilateral)	431,773,801
	TOTAL	446,554,996
Breakdown of CERF funds received by window and emergency	Underfunded Emergencies	
	<i>First Round</i>	7,931,609
	<i>Second Round</i>	0
	Rapid Response	
	Floods	3,122,132
	Locusts (Regional Submission)	748,007

II. REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please confirm that the RC/HC Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.
 YES NO
- b. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)?
 YES NO

The last draft was shared with clusters leads, CERF focal points and head of agencies for final review. Their comments were incorporated in the final version of the report.

¹ Does not include late 2011 allocation.

PART 2: CERF EMERGENCY RESPONSE – CHOLERA (RAPID RESPONSE 2011)

I. HUMANITARIAN CONTEXT

From January to July 2011, Chad registered 13,804 new cases of cholera with 389 deaths reported in 36 of the country's 61 health districts (59 per cent) from Week 1 to Week 36 (Case Fatality Rate (CFR) = 2.8 per cent). The persistence of cholera cases during the dry season indicates that cholera is present under an endemo-epidemic form in some regions of Chad.

The total number of cases was predicted to reach between 28,000 and 30,000 by the end of 2011 (100-110 per cent increase from the worst previous cholera epidemic in the history of Chad). Despite action taken by all partners involved in the framework of the first CERF Rapid Response project (which was based on the estimated needs for 14,000 cases), it is expected that the Government of Chad and its partners will not be able to cover all the needs at the national level with the current available means, as the current epidemiological profile and projections demonstrate that the scale of the 2011 cholera epidemic will be unprecedented in the country.

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
<i>Total amount required for the humanitarian response:</i>		535,276,140
Breakdown of total response funding received by source	Source	Amount
	CERF	4,053,434
	OTHER (Bilateral/Multilateral)	310,058,668
	TOTAL	314,112,1023

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – Date of Official Submission: 22 September 2011			
Agency	Project Code	Cluster/Sector	Amount
UNICEF	11-CEF-056	Water and Sanitation	2,282,680
WHO	11-WHO-061	Health	1,770,754
Sub-total CERF Allocation			4,053,434
TOTAL			4,053,434

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of Implementation Modality	Amount
Direct UN agencies/IOM implementation	1,840,073
Funds forwarded to NGOs for implementation	2,213,361
Funds forwarded to government partners	0,00
TOTAL	4,053,434

II. FOCUS AREAS AND PRIORITIZATION

WHO, UNICEF and the humanitarian community worked in partnership with the Ministry of Health (MoH) and the Ministry of Water to evaluate the situation and identify trends and gaps. Information came from field assessments, coordination meetings and epidemiological data provided on a daily basis by the national committee of surveillance.

The weekly coordination meeting (Comité National de Lutte Contre les Epidémies) led by the MoH and the weekly water, sanitation and hygiene (WASH)/health intercluster meeting led by UNICEF and WHO define strategies of response, and guide and monitor operational activities. Additional meetings are convened as required.

III. CERF PROCESS

The gaps in the ongoing response to the cholera outbreak were identified through weekly epidemiological data collection and analysis that led to new predictions of epidemic trends. During the weekly WASH/health intercluster and National Technical Committee on Epidemics meetings, it was agreed that with current cholera epidemiological trends there would be gaps in resources for outbreak response. A 3W exercise (Who does What Where) among all partners resulted in quantification of additional needs to control an outbreak and the identification of where new interventions should be directed and who should be involved in response. According to this information, a joint proposal from the WASH and Health clusters was initiated and approved by the United Nations Country Team (UNCT).

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
<i>Total number of individuals affected by the crisis: 7,916,500</i>				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Health	3,902,834	4,013,665	7,916,500
	Water and Sanitation	3,902,834	4,013,665	7,916,500

The estimated beneficiaries are all populations in 15 new health districts affected by the cholera epidemic. The entire population (male and female) was taken into account in terms of both curative interventions for sick persons and preventive interventions in order to limit cholera transmission to neighbours.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	3,902,834	3,902,834
Male	4,013,665	4,013,665
Total individuals (Female and male)	1,440,958	1,440,958
Of total, children <u>under</u> 5	7,916,500	7,916,500

To improve case management for cholera, many interventions were realised through the supply of essential drugs and medical equipment, 'refresher training' for health workers and support for the deployment of additional health workers:

- Drugs and laboratory supplies procured for cholera diagnosis and treatment;
- Cholera expert consultant recruited to support MoH disease surveillance and case management of cholera control evaluation;
- On-site supervision of case management (cholera diagnosis and clinical management) performed by governmental District Health Teams in six districts;
- Three vehicles hired to reinforce district health teams on cholera treatment centers (CTCs) / cholera Treatment Units (CTUs) monitoring and regular supply of drugs and reagent in health facilities;
- One hundred clinical guidelines for case management produced and distributed in health facilities;
- MoH national crisis committee (CNTLE) supported to supervise health workers and provide on-the-job training on disease surveillance in nine affected regions;
- Meningitis data collected on a weekly basis and a weekly bulletin produced for statistics monitoring;
- INGOs (International Rescue Committee (IRC), International Medical Corps (IMC) and Cooperazione Internazionale (COOPI)) engaged in cholera response in newly affected regions in the East of Chad (Ouaddai, Salamat and Sila);
- Construction of CTCs;
- Water tank, incinerator, showers and toilettes constructed;
- Provision of necessary equipment at the CTCs;
- Training of personnel for cholera case management;
- Procurement of essential drugs and necessary medical supplies for cholera treatment.

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?

YES PARTIALLY NO

As described above, with the expansion of the cholera outbreak to new health districts, important gaps in response were identified by both WASH and Health Clusters. Rapid availability of CERF funds enabled WASH and Health partners to scale up the cholera response and control the cholera outbreak over the following two months.

b) Did CERF funds help respond to time critical needs²?

YES PARTIALLY NO

CERF funds supported outreach and awareness raising activities, free-of-charge screenings and case management which benefited men, women, girls and boys affected by the cholera outbreak. CERF funds reinforced Government, UN agencies and NGO response capacity resulting in the decrease of the crude fatality rate from 4.1 per cent at the beginning of the outbreak to 2.8 per cent at the end of outbreak.

c) Did CERF funds help improve resource mobilization from other sources?

YES PARTIALLY NO

Additional funds were mobilised by the European Commission Directorate-General for Humanitarian Aid and Civil Protection (ECHO) and certain INGOs, including Doctors Without Borders (MSF) France, MSF Suisse and MSF Hollande.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

The cholera outbreak response was coordinated through weekly meetings of the National Technical Committee on outbreaks. The Committee is chaired by a high-level official from the MoH (Secretary General) and included all WASH and Health partners. A

² Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns; locust control).

WASH and Health intercluster meeting was implemented to monitor the progress in outbreak response and formulate recommendations to improve the quality of the response.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
N/A	N/A	N/A

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
Delay in the disbursement and letter of understanding (LoU) agreement between UN agencies and their implementing partners	Ensure that the beneficiary agency is proactive in the disbursement and that the LoU is signed in a timely manner with the implementing NGO (bureaucracy).	Humanitarian Country Team (HCT), Humanitarian Coordinator (HC) and UN agencies

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	WHO	5. CERF Grant Period:	3 Oct 2011 – 31 March 2012
2. CERF Project Code:	11-WHO-061	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	HEALTH		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Reinforcement of the emergency rapid response to cholera outbreak in Chad		
7. Funding	a. Total project budget:	US\$ 1,770,754	
	b. Total funding received for the project:	US\$ 1,770,754	
	c. Amount received from CERF:	US\$ 1,770,754	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	3,902,834	3,902,834	N/A
b. Male	4,013,665	4,013,665	
c. Total individuals (female + male):	7,916,499	7,916,499	
d. Of total, children <u>under 5</u>	1,440,958	1,440,958	
9. Original project objective from approved CERF proposal			
To improve case management for cholera through the supply of essential drugs, medical equipment, the refresher training of health workers and the support for the deployment of additional health workers.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> CFR in the CTCs < 1 per cent (WHO standard); General Case Fatality Rate at the national level (including deaths at the community level) < 3 per cent; All cholera treatment and unit centres are supplied essential drugs and WASH equipment with 0 shortage notified; Intra household transmission of cholera is reduced through a 100 per cent chlorine pulverization of households of patients referred to a CTC. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> CFR in the CTCs / units =1,2 per cent (in evaluated CTCs); General Case Fatality Rate at the national level (including deaths at the community level) = 2,8 per cent; All cholera treatment and unit centres are supplied essential drugs and WASH equipment with no shortage notified; 100 per cent Intra household treated through a chlorine pulverization of households of patients referred to a CTC in all seven health districts evaluated. 			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
N/A			
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0) Charge screening and case management which benefited for both men and women, girls and boys

14. M&E: Has this project been evaluated?

YES NO

The project was evaluated by a team, including a WHO international consultant, a WHO national epidemiologist and a data manager. Seven districts were randomly selected from affected districts and visited by the evaluators. Key findings include:

- Coordination mechanisms were in place at the national level, but in 30 per cent of visited health districts the coordination mechanisms were not put in place;
- One hundred per cent of CTCs were well-equipped and functioning in all health districts;
- Laboratory tests were conducted in 100 per cent of visited health districts;
- No drugs were out of stock in all visited health districts;
- Epidemiological data were collected on a daily basis in health facilities and transmitted to health district and to national level.

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	13 Oct 2011 – 13 April 2012
2. CERF Project Code:	11-CEF-056	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	WASH		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Reinforcement of the emergency rapid response to cholera outbreak in Chad		
7. Funding	a. Total project budget:		US\$ 2,814,303
	b. Total funding received for the project:		US\$ 2,133,392.73
	c. Amount received from CERF:		US\$ 2,282,680
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	3,902,834	3,902,834	N/A
b. Male	4,013,665	4,013,665	
c. Total individuals (female + male):	7,916,499	7,916,499	
d. Of total, children <u>under 5</u>	1,440,958	1,440,958	
9. Original project objective from approved CERF proposal			
<ol style="list-style-type: none"> 1. To improve case management for cholera through the supply of essential drugs, the refresher training of health workers and the sustainment of additional health workers; 2. To reduce transmission through the improvement of sanitation and access to safe water at the CTC and community level; 3. To reduce transmission through the improvement of sensitization and change behaviours of the population at risk. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • CFR in the cholera treatment centres / units < 1 per cent (WHO standard); • General Case Fatality Rate at the national level (including deaths at the community level) < 3 per cent; • All cholera treatment and unit centres are supplied essential drugs and WASH equipment with 0 shortage notified; • Mass media sensitization is effective at the national level through a 100 per cent radio coverage; • Intra household transmission of cholera is reduced through a 100 per cent chlorine pulverization of households of patients referred to a CTC; • Communities at risk are aware of preventive measures and procedures to follow in case of contamination. 			
11. Actual outcomes achieved with CERF funds			
<p>1. Supply of <u>adequate safe treated water</u> at the CTCs / CTU ensured and maintained throughout the cholera outbreak</p> <p>Supply of potable water with to CTC and CTU ensured:</p> <ul style="list-style-type: none"> • 2 x 20,000 litres treated water storage units were available at two CTCs in N'Djamena; • 4 x 10,000 litres treated water serving 2 x 4 water distribution points were available in four areas of N'Djamena, where high numbers of cholera cases were registered; • 20,000 x 500 mg of water treatment bleach distributed to 20,000 households to prevent transmission of cholera vibriion; • 50,000 x 250 packets of Pur Sachet water treatment solution were procured and distributed to 200,000 households in cholera affected districts. 			

2. Supply of treated water for cholera affected communities in 37 affected districts increased and maintained

- The water treatment for drinking water maintained at 0,3-1 mg/litre chlore during the cholera epidemic ensuring 15-20 liters per person per day in the affected areas;
- Procured and distributed 200 tons of Hypcholine solution for water treatment;
- Forty new boreholes were equipped with hand pumps and drilled to provide access to safe water for 40,000 persons in high risk districts in Pala, Lere and Batha region;
- Four hundred traditional and local leaders were trained in water treatment methodology;

3. Increased hygiene and sanitation sensitization and preventive radio messages broadcasted throughout the cholera epidemic period

- Procured and distributed 20,000 cartons of soap and 140,000 family hygiene kits distributed in cholera affected areas;
- Construction of 50 temporary gender appropriate latrines and showers at CTCs / CTU in cholera affected areas;
- Purchase and installation of 15 sets of medical care of 450 cholera cases each;
- Technical support for supervision of CTCs;
- Thirty seven health districts in epidemic cholera were supported for a proper management of cases (17,285 cases supported: CFR 2.4 per cent for full year 2011);
- Support costs for the operation of offices in Mongo and Mao in the Sahelian belt;
- Collection of information relating to cholera in Chad where the epidemiological situation in 2011 showed that Chad had recorded 17,285 cases of cholera with 459 deaths;
- The strategic communications plan (a total of 58) were developed in each health centre in six high-risk districts;
- Preparation of modules and training of community relais and heads of health centres. This training involved six high-risk districts in southern Chad: Bongor, Kelo, Lai, Bere, Pala and Lere. In total 249 community workers have been trained in the prevention of cholera;
- Bureau d'Information, d'Education et de Communication (BIEC) support and partners for the creation of the subcommittee and harmonization of communication intervention plan for the fight against cholera;
- Trained 48 journalists/community radio presenters and 26 journalists from print media to strengthen capacities of the operations of mass media campaigns in the design and dissemination of messages to fight against cholera. A dissemination plan produced by each radio and each media house was a result of this training with a focus on preventive action to avoid resurgence of the epidemic in 2012;
- In November 2011, a small study knowledge, attitudes and practices (KAP) was conducted in Tandjile and the Mayo-Kebbi Ouest to gather information on the preventive measures against cholera. Eighty nine community members were interviewed.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

N/A

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a, 2b): 2a

If 'NO' (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated?

YES NO

- Regular supervisions in the field by the CNTLE;
- Reports by CTC to the district Health personnel;
- Regular weekly WASH/ Health Cluster meetings;
- Health Statistics Information System (HSIS) epidemiological surveillance data collected and shared weekly;
- Minute Notes of the MoH Epidemic Response Technical Committee, which meets weekly to monitor the epidemic and coordinate the response;
- Monitoring activities in the field were performed by two communication consultants and WASH based in Laï and Pala through weekly reports. Other feedback across the country was provided by implementing partners;
- Field visits were conducted in Logone Occidental and Tandjile;
- KAP survey was conducted on a small scale in two regions;
- Joint monitoring missions were conducted by a WHO and UNICEF and MSP during the cholera outbreak every quarter, while

in the field WASH/Health cluster partners held weekly meetings to report on progress;

- At the regional levels, regional WASH cluster members joined the district Crisis Committee to monitor the response.

PART 2: CERF EMERGENCY RESPONSE – DROUGHT (RAPID RESPONSE 2011)

I. HUMANITARIAN CONTEXT

Chad is a least developed, low-income, food-deficient country with a population of 11.2 million.³ The country ranked 183 out of 187 countries in the United Nations Development Programme (UNDP) in the 2011⁴ Human Development Index (HDI). Eighty per cent of the population depends on subsistence farming and herding for their livelihoods. In rural areas, 87 per cent of people live below the poverty line.⁵ The population remains highly vulnerable to cyclical environmental shocks and exposed to high-risk crises and disasters. Chad has experienced several decades of political instability due to armed conflicts within the country and along the border with neighbouring Republic of the Sudan. During the past seven years, the country has hosted more than 270,000 refugees from Republic of the Sudan's Darfur region as well as some 70,000 refugees from the Central African Republic. However, the country has a very limited capacity to cope with these refugees and relies heavily on external assistance for its own food security.

Historically, the Sahel belt of Chad has been affected by recurrent episodes of food insecurity resulting in poor health and nutrition indicators for children and women. In the recent past, these regions have increasingly suffered from deteriorating quantity of rainfall. During the 2009-2010 agricultural season, rainfall was inadequate both in terms of the quantity and distribution pattern of rain. Nearly 20 per cent of the Chadian population faced a substantial food crisis following erratic rainfall in 2009, which led to a severe drop in harvest and livestock production in many parts of the country, causing the loss of thousands of cattle and increased food prices in 2010.

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response:		571,946,997
Breakdown of total response funding received by source	Source	Amount
	CERF	6,011,095
	OTHER (Bilateral/Multilateral)	348,659,707
	TOTAL	354,670,802

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – Date of Official Submission: 29 December 2011			
Agency	Project Code	Cluster/Sector	Amount
FAO	11-FAO-046	Agriculture	817,390
UNICEF	11-CEF-069	Health-Nutrition	2,214,258
WFP	12-WFP-003	Health-Nutrition	2,979,447
Sub-total CERF Allocation			6,011,095
TOTAL			6,011,095

³ Institut National de la Statistique, des Études Économiques et Démographiques (INSEED): Résultats provisoires Deuxième Recensement General de la Population et de l'Habitat (RGPH2, 2009).

⁴ United Nations Development Programme, Global Report on Human Development 2010.

⁵ GoC, Strategy paper for growth and poverty reduction 2008-2011.

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of Implementation Modality	Amount
Direct UN agencies/IOM implementation	5,623,482
Funds forwarded to NGOs for implementation	387,613
Funds forwarded to government partners	
TOTAL	6,011,095

On 21 December 2011, the Government requested international assistance following the results of the agricultural production levels. According to the government declaration, Chad was facing a cereal deficit of approximately 455,000 tons for 2012, which translated into a loss of 50 per cent compared to the previous year. In the Sahel belt, the loss was estimated at 56 per cent. Since February 2011 prices of cereals increased dramatically. It should be noted that the price levels are already above the average of the last five years. High food prices coupled with an anticipated cereal deficit for the 2011-2012 agricultural season compromised the food security situation of poor, vulnerable households. In addition, the Global Acute Malnutrition (GAM) rates in a number of regions in the Sahel remained very high and certainly above the WHO threshold level of 15 per cent (Kanem, Wadi Fira, Barh El Ghazal, Batha, Hadjer Lamis and Salamat).

UNHCR undertook surveys of the nutritional status of refugees in 12 Sudanese refugee camps in October and November 2011. The GAM prevalence in these camps exceeded the critical thresholds of 15 per cent or 10 per cent with aggravating factors. These camps are located in desert environments characterized by scarcity of natural resources and cultivatable land. Approximately 235,000 refugees remain in these camps.

II. FOCUS AREAS AND PRIORITIZATION

An extraordinary ICC meeting was held on 16 December to discuss CERF Rapid Response priorities and process. Priority was given to UN activities under the recently launched CAP 2012 with NGO actors accessing funds through cluster leads. Specific focus was placed on the Sahel Belt as all nutritional and food security indicators confirmed highest vulnerability there.

CERF General objective is reducing food insecurity and acute malnutrition among children under the age 5 in the regions of the Sahel belt of Chad affected by the food and nutrition crisis.

III. CERF PROCESS

- Inter-cluster coordination (ICC) meeting on 13 December 2011 decided that a CERF Rapid Response should be launched;
- HCT meeting confirmed this on 14 December 2011;
- Preparatory meeting of cluster leads on 16 December 2011 in which cluster members agreed that only two clusters would request funding;
- Cluster meetings separately to inform all cluster members and to receive their acceptance. First draft of the proposal was shared with CERF on 21 December 2011. CERF's feedback was incorporated into this attached second draft;
- UNCT meeting chaired by the HC approved the revised CERF Rapid Response request and indicated also what additional work needed to be done to finalize the proposal.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
<i>Total number of individuals affected by the crisis: 589,483</i>				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Agriculture	9547	9173	18720
	Health-Nutrition	122,515	94,005	216,520

CERF funds were allocated to the relief component activities of the WFP protracted relief and recovery operation (PRRO), focusing on **nutrition-based supplementary feeding** activities (treatment of moderate acute malnutrition) aimed at refugees and local communities in the Sahel belt to mitigate the impact of the food security and nutrition crisis and on General Food Distribution to fully assist dependent Sudanese refugees in the two camps of the North-Eastern Sahel belt where GAM is ≥ 15 per cent, which require propositioning of stocks before they become totally inaccessible because of the rain in May (at the height of the lean season).

Moderate malnourished children (6 to 59 months) were supported in supplementary feeding centres (SFC) in areas where the rate exceeds 10 per cent, with priority however to areas with GAM rates ≥ 15 per cent. To complement UNICEF's interventions in severe acute malnutrition (SAM), at the request of UNICEF partners, WFP also provided rations to the caretakers of patients in therapeutic feeding centres.

Targeted beneficiaries were as follows:

- Moderate malnourished children in the age of 6-59 months in supplementary feeding centres;
- Households having malnourished children discharged from supplementary feeding centres;
- Mothers/caretakers accompanying children in therapeutic feeding centres;
- Sudanese refugees in Mile and Iridimi camps.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	104,931	132,062
Male	103,619	103,178
Total individuals (Female and male)	208,550	235,240
Of total, children <u>under 5</u>	137,375	109,884

A nutritional survey conducted in regions of the Sahel belt in June 2012 among children under the age 5 demonstrated that high malnutrition rates remain a serious concern in Chad. However, this survey, unlike those in previous years, was conducted during the peak of the lean season, and the differences between the baseline and follow-up are significant in two regions only (Batha and Salamat), while the results in the rest of the country are stable. The increase in these two regions may be linked to high occurrences of measles and meningitis during the rainy season, accessibility constraints, as well as the lack of cooperating partners and governmental health structures to adequately implement nutrition activities.

Based on the latest available data on the GAM prevalence and on nutritional surveillance activities carried out by cooperating partners in camps, the nutritional situation of refugees seems to be stable. Similar data on food consumption scores from post-distribution monitoring and Emergency Food Security Assessment also confirm the improvement of the food consumption score of refugees and of local populations in most locations.

Overall, the targeted supplementary feeding performance indicators improved during the project period and were in line with SPHERE standards. However, the default rate among the local population is still very high. This can be explained by accessibility constraints faced by mothers having to travel long distances to reach a nutritional centre and by the lack of effective community-based attendance monitoring systems.

Nutritional screenings carried out in some regions before and during the implementation of blanket supplementary feeding show no deterioration of the nutritional situation during the lean season compared to the results of the 2012 and 2011 SMART surveys.

- a) **Did CERF funds lead to a fast delivery of assistance to beneficiaries?**
 YES PARTIALLY NO

As the CERF funds were received mid-January 2012, WFP was able to purchase, transport and distribute food on time to address the needs. Timely funding is particularly important in Chad, as WFP needs to pre-position food before the rainy season for the Eastern part of the country. Parts of the CERF funds were used for pre-positioning, while the rest was used in the regular distributions cycles.

- b) **Did CERF funds help respond to time critical needs⁶?**
 YES PARTIALLY NO

CERF funds came in time to respond to the needs of vulnerable population and refugees in Chad.

- c) **Did CERF funds help improve resource mobilization from other sources?**
 YES PARTIALLY NO

The Government of France and the European Union also funded this sector through WFP.

- d) **Did CERF improve coordination amongst the humanitarian community?**
 YES PARTIALLY NO

The CERF process created an opportunity for the various agencies to coordinate and exchange information. It also led to a common needs and priorities evaluation in which priorities were assessed intra and inter-clusters according to the context.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
Receive timely information on the CERF process	Timely sharing of information on the CERF process	CERF secretariat
Complexity of the CERF guidelines.	Organize timely training and information sessions at a local level to ensure that agencies are familiar with the guidelines, the process and the templates.	CERF secretariat

⁶ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns; locust control).

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
Improvement of the Ready to Use Therapeutic Food (RUTF) supply chain	Training of Government counterpart on supply chain management	UNICEF/MoH
Align geographic coverage of services with quality	Better coordination with NGOs and Government and emphasis on formative supervision	UNICEF/MoH/Partners

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:		FAO	5. CERF Grant Period:
2. CERF Project Code:		11-FAO-046	6. Status of CERF Grant: <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:		AGRICULTURE	
4. Project Title:		Emergency supply of animal feed to vulnerable pastoralist and agro pastoralist households affected by the 2010-2011 drought in the Sahel Belt of Chad	
7. Funding	a. Total project budget:		US\$ 3,402,850
	b. Total funding received for the project:		US\$ 2,868,958
	c. Amount received from CERF:		US\$ 763,121
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>		<i>Planned</i>	<i>Reached</i>
		<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>	
a. Female		9,486	9,547
b. Male		9,114	9,173
c. Total individuals (female + male):		18,600	18,720
d. Of total, children <u>under 5</u>		3,385	3,407
9. Original project objective from approved CERF proposal			
To supply animal feed to vulnerable pastoralist and agro pastoralist households affected by the 2010-2011 drought in Wadi Fira and Ouadai regions. Specific objective was to secure herds of 3,100 vulnerable pastoralists and agro pastoralists' households during the livestock lean season from March to May 2012 in Ouadai and Wadi Fira regions by providing 697.5 tons of animal feed.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Herds of 3,100 vulnerable pastoralists and agro pastoralists' households are secured during the livestock lean season from March to May 2012 in Ouadai and Wadi Fira regions; • 697.5 tons of animal feed distributed are distributed to beneficiary households; • 15,500 small ruminants are fed with the distributed animal quantity of animal feed; • Animal mortality rates because of starvation are low among the herds fed by distributed animal feeds. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> • Around 683.92 tons of animal feed distributed (468 T of cotton seeds cakes and 215,92 T of wheat bran) to 3,120 households at the end of June. 98 per cent of planned quantity was distributed, and 100,6 per cent of planned beneficiaries was served. • Herds of 3,120 households were secured. Mortality rates of small ruminants of beneficiary households between June and September 2012 were lower than small ruminants of non-beneficiary households. • Around 15,600 small ruminants (15,500 planned) received animal feed – on average five small ruminants per household. • A monitoring assessment was done in late September (26 Dec - 1 Oct 2012) because of impracticability of the roads during the rainy season. It showed that there were no mortality linked to drought (or under nutrition) among small ruminants fed with 			

distributed animal feed but there was mortality linked to diseases. Mortality rates by regions are:

- Ouaddai: 21,21 per cent for sheep and 18,93 per cent for goats for beneficiary households. No data available for non-beneficiary households.
- Wadi Fira: 3,23 per cent for sheep and 5,85 per cent for goats for beneficiary households. 37,36 per cent for sheep and 41,67 per cent for goats for non-beneficiary households.

Mortalities recorded in beneficiaries households happened between June and September during the rainy season. There was less mortality in beneficiary households in Wadi Fira. No small ruminant mortality linked to under nutrition was recorded in beneficiaries' households, but mortality was recorded for small ruminants in non-beneficiaries households.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

N/A

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a, 2b): 2a

If 'NO' (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated?

YES NO

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	WFP	5. CERF Grant Period:	1 Jan 2012 – 01 Jul 2012
2. CERF Project Code:	12-WFP-003	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health/Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Targeted food assistance to refugees and vulnerable people affected by malnutrition and recurrent food crises (PRRO 200289)		
7. Funding	a. Total project budget:		US\$ 412,816,513
	b. Total funding received for the project:		US\$ 257,813,364
	c. Amount received from CERF:		US\$ 2,979,447
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	72,945	71,070	However, fewer children under the age 5 were reached through Supplementary Feeding Program compared what was initially planned. This may be due to a number of reasons, including the effectiveness of the large-scale Blanket Supplementary Feeding Program implemented during the lean season, which could have lowered the incidence of MAM cases. Furthermore, some areas suffered from insufficient partners and health centres to reach those in need.
b. Male	72,005	68,283	
c. Total individuals (female + male):	144,950	139,353	
d. Of total, children <u>under 5</u>	88,990	55,032	
9. Original project objective from approved CERF proposal			
<p>The main objective is to contribute to reduce the prevalence of acute malnutrition among children under the age 5 in the Sahel belt with the following specific objectives:</p> <ul style="list-style-type: none"> • To ensure treatment of moderate acute malnutrition among children under the age 5 (local population and Sudanese refugees in the targeted areas); • To ensure adequate food consumption to Sudanese refugees in camps where GAM is ≥ 15 per cent (Mile and Iridimi camps). 			
10. Original expected outcomes from approved CERF proposal			

Cases of acute malnutrition of children under the age 5 among the Sudanese refugees and food insecure local populations are treated:

- Recovery rates in WFP food supported SFC (target: 75 per cent);
- Defaulter rate in WFO food supported SFC (target: 15 per cent);
- Death rates in WFP food supported SFC (target: 3 per cent).

Micronutrient fortified food is timely provided in sufficient quantity and quality to moderately malnourished children under the age 5 among targeted refugees and local population:

- Number of malnourished children assisted through SFC and as per cent of planned figures (Target: 75,000);
- Number of beneficiaries of protection discharge rations and as a percentage of planned figures (Target: 75,000).

Improved food consumption of Sudanese refugees living in camps over assistance period:

- Number of Sudanese refugees in Mile and Iridimi who received WFP monthly food rations and as percentage of planned figures.

11. Actual outcomes achieved with CERF funds

- Recovery rates in WFP food supported SFC (target: 75 per cent; achieved: 92.90 per cent)
- Defaulter rate in WFP food supported SFC (target: 15 per cent; achieved: 11.80 per cent)
- Death rates in WFP food supported SFC (target: 3 per cent; achieved: 0.11 per cent)
- Number of malnourished children assisted through SFC and as per cent of planned figures (target:75,000; achieved: 136,046)
- Improved food consumption of Sudanese refugees living in camps over assistance
 - Number of Sudanese refugees in Mile and Iridimi who received WFP monthly food rations, and as percentage of planned figures (target: 75,000; achieved: 84,321).
 - Percentage of households with low food consumption score Sudanese Refugee (target: 10 per cent; achieved: 7 per cent).

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

Overall, the TSFP performance indicators improved during the project period and were in line with SPHERE standards. However, the default rate among local population is still very high. This can be explained by accessibility constraints faced by mothers having to travel long distances to reach a nutritional centre, and by the lack of effective community-based attendance monitoring systems. In 2013, WFP will enhance community activities in areas where reliable partners are present.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a, 2b): 1

If 'NO' (or if GM score is 1 or 0): General food distribution (GFD) ration cards were issued mainly to women who directly received the household rations. The majority of the food management committees were composed mostly of women occupying strategic positions. This resulted in an appreciable utilization of food in targeted households as shown by post-distribution monitoring.

14. M&E: Has this project been evaluated?

YES NO

Project evaluation is planned for the last quarter of 2013.

TABLE 8: PROJECT RESULTS

CERF Project Information												
1. Agency:	UNICEF					5. CERF Grant Period:	3 Jan 2012 – 18 July 2012					
2. CERF Project Code:	11-CEF-069 (SM120006)					6. Status of CERF Grant:	<input type="checkbox"/> Ongoing					
3. Cluster/Sector:	Health/Nutrition						<input checked="" type="checkbox"/> Concluded					
4. Project Title:	Scaling up the emergency response to the 2012 nutrition crisis in Chad											
7. Funding	a. Total project budget:											US\$ 15,400,000
	b. Total funding received for the project:											US\$ 1,917,000
	c. Amount received from CERF:											US\$ 2,214,258
Results												
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).												
<i>Direct Beneficiaries</i>			<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>							
a. Female			22,500	25,722								
b. Male			22,500	25,723								
c. Total individuals (female + male):			45,000	51,445								
d. Of total, children <u>under 5</u>			45,000	51,445								
9. Original project objective from approved CERF proposal												
To reduce acute malnutrition among children under the age 5 in the regions of the Sahel belt of Chad affected by the food and nutrition crisis.												
10. Original expected outcomes from approved CERF proposal												
<ul style="list-style-type: none"> 45,000 children under age 5 with SAM are detected among the local population of the Sahel Belt and the Sudanese refugee camps and treated (with performance indicators in line with international SPHERE standards); TFCs are provided with emergency nutrition supplies and essential medicines; Therapeutic care recovery rate >75 per cent (international SPHERE standards); Therapeutic care death rate <10 per cent; Therapeutic care defaulter rate <15 per cent. 												
11. Actual outcomes achieved with CERF funds												
1. <u>Provided therapeutic care to 51,960 children with SAM</u> Provision of therapeutic care to children with SAM in 10 regions of the Sahel Belt ensured (Chad Sahel belt regions: Batha, Guera, Sila, Lac, Hadjer Lamis, Bahr-El-Ghazal, Ouaddai, Salamat, Wadi Fira, Kanem):												
	BATHA	BEG	ENNEDI	GUERA	H. LAMIS	KANEM	LAC	OUADDAI	SALAMAT	SILA	TOTAL	
Sum of Beneficiaries	4721	4185	331	4287	5774	12532	3983	6174	3397	1978	51445	
Overall, the quality of care was very good as all the indicators meet and exceed the SPHERE standards for the community												

management of acute malnutrition as shown in the table below:

Indicators	Rate	Sphere standard
Recovery rate	82.6	>75%
Death rate	0.5	< 10%
Defaulters	9.4	> 15%
Coverage rate	88.1	>50%

2. Ensure timely supply of therapeutic foods and essential medicines to feeding centers for the treatment of children with severe acute malnutrition:

23,000 boxes of Ready-to-use Therapeutic Food and Ready-to-use Supplementary Food RUTF/RUSF were supplied to treat 51,445 acutely malnourished children in 426 nutrition centres in the ten regions of the Sahel belt covered by the project. In addition 149,250 children under age 5 (82 per cent of the targeted population) have received blanket feeding during the course of the project.

3. Support early identification and referral of children under age 5 year with SAM, including those living in refugee camps:

- 73,998 children were actively screened in the Ouaddai region and among them 3,173 severely malnourished were referred to nutrition centres and treated with a recovery rate above 80 per cent;
- 6,034 children with MAS living in 12 refugee camps in the Ouaddai have benefited from the project and were treated in Ambulatory Nutrition Rehabilitation Centres (CNA) or in In-Patient Nutrition therapeutic centres for cases with medical complications.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

N/A

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a, 2b): 2a

If 'NO' (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated?

YES NO

- July 2012 SMART survey;
- Routine data collection from CAN and CNT;
- Formative supervisions;
- Monthly reports from field offices and partners;
- Nutrition Cluster data.

PART 2: CERF EMERGENCY RESPONSE – FLOODS (RAPID RESPONSE 2012)

I. HUMANITARIAN CONTEXT

Chad is a least developed, low-income country with a population of 11.2 million.⁷ The country ranked 183 out of 187 countries in the United Nations Development Programme (UNDP) 2011⁸ Human Development Index (HDI). Eighty per cent of the population depends on subsistence farming and herding for their livelihoods. In rural areas, 87 per cent of people live below the poverty line⁹. The population remains highly vulnerable to shocks and exposed to high risk crises and disasters. Chad has experienced several decades of political instability due to armed conflicts within the country and along the border with neighbouring Sudan. During the past seven years, the country has hosted more than 270,000 refugees from Sudan's Darfur region as well as some 70,000 refugees from the Central African Republic. However, the country has a very limited capacity to cope with these refugees and relies heavily on external assistance for its own food security. The arrival of approximately 120,000 returnees from Libya and 1,113 returnees from Nigeria has impacted the livelihoods of host and transit communities and represents an additional shock to already vulnerable communities.

In 2012, Chad experienced heavy rains, which led to floods in the central and southern regions. The most severely affected regions included: Mayo Kebbi East, Mayo Kebbi West, Ndjamena, Hadjer Lamis, Guera, Kanem, Tandjile, Salamat, Logone Oriental, Chari Baguirmi, Ouaddai and Batha. Bad roads and flooded rivers which criss-cross the country made access to affected areas extremely difficult. The rains displaced thousands and destroyed homes, wells and other key infrastructure. At least 466,000 people were affected by floods. A total of 34 people were reported to dead, 27 were reported wounded and 96,000 houses were reported destroyed in the country.

The flooding that happened early in August 2012 disrupted health services in flooded regions, where poor hygiene and sanitation worsened by the flood led to an increase in the incidence of acute watery diarrhoea (AWD) and malaria cases.

Considering the weak health system in Chad with recurrent shortages of medicine and medical supplies in health facilities, the present project aims to reinforce epidemic-prone disease surveillance and the provision of early life saving response, including the strengthening of laboratory diagnostic capacity, and the provision of medical supplies, non-food items (NFIs) and consumables to ensure adequate case management of prevailing diseases and outbreaks for flood-affected populations.

Historically, the Sahel belt of Chad is affected by recurrent episodes of food insecurity resulting in poor health and nutrition indicators for children and women. Lately, these regions have increasingly suffered from a deteriorating quantity of rainfall. Due to a 43 per cent drop in food production in 2012, approximately 3.6 million people are food insecure in Chad (six out of ten households in the Chadian Sahel belt and four out of ten in southern Chad) of which 1.2 million are severely food insecure. The Government responded with the support of humanitarian partners to the crisis through general food distribution and support to pastoralists and farmers targeting at least 1.6 million people in nine regions of the Sahel Belt. Since January 2012, some 652,000 people have received food assistance and vital nutritional support.

⁷ Institut National de la Statistique, des Études Économiques et Démographiques (INSEED): Résultats provisoires Deuxième Recensement General de la Population et de l'Habitat (RGPH2, 2009).

⁸ United Nations Development Programme, Global Report on Human Development 2010.

⁹ GoT, Strategy paper for growth and poverty reduction 2008-2011.

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response:		571,946,997
Breakdown of total response funding received by source	Source	Amount
	CERF	3,122,132
	OTHER (Bilateral/Multilateral)	351,548,670
	TOTAL	354,670,802

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – Date of Official Submission: 8 October 2012			
Agency	Project Code	Cluster/Sector	Amount
FAO	12-FAO-039	Agriculture	302,708
UNHCR	12-HCR-052	Multi sector	713,387
UNICEF	12-CEF-123	Health	423,110
UNICEF	12-CEF-124	Water and Sanitation	1,269,292
WHO	12-WHO-076	Health	413,635
Sub-total CERF Allocation			3,122,132
TOTAL			3,122,132

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of Implementation Modality	Amount
Direct UN agencies/IOM implementation	2,349,018
Funds forwarded to NGOs for implementation	671,714
Funds forwarded to government partners	101,400
TOTAL	3,122,132

Following the floods, the health situation became very critical with an increase of waterborne diseases. The total number of new consultations increased by 3,053 new cases in one month in affected regions (51 per cent of total new cases are children under age 5).

WHO Early Warning and Reporting System indicate at week 39 the following main morbidities:

- Malaria new cases: 4,618 (24 per cent of total consultations); 43 per cent are children under age 5;
- Acute Respiratory Infection: 3,959 new cases (20 per cent of total consultations); 69 per cent are children under age 5;
- Watery Diarrhoea: 1,755 new cases (9 per cent of total consultations); 69 per cent are children under age 5;
- Bloody Diarrhoea: 789 new cases (4 per cent of total consultations); 51 per cent are children under age 5.

The project targeted those main diseases through proper outreach screening and quality management at community and clinical levels.

Yaroungou and Moula camps – both to be relocated into a new camp called Belom – are two of the seven camps that received 58,374 Central African Republic refugees who arrived in Chad between 2003 and 2008. These two camps were unfortunately established in easily-flooded zones close to ground water level.

Despite the fact that in Chad there has been cyclical flooding since 2009, the 2011 and 2012 floods had dire consequences up to the point of completely destroying infrastructure, agricultural land and the crops that allow refugees to have a minimum means of living.

As of early 2011, UNHCR began discussions with the Government to find a new site to relocate these refugees. In August 2012, in view of the consequences of the heavy rains and the high possibility of a cholera epidemic outbreak, a new site was granted by Chadian authorities, and UNHCR immediately initiated the relocation process since the establishment of the new camp needed to be completed before the next rainy season (May-October).

The CERF funding was indispensable to help the office to assist approximately 17,642 affected persons (UNHCR, 31 December 2012) with the basic provision of NFIs, health care and WASH facilities to ensure the well-being of relocated refugees and to ensure compliance with SPHERE standards for the new camp. Access to health services, nutrition, and water and sanitation are fundamental human rights.

The total planned population has not yet been relocated, however, as of February 2013, 3,244 families (13,672 persons) have been relocated to Belom and most of the basic essential services are in place.

II. FOCUS AREAS AND PRIORITIZATION

Needs assessments were conducted through a Multi Cluster Initial Rapid Assessment in which health cluster members participated. Information gathered from the MIRA was matched with weekly epidemiological data collected to identify gaps and response in the Health sector. During the WASH and Health inter-cluster meeting a 3W exercise among all partners resulted in quantification of needs to control waterborne diseases, identification of where new interventions should be directed and who should be involved in response. According to this information, a joint proposal from the WASH and Health cluster was initiated and approved by the UNCT.

Yaroungou and Moula camps, located in Grande Sido Department in Southern Chad and under UNHCR Maro sub-office were affected by the overflowing of the river Bahr-Kôh which flooded and destroyed a large part of the Moyen-Chari region with dire consequences for refugees and the surrounding host population.

The 2012 floods destroyed refugees' shelter and increased diarrhoeal and skin diseases. Both the authorities and humanitarian actors warned about the possibility of health epidemics due to the precarious hygiene condition that the population of the region were facing.

In order to prevent the consequences of the flooding, the Government finally granted a new site to relocate the affected refugees and on 28 August 2012, the national authorities and all humanitarian agencies went to Yaroungou and Moula to sensitize and mobilise refugees for the relocation process. On 8 October, the relocation process was initiated and remains ongoing. As of today, 77 per cent of people of concern have been relocated.

III. CERF PROCESS

The new camp (Belom) is located only 5 km from Moula camp. UNHCR requested the support of CERF funding to rapidly expand the nearest existing health centre while waiting for new infrastructure to be ready to use. This expansion is meant to ensure that during the process of relocation all refugees have access to essential primary health care services. The health of refugees is a key component of protection and a priority for UNHCR.

Additionally, following the destruction of shelter of persons of concern, basic provision of non-food items and the provision of essential services, such as WASH, were required to settle refugees in the new camp. Access to water and sanitation is essential to life, health and dignity. Timely and adequate provision of clean water and sanitation services to uprooted refugees is particularly important, given the vulnerability of their situation. The provision of adequate sanitation services is equally important. The overall objective of UNHCR's water and sanitation programmes is to minimize avoidable mortality and morbidity among the people of concern and to minimize the resulting impact on the local environment, including fresh water, to enhance the protection of women, girls, children and people with special needs, notably persons affected by/at risk of sexual and gender-based violence (SGBV), disabled and elderly. Field missions (Multifunction team) and age, gender and diversity mainstreaming (AGDM) surveys in both camps were initiated by UNHCR in close coordination with the Government and all implementing partners to ensure that all rights of all people of concern were addressed.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
<i>Total number of individuals affected by the crisis:</i> 589,483				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Agriculture	Ongoing	Ongoing	Ongoing
	Health	300,000	120,000	420,000
	Multisector	7,339	6,333	13,672
	Water and Sanitation	400,000	160,000	560,000

The estimated beneficiaries are all populations in 15 new health districts affected by the cholera epidemic. The entire population (male and female) was taken into account in terms of both curative interventions for sick persons and preventive interventions in order to limit cholera transmission to neighbours.

UNHCR used the Profile Global Registration System (PROGRES), an internal registration database aiming to provide a common source of information about persons of concern that are available to those who need it, in order to facilitate the work and avoid the proliferation of multiple incompatible and irreconcilable lists of people of concern to the organization. Data elements, such as age, gender, births, deaths, etc. were collected and maintained for households, families, cases and individuals.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	646,437	707,339
Male	285,555	286,333
Total individuals (Female and male)	931,992	993,672
Of total, children <u>under</u> 5	170,364	201,065

The project was jointly implemented in partnership with the MoH, health delegations, health districts, local communities and in close collaboration with NGOs responding to the flood crisis. The project strengthened the ongoing emergency response, extending case management activities to all affected districts.

The project was targeting the most vulnerable groups, such as children and women, and ensured that all affected people had access to critical health care. The project was implemented in nine health regions to strengthen health service deliveries through additional staff, provision of drugs and medical supply. WHO ensured proper coordination of activities and provide strong technical backup to the MoH:

- Procurement of three complete Inter-Agency Emergency Health Kits 2006 and three Diarrhoeal Kits for affected Health districts;
- Procurement of laboratory reagents, which were distributed in health facilities of affected Health districts;
- Equipping and staffing of three temporary health centres for treatment of displaced populations in health regions and health districts affected by floods;
- Support in the transportation of essential materials and human resources in areas flooded;

- Accelerated immunization organized and covered 29,416 children under 12 months in the affected regions Ndjamena, Moyen Chari and Tandjile, including displaced population by the flooding;
- Conducted refreshment training of 56 health workers on diseases surveillance.

To be able to accommodate all refugees, the existing Moula health centre has been extended with three additional blocks and is in process of finalisation. In addition, 345 communal latrines, one block of latrine and shower for DIS (camp security), 20 latrines for school, one block of latrines and shower for the health centre, 24 refuse pits and 12 boreholes have been constructed for the new camp.

Regarding the NFIs, considering the high cost of transportation, forwarding and inspection services, only 310 family tents; 5,500 reinforced plastic tarpaulins; 190 plastic tarpaulins in rolls (4Mx50M); 3,795 synthetic blanket (1.5x2 m); 73,000 pieces of soap, 3,250 synthetic sleeping mats, 2,450 semi-collapsible jerry cans (10 L), 3,200 mosquito nets and 2,000 Type B kitchen sets were purchased.

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?

YES PARTIALLY NO

As described above, with the expansion of the cholera outbreak to new health districts, important gaps in response were identified by both WASH and Health Clusters. Rapid availability of CERF funds enabled WASH and Health partners to scale up the cholera response and control the cholera outbreak over the following two months.

b) Did CERF funds help respond to time critical needs¹⁰?

YES PARTIALLY NO

CERF funds supported outreach and awareness raising activities and free-of-charge screening and case management which benefited men, women, girls and boys affected by the cholera outbreak. CERF funds reinforced government, UN agencies and NGO response capacity resulting in decreased morbidity and mortality rates for flood-affected populations.

c) Did CERF funds help improve resource mobilization from other sources?

YES PARTIALLY NO

Additional funds were received from ECHO and the INGOs Merlin and IMC.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

CERF funds were allocated after deployment of needs assessment missions and consultations between the community and definition of shared analysis, strategies, priorities and common understanding of the situation. This reinforced the coordination dynamics and team work between humanitarian actors.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
CERF reporting can be improved through continued training of CERF focal points of humanitarian organizations benefiting from CERF funding.	Step up CERF trainings for CERF reporting focal points in countries such as Chad where staff turnover is high.	CERF Secretariat

¹⁰Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns; locust control)

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
CERF prioritization can be more effective with strengthened technical support of cluster coordinators to the country team.	Strengthen capacity of cluster coordinators and support staff in CERF related matters and procedures.	Cluster lead agencies/ CERF Secretariat

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNHCR	5. CERF Grant Period:	19 Oct 2012 – 31 March 2013
2. CERF Project Code:	12-HCR-052	6. Status of CERF Grant:	<input checked="" type="checkbox"/> Ongoing
3. Cluster/Sector:	Multi-sector refugees		<input type="checkbox"/> Concluded
4. Project Title:	Humanitarian response to flooding in Southern Chad – Emergency Relocation of refugees of Moula and Yaroungou Camps.		
7. Funding	a. Total project budget:	US\$ 1,100,479	
	b. Total funding received for the project:	US\$ 1,100,479	
	c. Amount received from CERF:	US\$ 713,387	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	8,937	7,339	As of 31 December 2012, the total population for Yaroungou, Moula and Belom are 17,642, while the used data for the submission was as of 30 September 2012.
b. Male	8,055	6,333	
c. Total individuals (female + male):	16,992	13,672	
d. Of total, children <u>under 5</u>	2,364	2,065	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> The health status of the population affected is improved or maintained; A reliable supply of potable water is increased; Satisfactory conditions of sanitation and hygiene are guaranteed for the population affected in the new camp; Shelter items and provision of basic household utensils are provided according to cultural context and climatic context. 			
10. Original expected outcomes from approved CERF proposal			
<p>Health</p> <ul style="list-style-type: none"> One health facility equipped and rehabilitated; Service available 12 hours/day/week; One consultation person/trimester. <p>WASH</p> <ul style="list-style-type: none"> Average of 12 litres of potable water available person/day; 100 per cent of protection of civilians (PoC) living within 200 m from water point; One well per 500 persons; 100 per cent of household having access to communal latrines; 173 communal latrines constructed; 10 latrines constructed for schools; One latrine and one shower constructed for the health center; 12 refuse pit constructed and maintained. 			

<p>NFIs</p> <ul style="list-style-type: none"> • 800 tents as temporary shelter for people with special needs provided; • 1,350 households provided with plastic sheeting and other shelter materials; • 4,100 households receiving 250 g soap/month (1.5 months); • 4,100 households receiving at least two 10-20 litre jerry can; • Nine relief items distributed per family. 	
<p>11. Actual outcomes achieved with CERF funds</p>	
<p>While the relocation process and the building of infrastructure in the camp is still ongoing, the following are the actual outcomes achieved with CERF funds:</p> <ul style="list-style-type: none"> • 345 communal latrines, 1 block of latrine and shower for DIS (camp security), 20 latrines for school, 1 block of latrines and shower for the health centre, 24 refuse pits and 12 boreholes have been finalised; • 310 family-tents, 5,500 reinforced plastic tarpaulins, 190 plastic tarpaulins in rolls (4Mx50 M), 3,795 synthetic blanket (1.5x2 m), 73,000 piece of soap, 3,250 synthetic sleeping mats, 2,450 semi-collapsible jerry cans (10 L), 3,200 mosquito nets and 2,000 kitchen set type B have been provided. 	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>The amount that was reserved for the procurement was not enough to procure the planned items since the cost of transportation arrangement, forwarding and inspection services have significantly increased over the period.</p>	
<p>13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): Gender issues were not considered in the project design: NFIs are distributed to the head of household regardless of its gender. Health services are designed to cover every beneficiaries. WASH activities are not design to favor women, even though community management group for water resources are often lead by women.</p>	
<p>14. M&E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p> </p>	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	FAO	5. CERF Grant Period:	19 Oct 2012 – 31 March 2013
2. CERF Project Code:	12-FAO-039	6. Status of CERF Grant:	<input checked="" type="checkbox"/> Ongoing
3. Cluster/Sector:	Agriculture		<input type="checkbox"/> Concluded
4. Project Title:	Emergency gardening seeds supply to flood-affected vulnerable households in Southern Chad		
7. Funding	a. Total project budget:	US\$ 3,286,666	
	b. Total funding received for the project:	US\$ 302,708	
	c. Amount received from CERF:	US\$ 302,708	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	37,500	57,883	Distribution of kits was made according to the preference of the recipients. Some wished to have two or three speculations so that they could master their production techniques. The rest of the kit was then given to other recipients thus increasing the number.
b. Male	37,500	35,477	
c. Total individuals (female + male):	75,000	93,360	
d. Of total, children <u>under 5</u>	N/A	N/A	
9. Original project objective from approved CERF proposal			
<p>The operation's general objective is to improve food security status of flood-affected households in Tandjile, Mayo Kebbi Est, Mayo Kebbi Ouest and Moyen Chari regions where the agricultural campaign levels of harvests will be very low because of floods.</p> <p>Specifically, the operation envisions distribution of gardening seeds and gardening tools to 12,500 flood-affected households who had not harvested crops in 2012 in Southern Chad (Tandjile, Moyen Chari, Mayo Kebbi Est and Mayo Kebbi Ouest regions).</p>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> 12,500 vulnerable beneficiary households are assisted with seeds and tools; 5,500 tons of vegetables and fruits will be produced; Sale of vegetables generates an additional income of 300 USD/household. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> 7728.1 kg of vegetable seeds distributed 15560 vulnerable beneficiary households were assisted 7241.22 tons of vegetables/fruits produced: 1798.48 tonnes consumed 5442.74 tons of seeds sold with a market value of \$3,737,473.99 \$ be it 240.20 US\$ per household in comparison to the figure of 300 US\$ per household that was previously expected. 			

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
This discrepancy has been attributed to the late distribution of seeds, the drying of water points for irrigation and to the lack of irrigation equipment that could facilitate the watering of plants.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): Women headed households are targeted in priority.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
N/A	

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	15 Oct 2012 - 14 April 2013
2. CERF Project Code:	12-CEF-123 (SM120407)	6. Status of CERF Grant:	<input checked="" type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input type="checkbox"/> Concluded
4. Project Title:	Health Emergency interventions to populations affected by flood in Chad		
7. Funding	a. Total project budget:		US\$ 5,500,000
	b. Total funding received for the project:		US\$ 300,000
	c. Amount received from CERF:		US\$ 423,110
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries please describe reasons:</i>
a. Female	200,000	100,000	Activities are still ongoing in the IDPs sites.
b. Male	80,000	40,000	
c. Total individuals (female + male):	280,000	140,000	
d. Of total, children <u>under 5</u>	56,000	28,000	
9. Original project objective from approved CERF proposal			
The main objective is to reduce morbidity (Malaria, Diarrhoea, Acute Respiratory Infections) and mortality rates associated with the flood.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Crude Mortality Rate is < two deaths/day/ 10,000; • Malaria proportional Morbidity is < 20 per cent; • Diarrhoea proportional Morbidity is 10 per cent; • Measles Coverage > 95 per cent among children between nine months and 15 years. 			
11. Actual outcomes achieved with CERF funds			
<u>Supply</u> <ul style="list-style-type: none"> • Purchase medico surgical kits for emergency medical care for 20,000 people for three months; • Procurement and distribution of 11,000 insecticide-treated nets. Estimated 5,500 flood-affected households have benefited from this distribution. • Purchase and installation of 22 tents, 1,500 plastic mats and 50 tarpaulins to shelter and community health facilities in internally displaced person (IDP) sites. 			
<u>Capacity</u> <ul style="list-style-type: none"> • Training of 30 health workers on integrated management of childhood illnesses, the reproductive health and family practices essential. 			
<u>Service delivery</u> <ul style="list-style-type: none"> • Support Delegation for N'djamena health care and referencing sick people in the IDP sites Toukra and Farcha/Milezi; 			

<ul style="list-style-type: none"> Incentives of medical and paramedical personnel, maintenance of ambulances, support the coordination of district management teams and delegation. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Activities are still ongoing in the IDPs sites.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b): If 'NO' (or if GM score is 1 or 0):	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
N/A	

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	15 Oct 2012 - 14 April 2013
2. CERF Project Code:	12-CEF-124	6. Status of CERF Grant:	<input checked="" type="checkbox"/> Ongoing
3. Cluster/Sector:	WASH		<input type="checkbox"/> Concluded
4. Project Title:	Emergency wash intervention for flood affected populations		
7. Funding	a. Total project budget:	US\$ 15,332,000	
	b. Total funding received for the project:	US\$ 1,369,292	
	c. Amount received from CERF:	US\$ 1,269,292	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	400,000	400,000	N/A
b. Male	160,000	160,000	
c. Total individuals (female + male):	560,000	560,000	
d. Of total, children <u>under 5</u>	112,000	115,000	
9. Original project objective from approved CERF proposal			
Increase access of flood-affected communities to safe drinking water and improve sanitation practices.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> 100 per cent of flood-affected population were provided with safe drinking water treated at household level or at water point with chlorine with a residual chlorine rate of > 0,2mg/l; 80 per cent of villages or urban districts that are subject to regular monitoring of the residual chlorine in drinking water; 100 per cent of affected population defecate, at least 100 m away from water points and houses, if no latrines are available; 100 per cent of health centres in affected districts deliver the WASH Minimum Package (safe drinking water with residual chlorine, disinfecting hand washing and food utensils, hygienic and secure defecation); At least 80 per cent of affected population provided with the WASH Minimum Package (safe water, hygiene supplies and key messages). 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> The bulk money of the funding was used for purchasing of NFIs for the vulnerable groups that had lost all livelihoods and had to be relocated to camps. Tents, plastic sheeting and 500 latrine construction equipment, 10,000 litres jerry cans, 20,000 hygiene promotion posters, 5,000 cartons of soaps of which more supplies have been ordered, and water treatment products formed part of the items distributed to ensure that lives were saved; UNICEF working with partners was able to relocate and provide timely essential WASH services for approximately 45,000 people in the five Camps, Toukara A and B, Sabangali, and Farcha A and B which enabled the vulnerable communities to avoid contracting waterborne diseases, such as cholera, acute diarrhoeal associated with flooding and poor hygiene; 			

- UNICEF supported the health departments of Mayo–Kebbi Est with the distribution of NFIs and training on water treatment techniques which benefited 217,000 persons affected by floods, thus reducing reported diarrhoeal diseases and incidences of cholera in the cholera epicentres. On the whole, the funds enabled the cholera team to maintain zero cholera cases during the floods;
- In the Lac region, 2,000 people living in and around the islands were affected by the floods resulting from the overflow of water from Lake Chad. UNICEF and WASH cluster partners supported the vulnerable groups with family hygiene kits and pertinent hygiene messages on health risks, resulting in reduced cholera incidences.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

N/A

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code? YES NO

If 'YES', what is the code (0, 1, 2a, 2b): 2a
 If 'NO' (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated? YES NO

- Using routine surveys:
- More focus on integrated approach with inter-sectorial activities;
 - Monitoring and harmonisation of hygiene messages and activities;
 - Initial response to provide safe water in the Second Toukra camp did not respect the norms in infrastructure development and drainage which resulted in stagnate water around the water source;
 - Harmonisation of hygiene messages and approaches implemented by different actors;
 - Relocation and change of superstructure of the latrines from plastic sheeting to local materials.

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	WHO	5. CERF Grant Period:	19 Oct 2012 – 19 April 2013
2. CERF Project Code:	12-WHO-076	6. Status of CERF Grant:	<input checked="" type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input type="checkbox"/> Concluded
4. Project Title:	Health emergency interventions to populations affected by flood in Chad		
7. Funding	a. Total project budget:		US\$ 463,635
	b. Total funding received for the project:		US\$ 463,635
	c. Amount received from CERF:		US\$ 413,635
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	200,000	200,000	N/A
b. Male	80,000	80,000	
c. Total individuals (female + male):	280,000	280,000	
d. Of total, children <u>under 5</u>	56,000	56,000	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> To improve case management for malaria, diarrhoea and infections through the supply of essential drugs, medical equipment and the support for the deployment of additional health workers; To reduce incidence of malaria through distribution of Long Lasting Impregnate Treated Net (LLITN); To reduce incidence of Acute Respiratory Infection for children through the distributions of NFIs, such as blankets, tents and plastic mats. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Crude Mortality Rate is < two deaths/day/ 10,000; Malaria proportional Morbidity is < 20 per cent; Diarrhoea proportional Morbidity is 10 per cent. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> Crude Mortality Rate is one death/day/ 10,000; Malaria proportional Morbidity is 16 per cent; Diarrhoea proportional Morbidity is 6,7 per cent. 			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
N/A			
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0): Emergency health interventions for life saving in natural disasters

14. M&E: Has this project been evaluated?

YES NO

PART 2: CERF EMERGENCY RESPONSE

MULTIPLE EMERGENCIES (UNDERFUNDED ROUND 1, 2012)

I. HUMANITARIAN CONTEXT

Due to weak and erratic rainfall in 2011, the harvest season registered significant losses. Preliminary results of a November-December 2011 national survey on crops and food security for rural households demonstrate that this deficit represents 34 per cent compared to the precedent year and 8 per cent to the five last year's average. Estimated 3.6 million people are threatened by food insecurity across the Sahel belt as well as in other areas of the country, including Bahr El Ghazal, Batha, Guéra, Wadi Fira, Ouaddai, Sila, Logone Occidental and Logone Oriental.

Following the Libyan crisis, 90,000 Chadian migrants returned to their regions of origin mostly in the Sahel belt where communities are already affected by lack of livelihoods, food insecurity and degradation of the environment.

Malnutrition remains a key humanitarian concern in the Sahel belt where the rate of acute malnutrition has been above the acceptable threshold for many years. Based on the August-September 2011 SMART survey undertaken by UNICEF, the number of children between 6 and 59 months suffering from SAM and require nutritional therapeutic care in the regions of Kanem, Lac Bahr el Ghazal, Sahel and Guéra was estimated to reach 127,000 in 2012.

Humanitarian actors in Chad continue to provide assistance to the main beneficiary groups which are IDPs and refugees: There are still 274,640 Sudanese refugees in Eastern Chad and 67,863 refugees from the Central African Republic in the South of the country. Another 125,000 IDPs on sites and 56,000 former IDPs have returned to their areas of origin. For IDPs, basic social services, protection issues and rule of law must be addressed as a matter of priority in order to make return a sustainable option. Furthermore, achieving durable solutions for IDPs will require the reinforcement of communities' capacities to develop income-generating activities to ensure self-reliance. A joint effort by Chadian authorities, UN agencies and the humanitarian community was launched through the Early Recovery cluster, resulting in a common durable solutions strategy for IDPs.

Due to prevailing sub-regional dynamics, the voluntary return of refugees to Sudan and CAR remains unlikely in the short and medium term, as stability in Sudan's Darfur region and north-eastern CAR remain fragile with the recurrent activities of armed groups. Self-reliance opportunities for Sudanese refugees should be further promoted to reduce dependence on humanitarian aid. Peaceful coexistence between refugees and host communities constantly needs to be maintained, given the increased shared access to already scarce natural resources, making the protection of civilians a high priority during this transition time.

Surveys conducted in 12 Sudanese refugee camps in October-November 2011 revealed alarming levels of global acute malnutrition (GAM) especially in the most northern camps. The GAM prevalence in these camps exceeded the critical threshold of 15 per cent or 10 per cent with aggravating factors. These camps are located in a desert region characterized by scarcity of natural resources and cultivatable land. This environment severely hampers refugees' ability to achieve self-reliance. Moreover, the overall rate of anaemia observed in children between 6 and 59 months is greater than 40 per cent in all camps.

Discrimination against women remains a matter of concern in Chad. The country ranks 152 out of 157 on the gender-related development index. Girls suffer unequal access to education while women represent the vast majority of illiterates. Women also have a lower economic status. The differential impact of the humanitarian crisis on the lives of women, girls and boys has to be further analyzed and integrated into humanitarian response. According to recent National Post crops and food security survey (WFP, Ministry of Agriculture, FAO, November/December 2011), 70.1 per cent of female-headed households are food insecure, 48.3 per cent of households led by persons under 21 years and 41.9 per cent of those 60 years old. 36 per cent of households with children under two years are severely or moderately food insecure.

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
<i>Total amount required for the humanitarian response:</i>		571,946,997
Breakdown of total response funding received by source	Source	Amount
	CERF	7,931,609
	OTHER (Bilateral/Multilateral)	346,739,193
	TOTAL	354,670,802

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – Date of Official Submission: 17 February 2012			
Agency	Project Code	Cluster/Sector	Amount
FAO	12-FAO-004	Agriculture	1,193,123
UNAIDS	12-AID-001	Health	342,935
UNDP	12-UDP-003	Economic Recovery and Infrastructure	500,015
UNFPA	12-FPA-002	Protection/Human Rights/Rule of Law	283,336
UNHCR	12-HCR-004	Multi sector	800,000
UNHCR	12-HCR-005	Health-Nutrition	200,000
UNHCR	12-HCR-006	Protection/Human Rights/Rule of Law	283,333
UNICEF	12-CEF-006-B	Health-Nutrition	1,003,125
UNICEF	12-CEF-006-C	Health	349,355
UNICEF	12-CEF-006-D	Education	500,236
UNICEF	12-CEF-006-A	Water and Sanitation	696,570
UNICEF	12-CEF-006-F	Protection/Human Rights/Rule of Law	230,123
WFP	12-WFP-008	Food	1,198,772
WHO	12-WHO-007	Health	350,686
Sub-total CERF Allocation			7,931,609
TOTAL			7,931,609

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of Implementation Modality	Amount
Direct UN agencies/IOM implementation	5,051,359
Funds forwarded to NGOs for implementation	2,426,128
Funds forwarded to government partners	454,122
TOTAL	7,931,609

As a result of the peace agreement signed between Chad and Sudan that led to the end of the incursion of armed groups in Chad, estimated 56,000 IDPs returned to their villages during 2011. Arrived in their villages, returnees have no access to health facilities and the provision of health services they enjoyed in the IDP camps. Although the Government estimates that another 30,000 IDPs are ready to return to their homes soon, lack of basic services in return areas prevent many IDPs from returning to their homes. A joint effort of the Chadian authorities, UN agencies and the humanitarian community was launched through the Early Recovery cluster that resulted in a common strategy for durable solutions for IDPs that focuses on return, local integration and relocation. This project is essentially a focus on returnee's persons as well as local population to improve access to basic and referral health services in Adré, Goz-Beida and Amdam Heath Districts and guarantee the continuity of services for returnee's persons in Eastern Chad as well as local population.

II. FOCUS AREAS AND PRIORITIZATION

In order to keep transparency in funds allocations and to make sure that the process respects recommended procedures, the humanitarian community decided to prioritize humanitarian interventions based on the recent needs assessment in the main saving life sectors and the current funding levels within sectors (the 2011 FTS data has been made available).

On 12 and 16 January ad-hoc operational consultations have been convened respectively with International NGOs and UN deputy and cluster leads to set priorities and determine which sector and humanitarian activities would receive funding from the UFE. Indeed NGO and UN agencies members were particularly concerned by the very low funding for lifesaving activities in the early recovery sector (0 per cent), emergency education (9 per cent), multi-sector for refugees (10 per cent), protection (10 per cent), agriculture (36 per cent), nutrition (36 per cent) and WASH (39 per cent).

During the prioritisation process, humanitarian staff in charge of operations acknowledged the need to (a) continue supporting the current food insecurity and malnutrition crisis affecting more than 1.6 million people and 127.000 children, (b) the ongoing assistance to the most vulnerable refugees and (c) to bridge the gap in cross cutting early recovery – return of IDPs response by ensuring inter cluster (health, WASH, protection and education) activities.

In addition, with the aim to increase the CERF Underfunded Emergencies impact, the UNCT also decided that the number of projects and geographical implementation areas should be kept at a minimum with a particular attention on the IDP-returnees areas with unmet needs.

From 16 to 23 January, cluster members including NGOs from selected sectors organized several meetings to prioritize relevant projects (minutes of meetings shared with OCHA). On 23 January, an inter-cluster meeting has been held to endorse proposed projects, amount, as well as specific geographic area of implementation.

III. CERF PROCESS

Based on the information gathered by OCHA, the Food Security Cluster, the Protection Cluster, the Child Protection Sub-cluster, the WASH cluster and the Health cluster along with humanitarian partners and national authorities, the inter-cluster team developed an action plan and identified financial gaps that need to be addressed in order to cover all the life-saving needs of the affected populations.

The ICC met on 27 September 2012 to analyse the situation and prioritize the most urgent needs that would require CERF support.

The HCT, following the advice of the ICC and a message by the Humanitarian Coordinator on 30 September agreed that the priority sectors that need strengthening and support are Food Security, WASH, Health and Multi-sector for refugees (access to water and health), bearing in mind that protection and specifically child protection must be integrated in every step of an integrated multi-sector response.

The floods updated submitted to the Emergency Relief Coordinator by the Humanitarian Coordinator on 1 October reiterated the need for a CERF submission to fill the gaps identified by the HCT.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
<i>Total number of individuals affected by the crisis: 4,123,504</i>				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Agriculture	106,735	73,465	180,200
	Economic Recovery and Infrastructure	13,225	12,550	25,775
	Education	9,480	13,310	22,790
	Food	110,327	103,325	213,652
	Health	1,126,576	742,124	1,868,700
	Health-Nutrition	53,023	53,023	106,046
	Multi sector	163,438	127,614	291,052
	Protection/Human Rights/Rule of Law	33,201	35,577	68,778
	Water and Sanitation	53,042	38,696	91,738

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	2,060,905	1,669,047
Male	1,587,375	1,199,684
Total individuals (Female and male)	3,648,280	2,868,731
Of total, children <u>under</u> 5	658155	644?236

The project was implemented in close collaboration with local health services and NGOs. WHO supported case management by provision of essential medicines, consumables, refreshment training, laboratory reagents and supervision. WHO also contracted Support Centre for International Health (CSSI) NGO for the implementation of Adré referral hospital activities while health facilities provide essential basic services to population. Main realisations are as follow:

- Procurement of surgical kit in three referral hospital Adre, Gozbeida and Amdam in returnees zones (Kit A);
- Procurement of basic equipment for Karo and Tissi health facilities in returnees zones;
- Six Interagency Emergency Health Kit 2006 kits (essential drugs) and laboratory reagents procured for six health facilities in returnees zones namely Borota, GozBeida, Amtiman, Amdam, Dogdoré and KoukouAngarana);
- Thirty six health workers trained for in integrated diseases surveillance and response (IDSR) of prone epidemic diseases. The training gathered health workers from heath facilities to have refreshment course in Adre, Amdam and Goz-Beida Health districts for three days. Training is for three days.
- Sub contract CSSI NGO for ADRE hospital staffing and management to improve referral services for the returnee areas:
 - ✓ Drugs provided to Adré Hospital for case management;
 - ✓ Twenty seven national staff (doctors, nurses and lab technicians for running hospital activities);
 - ✓ Running cost provided to hospital for medical treatment;
 - ✓ Medical treatment performed for IDPs, refugees and local population;
 - ✓ 2,352 outpatient consultations;
 - ✓ 508 deliveries in maternity;
 - ✓ 74 caesareans sections;

- ✓ 90 planned major surgery interventions;
- ✓ 122 planned minor surgery interventions.

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?

YES PARTIALLY NO

The quick availability of CERF funds allowed a rapid procurement of medical material and drugs that allowed availability of free-of-charge of health services in targeted areas.

b) Did CERF funds help respond to time critical needs¹¹?

YES PARTIALLY NO

As described above, access to health services, especially referral services (hospital) was limited by user fees in the return zones. The CERF funds reduced user fees by providing free essential drugs and paying for health personnel. Hence men, women, girls and boys had equal access to referral health services in Adré, Goz Beida and Am Dam Heath Districts.

c) Did CERF funds help improve resource mobilization from other sources?

YES PARTIALLY NO

Additional funds were mobilised by the INGOs, COOPI and CSSI.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

The intervention was coordinated through the monthly meeting of the Eastern Health Cluster. The Health cluster gathered all health partners and local regional and district health authorities. The Health Cluster meeting monitored the progress of the intervention and formulated recommendations to improve response.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
The project has reduced the user fees by providing essential drugs and paying health personnel.	For this kind of operation allow funds for at least one year to ensure smooth transition to Government takeover	HCT/CERF

¹¹Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns; locust control)

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
After six months of implementation of the project, the Ministry of Health has difficulties to deploy enough staff to sustain the operations.	Continue advocacy to the Ministry of Health to deploy personnel and find financial resources to maintain the operations.	HCT

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	FAO	5. CERF Grant Period:	11 April 2012 – 31 December 2012
2. CERF Project Code:	11-FAO-004	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Agriculture		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Emergency supply of animal feed to vulnerable pastoralist and agro pastoralist households affected by 2010/2011 drought in the Sahel Belt of Chad		
7. Funding	a. Total project budget:		US\$ 10,643,346
	b. Total funding received for the project:		US\$ 3,224,444
	c. Amount received from CERF:		US\$ 1,193,123
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	112,512	106,735	N/A
b. Male	63,288	73,465	
c. Total individuals (female + male):	175,800	180,200	
d. Of total, children <u>under 5</u>	N/A	N/A	
9. Original project objective from approved CERF proposal			
<p>The operation's general objective is to improve food security status of vulnerable returnees and host populations in Eastern Chad, namely in Ouaddaï, Wadi Fira, Sila, Salamat and Guéra regions where the last agricultural campaign levels of harvests were very low.</p> <p>Specifically, the operation envisions distribution of 584 tons of seeds and 29,200 hoes to 29,200 vulnerable households who had not harvested crops in 2011 in Eastern Chad (Ouaddaï, Sila, Wadi Fira, Salamat and North Guéra regions).</p>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> ● 29,200 vulnerable beneficiary households are assisted with seeds and tools; ● 584 tons of seeds, namely 292 tons of millet and 292 tons sorghum seeds; ● 29,200 hoes are supplied to beneficiary households; ● 58,400 ha of cereal sown; ● 40,800 tons of cereals (20,400 tons of millet and 20,400 tons of sorghum) will be produced at the end of 2012-2013 agricultural campaign. 			
11. Actual outcomes achieved with CERF funds			

- 29,230 assisted households
- 584 tons of seeds distributed in which 292 tons of millet, 245,11 tons sorghum, 26,89 tons of berbere and 20 tons of corn;
- 29,200 hoes distributed to 29230 households;
- 53,671 ha planted with a production of 50,634 tons of cereals instead of 40,800 tons of cereals planned as detailed in the table below:

Asset	Millet	Sorghum	Maize	Subsidence sorghum	Totals
Total surface by speculation (ha)	19384	29778	2394	2115	53671
Total production (T)	24079	21158	2450	2947	50634
Average yield (kg/ha)	1,242	0,711	1,023	1,393	0,943

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

Because of a delay in seeds delivery in Djof el Amar department in Sila, part of planned quantity has been replaced by maize and berbere for subsidence agriculture in order to fit with the agricultural calendar in the area.

As there was a good rainy season, production conditions were good and farmers have been able to increase planted acreage. Thanks to the increases in planted acreage and average yields, total cereal production is far above the planned level (+24 per cent).

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a, 2b): 2a

If 'NO' (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated?

YES NO

N/A

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:	UNDP		5. CERF Grant Period:	16 June 2012 - 31 December 2012
2. CERF Project Code:	12-UDP-003		6. Status of CERF Grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Early Recovery			
4. Project Title:	Réduction de la vulnérabilité des IDPs et des populations hôtes dans les zones de retour			
7. Funding	a. Total project budget:		US\$ 750,000	
	b. Total funding received for the project:		US\$ 500,015	
	c. Amount received from CERF:		US\$ 500,015	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
<i>Direct Beneficiaries</i>		<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female		365,000	13,225	The project was designed to address the needs of IDPs and host communities in return areas, but the final number of returnees proved to be significantly smaller than the forecasts.
b. Male		335,000	12,550	
c. Total individuals (female + male):		700,000	25,775	
d. Of total, children <u>under 5</u>		50,000	1,842	
9. Original project objective from approved CERF proposal				
Reduce the vulnerability of populations return areas with particular access of women and girls access to processed products and increase their income through income-generating activities.				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none"> 30 per cent decrease of the number of physical assaults of women in travel related search Mills; 10 Mills implemented and functional processing units; 40 units of solar drying in place and functional; Management of the beneficiaries of the enhanced processing units and technical capabilities: 10 training workshops with at least 500 women leaders; Synergy of action between actors working in the field of the fight against poverty reinforced; the project activities coordinated through clusters in charge of issues of return and durable solutions in close collaboration with the protection cluster; one union of groups created in the area of returns of IDPs; Access to the market in remote areas is improved: 50 equine carts placed at the disposal of the beneficiaries. 				
11. Actual outcomes achieved with CERF funds				
<ul style="list-style-type: none"> No aggression was recorded on a woman because of displacement for the mill to grind; 10 Mills implemented and functional processing units; 40 units of solar drying in place and functional; 				

<ul style="list-style-type: none"> • Management of the beneficiaries of the enhanced processing units and technical capabilities: 9 training workshops with 200 women leaders conducted; Synergy of action between actors working in the field of the fight against poverty reinforced; the project activities coordinated through clusters in charge of issues of return and durable solutions in close collaboration with the protection cluster; 10 unions of groups created in the area of returns of IDPs; • Access to the market in remote areas is improved: 50 equine carts placed at the disposal of the beneficiaries; 3 drilling carried out provide drinking water for at least 3,570 people of three major villages. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b): 2a If 'NO' (or if GM score is 1 or 0):	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
N/A	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	16 April 2012 - 31 Dec 2012
2. CERF Project Code:	12-CEF-006-C	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Maternal and Child Health Care services to vulnerable population in the Sahel belt of Chad, including refugees, IDPs and host communities in Southern Chad		
7. Funding	a. Total project budget:		US\$ 5,500,000
	b. Total funding received for the project:		US\$ 349,355
	c. Amount received from CERF:		US\$ 349,355
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	725,000	710,000	97 per cent of the women were inoculated against the tetanus, and 94 per cent of the children under age 5 were completely inoculated.
b. Male	500,000	420,000	
c. Total individuals (female + male):	1,250,000	1,130,000	
d. Of total, children <u>under 5</u>	250,000	235,000	
9. Original project objective from approved CERF proposal			
Contribute to the reduction of maternal and child mortality and morbidity rates by providing high impact evidence based packages of interventions, including immunization services.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> 95 per cent Measles Immunization Coverage among children between 6 months and 15 years; 85 per cent TT2 Campaign Immunization Coverage among women at reproductive age; 50 per cent if Assisted delivery; Provision of drugs: no stocks outs of essential drugs; 90 per cent coverage for Penta-3 vaccination; 132 nurses and CHW are trained in vaccination good practices; 22 health centres are equipped with Midwifery delivery kits. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> Vaccination of the women and the children against the avoidable diseases by the vaccination in camps, sites of the uncalled-for and the health centres; Reduction of maternal and infantile mortality rate by the vaccination of mass in camps, sites of the uncalled-for and the health centres. 			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			

The differences are due to the inaccessibility of certain zones, such as villages and sites, during the rainy season.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b): 2a</p> <p>If 'NO' (or if GM score is 1 or 0):</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
During the meetings of guiding committee of the sanitary districts the indicators of vaccination were presented and discussed.	

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	02.04.2012 - 31.12.2012
2. CERF Project Code:	12-CEF-006-D	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Education		
4. Project Title:	Education for IDPs, Returnees, Refugees and Host community children in Eastern Chad and Southern Chad		
7. Funding	a. Total project budget:		US\$ 5,938,500
	b. Total funding received for the project:		US\$ 500,236
	c. Amount received from CERF:		US\$ 500,236
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	9,855	9,480	N/A
b. Male	12,045	13,310	
c. Total individuals (female + male):	21,900	22,790	
d. Of total, children <u>under 5</u>	21,900	22,790	
9. Original project objective from approved CERF proposal			
Ensure access to quality education for 21,900 primary ¹² school aged children in IDP sites, host communities and returnees in Eastern Chad through rehabilitation/construction of school shelters, training and capacity building of teachers, awareness/sensitization of communities and capacity building of parent-teacher associations (PTAs) to participate in school management system.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Over 21,900 IDPs, host community children and returnees of primary school age have access to improved quality education; Over 300 PTA members, 200 Pupils Mothers Associations (PMA) members, 150 primary schools teachers and 12 preschools animators benefit from training and support allowing them to carry out education activities; Deliver quality teaching and participate in the management of the schools. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> Rehabilitated 32 school-shelters (improved hangars) serving as classrooms and 120 hangars with local materials in returnees villages and IDP integration sites; 20 classrooms out of 60 were equipped with benches and plastic mats; 			

¹²Since the girls' enrolment rate in the area is very low, efforts will be made through sensitization, social mobilization and setting up of Pupils Mothers Associations (PMA) to increase the enrolment rate. Communities, particularly PMA initiative intended to increase girl's education and retention such as Income Generating Activities (IGA) will be supported. NGOs partners have good experience with this approach and UNICEF will continue working through the cluster with local education delegates to achieve that result.

<ul style="list-style-type: none"> • Trained 210 primary school teachers on best pedagogical practices, education in emergency and early recovery and school management; • Awareness raising/sensitization and capacity building conducted of 210 PTA members and 70 Mother Associations through development of Income Generating Activities; • Procured and distributed adequate number of school supplies and materials (furniture which includes 1,865 School-in-a-Box kits that covers the basic educational needs of approximately 74,600 students, 200 black boards, 400 benches and 1,050 plastic mats) for classrooms; • Effective interagency coordination mechanisms such as the Cluster Coordination meetings which took place monthly in Abeche for a total of nine for the duration of the grant, and monitoring and evaluating served to improve planning, coordination, monitoring and evaluation activities; • UNICEF provided technical assistance in project management, supervision, monitoring and evaluation to education partners having signed agreements with Organizzazione Umanitaria per l'Emergenza (INTEROSOS), Jesuit Refugee Service (JRS), Organisation pour la Promotion et d'Appui au Developpement (OPAD and the Ministry of Education officials at regional levels. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b): 2a If 'NO' (or if GM score is 1 or 0):	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
All implemented projects were monitored but not evaluated yet. Arrangements are being made with implementing partner to conduct final evaluations of these projects.	

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	4 April 2012 - 31 Dec 2012
2. CERF Project Code:	12-CEF-006-A (SM120108)	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	WASH		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Increase access to water supply, sanitation and hygiene services for the vulnerable population (IDPs, returnees and host communities and people affected by malnutrition) in eastern Chad.		
7. Funding	a. Total project budget:	US\$ 15,332,000	
	b. Total funding received for the project:	US\$ 1,500,000	
	c. Amount received from CERF:	US\$ 696,570	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	60,000	53,042	The project benefited over 100,000 people indirectly especially in water and community-based approaches to sanitation. Hygiene messages were transmitted using community-based radio, thus covering over 120,000 persons.
b. Male	40,000	38,696	
c. Total individuals (female + male):	100,000	91,738	
d. Of total, children <u>under 5</u>	20,000	15,000	
9. Original project objective from approved CERF proposal			
Provide and improve sustainable access to improved drinking water, sanitation and hygiene according to the SPHERE standards for 100,000 vulnerable peoples in Eastern Chad (IDPs, returnees, host population and people facing malnutrition crisis).			
10. Original expected outcomes from approved CERF proposal			
Expected outcomes are tabulated below:			
Results	Indicators	Sources of verification	
Access and use of safe drinking water point is increased in target communities	<ul style="list-style-type: none"> 10 new boreholes constructed and functional; 20 broken water points are repaired and functional; 90% water quality tested that meet nation standard. 	<ul style="list-style-type: none"> Borehole completion reports Rehabilitation completion report Water quality results 	
Schools and health centres are have improved access latrines separated by gender in target areas	<ul style="list-style-type: none"> 15 block of latrines constructed with respect to gender separation and used by children; 100% (15 blocks) per cent of latrine built with children participation. 	<ul style="list-style-type: none"> Construction report Field visit Monitoring report Partner monthly report 	
Access to sanitation is improved in	<ul style="list-style-type: none"> 30 villages that are open air 	<ul style="list-style-type: none"> CLTS Monitoring and follow up 	

target communities	defecation free; <ul style="list-style-type: none"> At least 1,000 latrines are constructed through CLTS. 	report <ul style="list-style-type: none"> Certification of villages free of open defecation
Target beneficiaries received incentive to improved hygiene practices.	<ul style="list-style-type: none"> 1,000 cartons of Soap distributed in IDP sites; 100 water family kits distributed in IDP sites; At least one hygiene promotion session per village is achieved. 	<ul style="list-style-type: none"> Distribution reports Field visit reports Hygiene promotion session report
Target Communities capacitated for operation and maintenance	One WASH committee is organized and trained in each target community.	<ul style="list-style-type: none"> Training session report Field visit report Monthly report
11. Actual outcomes achieved with CERF funds		
CERF funding supported the improved health of 91,738 vulnerable persons by increasing access to potable drinking water through the construction of water distribution points and the drilling of seven boreholes, improved water treatment and storage at household levels and improved sanitation through community-led total sanitation.		
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:		
N/A		
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b): (2a)		
If 'NO' (or if GM score is 1 or 0):		
14. M&E: Has this project been evaluated?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
The project was evaluated by the Water Department of Abeche using routine surveys. The project met SPHERE standards and norms of 10-15 l / person/ day, and 20 persons per latrine.		

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	20 March – 31 Dec 2012
2. CERF Project Code:	12-CEF-006-B (SM120066)	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Emergency nutrition and child survival response to the population of the Sahel belt of Chad		
7. Funding	a. Total project budget:	US\$ 15,400,000	
	b. Total funding received for the project:	US\$ 4,200,000	
	c. Amount received from CERF:	US\$ 1,003,125	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	46,000	53,023	Children under age 5 affected by SAM benefited from this project. Total number of SAM children reached in Chad in 2012 was 150,000 (and not 90,000 as planned) – and CERF funds helped to support 106,047 children (117 per cent of the initially planned). The proportion of SAM-affected children was equal between boys and girls and no gender-based bias was observed in the screening, reference and treatment of SAM during the course of the project.
b. Male	44,000	53,023	
c. Total individuals (female + male):	90,000	106,047	
d. Of total, children <u>under 5</u>	90,000	150,000	
9. Original project objective from approved CERF proposal			
The objective of the intervention is to reduce malnutrition-related mortality and morbidity in children under age 5 through improved access to quality service delivery via community-based management of severe acute malnutrition.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Case coverage for severe acute malnutrition is at least 70 per cent; • Therapeutic care cure rate >75 per cent; • Therapeutic care defaulter rate <15 per cent; • Therapeutic care mortality rate <10 per cent; • A total of 200,000 children aged 6-23 months reached with Plumpy'doz distribution. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> • Case coverage for severe acute malnutrition = 88.1 per cent; • Therapeutic care cure rate = 82.6 per cent; • Therapeutic care defaulter rate = 9.4 per cent; • Therapeutic care mortality rate <0.5 per cent; • 150000 children aged 6-23 months reached with Plumpy'doz distribution. 			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			

75 per cent of the children originally planned were reached with Plumpy'doz. The remaining stock is being ceded to WFP as WFP will be the lead for its distribution in 2013.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a, 2b): 2a

If 'NO' (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated?

YES NO

Evaluation is ongoing and report is expected mid April 2013. Independent evaluators contracted by the UNICEF regional office are using mix-methods (qualitative and quantitative) to evaluate the overall response to the nutrition crisis in Chad.

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:	UNICEF		5. CERF Grant Period:	16 April 2012 - 31 Dec 2012
2. CERF Project Code:	12-CEF-006-F		6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection			<input checked="" type="checkbox"/> Concluded
4. Project Title:	Protection and assistance of IDPs in Chad			
7. Funding	a. Total project budget:		US\$ 21,164,400	
	b. Total funding received for the project:		US\$ 230,123	
	c. Amount received from CERF:		US\$ 230,123	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
<i>Direct Beneficiaries</i>		<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female		15,381	18,564	The number of male beneficiaries increased because of sensitisation sessions on GBV and Birth Registration which reached 16,688 male members of the targeted communities.
b. Male		13,351	27,027	
c. Total individuals (female + male):		28,732	45,591	The number of children under age 5 reached increased because of the preventive action of child birth registration which benefited 8,215 children.
d. Of total, children <u>under 5</u>		5,746	10,163	
9. Original project objective from approved CERF proposal				
<ul style="list-style-type: none"> Shelter rehabilitation to support most vulnerable returnee population in Aradib and Habile (Dar Sila region); Psychosocial and medical service provision for Aradib, Habile and Louboutigue; Training in psychosocial (44 community agents) and management of clinical rape cases (100 doctors); Information before 72 hours to be disseminated in returnees villages; Participation of women and youth to the improvement of the protective environment of children and the protection of women and children against gender-based violence (GBV) through nine Community Based Child Protection networks and of nine Child Friendly Spaces (CFS), including nine Child Well Being Committees; Referral and follow up mechanism made on the basis of the reference system and Standard Operating Procedures (SOP) in the host community and villages of return / Number of SOP systems established (medical, psychosocial, legal, security, socio-economic responses). 				
10. Original expected outcomes from approved CERF proposal (UNICEF expected outcomes are in bold)				
<ul style="list-style-type: none"> 390 households in Habile et Aradib, live in improved accommodation by the end of 2012; 200 shelter construction kits distributed to 1,000 vulnerable families in Habile and Aradib; 390 NFI kits distributed to 390 households in Habile and Aradib; 200 kits of sanitary materials distributed to a 200 households in Habile and Aradib; 100 medical service providers trained in clinical management of rapes; 44 community agents built capacity in psychosocial service provision; 300 for women and girls improved access to medical and psychosocial cares; 30 community GBV focal points identified and trained on monitoring and referral system; 300 members of women's groups sensitised on GBV prevention and response in Louboutigue, Moudeina and Ade; 100 women and girls survivors reported to the hospital before 72 hours; 				

<ul style="list-style-type: none"> 9,250 children benefit from psychosocial support through nine Community Based Child Protection networks and of nine CFS, including nine Child Well Being Committees developed in IDP sites, host villages and villages of return; SOPs exist, cases routinely reported and victims of GVB benefit from effective cares. 	
11. Actual outcomes achieved with CERF funds	
<p><u>44 community agents have their capacities built in psychosocial service provision:</u></p> <ul style="list-style-type: none"> 40 facilitators in CFS, 20 GBV focal points and 4 community agents trained. <p><u>300 women and girls have improved access to medical and psychosocial care:</u></p> <ul style="list-style-type: none"> 62 GBV survivors accessed integrated service package (psychosocial, medical and security); 1,590 women have additional household income to meet their family needs and protect themselves against GBV. <p><u>30 community GBV focal points identified and trained in monitoring and referral system:</u></p> <ul style="list-style-type: none"> 50 GBV focal points were identified and trained to monitor and refer cases of GBV; 31 GBV youth clubs bringing together 310 young boys and girls established at community level. <p><u>300 members of women's groups sensitised on GBV prevention and response:</u></p> <ul style="list-style-type: none"> 1,590 women and 20 men in 32 groupings were sensitised on GBV prevention and response; 24,473 male and female community members received information on prevention and response to GBV through radio programs, community meetings and projection of documentaries. <p><u>9,250 children benefit from psychosocial support through 9 community based protection networks and 9 child friendly spaces:</u></p> <ul style="list-style-type: none"> 5,208 children affected by conflict recovered their psychosocial well-being through structured play and recreation activities; 11 child friendly spaces rehabilitated and equipped with age and gender appropriate materials for play and recreation. <p><u>Other protective actions:</u></p> <ul style="list-style-type: none"> 13,471 unregistered children received birth certificates free of charge 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<ul style="list-style-type: none"> The number of male beneficiaries increased because of sensitisation sessions on GBV and Birth Registration which reached 16,688 male members of targeted communities; The number of children under age 5 reached increased because of the preventive action of child birth registration which benefited 8,215 children; The number of children benefiting psychosocial support decreased because a good number of targeted populations were in IDP sites and children in IDP sites have decreased due to return movement towards areas of origin. Access to areas of return due to impracticable roads during rainy season also hampered maximum reach of children in return communities. 	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b): CHD-12/P-HR-RL/46025</p> <p>If 'NO' (or if GM score is 1 or 0):</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
On-site project visits, Key informants interviews and focus group discussions, households surveys were carried out routinely and during end-project review meeting	

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNHCR	5. CERF Grant Period:	18 Mar 2012 – 31 Dec 2013
2. CERF Project Code:	1. 12/HCR-004 2. 12/HCR-005 3. 12-HCR-006	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	1. Multi-sector 2. Health-Nutrition 3. Protection/Human Rights/Rule of Law		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Protection and Assistance of refugees in Chad - Protection and assistance of IDPs in Chad		
7. Funding	a. Total project budget:		US\$ 176,542,784
	b. Total funding received for the project:		US\$ 97,636,223
	c. Amount received from CERF:		US\$ 1,283,333
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	158,140	163,438	N/A
b. Male	118,055	127,614	
c. Total individuals (female + male):	276,195	291,047	
d. Of total, children <u>under 5</u>	59,503	63,514	
9. Original project objective from approved CERF proposal			
<p><u>Multi-sector</u></p> <ul style="list-style-type: none"> • Supply of potable water increased; • Health status of the population maintained or improved; <ul style="list-style-type: none"> ○ Crude mortality rate maintained at the average of 0.2 (1000 population/month). ○ Under-5 mortality rate maintained at the average of 11,6 (1000 population/month) care. <p><u>Health-Nutrition</u></p> <ul style="list-style-type: none"> • Contribute to the reduction of under-five mortality rate and morbidity through prevention, detection and early treatment of SAM. <p><u>Protection/Human Rights/Rule of Law</u></p> <ul style="list-style-type: none"> • Shelter rehabilitation to support most vulnerable returnee population in Aradib and Habile (Dar Sila region). 			
10. Original expected outcomes from approved CERF proposal			
<p><u>Multi-sector</u></p> <p>1. Water</p> <p>a. Average of 12 litres of potable water available per person/day;</p>			

- b. 100 per cent of Person of Concern (PoCs) living within 200 m from water point.
- 2. Health
 - a. 100 per cent of all drugs were purchased and supplied in timely manner;
 - b. 100 per cent of PoCs have access to primary, secondary and tertiary health care.
- 3. Nutrition
 - a. 100 per cent of children are screened and 100 per cent of those who are diagnosed with malnutrition or anaemia are referred to health centres and hospitals. Screening mechanism are based on an exhaustive monthly rapid screening conducted in the camps by the Community Health Workers and Implementing partner's staff, as well as a systematic screening of 6- 59 months children who come for medical consultation at health centres.
 - b. 100 per cent of children with anaemia were treated and received Plumpy'doz, Nutribar or Super Cereal Plus depending on the degree of malnutrition.

Protection/Human Rights/Rule of Law

- 4. 390 households in Habile and Aradib had improved accommodations by the end of 2012;
- 5. 200 shelter construction kits distributed to 1,000 vulnerable families in Habile and Aradib;
- 6. 390 NFI kits distributed to 390 households in Habile and Aradib;
- 7. 200 kits of sanitary materials distributed to 200 households in Habile and Aradib.

11. Actual outcomes achieved with CERF funds

Multi sector

- Water
 - Digging up of five wells in Amnabak and Touloum camps;
 - The construction of five additional wells started in August and was finalised in mid-December;
 - The average of 12 litres of potable water available per person/day was reached;
 - 100 per cent of PoC lives within 200 meters from water point.
- Health
 - 100 per cent of all drugs were purchased and supplied in a timely manner;
 - 100 per cent of PoCs had access to primary, secondary and tertiary health care.
- Nutrition
 - 100 per cent of screening coverage and referral of malnourished and anaemia children to the health centers and hospitals;
 - 100 per cent of children in camps received prevention and treatment of acute malnutrition and anaemia. Current situation is that all screened and referred malnourished children are admitted and receive treatment;
 - Supervision and monitoring system is reinforced.

Protection/Human Rights/Rule of Law

- 399 households constructed (30 in Gododigue, 29 in Lobotigue, 10 in Bandalla I, 13 in Bandalla II, 10 in Delou, 14 in Djedide I, 8 in DamreAmdjerdedou, 1 in Andressa, 2 in Amharaze, 14 in Dirri Sabre, 16 in Abguicheraye, 27 in Tiero, 42 in Marena, 10 in Djorlo, 15 in Arata, 15 in Agourtoulou, 10 in Amhitep, 5 in Amchangari, 10 in Agoundi, 15 in Arangou, 10 in Bakigna, 10 in Tedji, 33 in Karo, 20 in Itechané, 16 in Kororé, 21 in Loubané and 2in Afadja;
- 399 shelter kits purchased and distributed to 399 households in Habile and Aradib;
- 6,532 NFIs distributed to 1,912 households, including 1,912 blanks, 1,912 mats, 1,912 soaps and 796 plastic sheeting;
- 1,700 returnees received sanitary kits composed of school kits, hygienic kits, blankets, sheets and soaps.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

N/A

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b): 2a for CHD-12/MS/44169/R for refugees and 2b for CHD-12/P-HR-RL/49594/R for IDPs</p> <p>If 'NO' (or if GM score is 1 or 0):</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNFPA	5. CERF Grant Period:	28 Jul – 31 Dec 2012
2. CERF Project Code:	12-FPA-002	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Protection and assistance of IDPs in Chad in dar sila region		
7. Funding	a. Total project budget:		US\$ 535,000
	b. Total funding received for the project:		US\$ 283,336
	c. Amount received from CERF:		US\$ 283,336
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	15381	14.637	The project was a joint project (UNHCR, UNICEF, and UNFPA) with specific target on women, girls and men. The under-five were addressed by other UN agencies. The main focus of the project was to ensure the integrated approach to address protection in Dar Sila region (relocation site in Koukou angrana with evidence-base data collection system(GBVIMS).
b. Male	13351	8.550	
c. Total individuals (female + male):	28732	23.187	
d. Of total, children <u>under 5</u>	5746		
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> • Psychosocial and medical service provision for IDPs and returnees; • Training in psychosocial (44 community agents) and management of clinical rape cases (100 doctors); • Referral and follow up mechanism made on the basis of the reference system and SOPs in the host community and return villages, including the establishment of a number of SOP systems (medical, psychosocial, legal, security and socio-economic responses). 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Community counselling to be carried out by trained psychosocial community agents (44); • Training for 100 medical providers in clinical management of rapes; • Pamphlets and IEC materials 72 hours treatment to avoid pregnancy and prevent HIV/aids; • Printing of psychosocial, medical and security modules (N'djamena); • Dissemination of the GBV strategy and high level roundtable discussion (N'djamena). 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> • Training of 45 legal officers; • Recruitment of 11 GBV focal persons; 			

- Recruitment of 2 legal assistants;
- Recruitment of 11 community GBV focal points;
- Training of 30 psychosocial agents in psychosocial support;
- Training of 30 psychosocial agents, legal officers and medical service providers on reference of survivors;
- Legal support to 57 GBV survivors;
- Training of 100 medical service providers;
- Orientation for integrated support to 60 GBV survivors;
- Medical support to 32 GBV survivors;
- Sensitization of 7896 persons;
- Psychosocial support to 148 GBV survivors.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

- The process of IEC materials was not finalized due to the heavy process to design IEC materials which need more consultation with stakeholders in line with national policy.
- Dissemination of the GBV strategy and high level roundtable discussion need to be address with national authorities The National policy for gender was not validated and it was not possible to disseminate a draft policy.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a, 2b): 2a and 2b - the project was targeting women, men, girls, boys and the most vulnerable.

If 'NO' (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated?

YES NO

N/A

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	WFP	5. CERF Grant Period:	-
2. CERF Project Code:	12-WFP-008	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food Security		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Targeted Food Assistance for Refugees and Vulnerable People Affected by Malnutrition and Recurrent Food Crisis		
7. Funding	a. Total project budget:		US\$ 412,816,513
	b. Total funding received for the project:		US\$ 257,813,364
	c. Amount received from CERF:		US\$ 1,198,772
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	78,241	110,327	Beneficiaries of GFD exceeded the plans due to a higher coverage rate of the programme thanks to a greater mobilisation of communities and cooperating partners as well as to the improved security situation in the east.
b. Male	72,222	103,325	
c. Total individuals (female + male):	150,463	213,652	
d. Of total, children <u>under 5</u>	27,083	38,187	
9. Original project objective from approved CERF proposal			
The main objective of the project is to save lives of the drought-affected and food insecure local population in the Sahel Belt in Chad, specifically the regions of Ouaddai, Wadi Fira and Sila.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • • Number of beneficiaries of WFP food rations, by category, age group and gender, as of percentage of planned figures; • Quantities of food distributed , by commodity and beneficiary category, as of percentage of planned distribution; • Percentage of households with adequate food consumption score – target 60 per cent. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> • 460 mt of oil distributed to 213,652 beneficiaries (refer to beneficiary breakdown by sex above); • Percentage of households with adequate food consumption score – (target: 60 per cent; achieved: 74 per cent). 			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
N/A			

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b): 1</p> <p>If 'NO' (or if GM score is 1 or 0): WFP and partners monitored protection and gender-based risks through food distribution and Post-distribution Monitoring (PDM) activities. To reduce risks, WFP increased the number of targeting and distribution sites, setting maximum distance at 10 km. No cases of abuse were reported by beneficiaries.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Project evaluation is planned for the last quarter of 2013.	

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	WHO	5. CERF Grant Period:	15 Mar – 31 Sep 2012
2. CERF Project Code:	12-WHO-007	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Emergency medical intervention for reduction of morbidity and mortality within IDPs and local populations in East of Chad.		
7. Funding	a. Total project budget:	US\$ 350,686	
	b. Total funding received for the project:	US\$ 350,686	
	c. Amount received from CERF:	US\$ 350,686	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	66,576	66,576	N/A
b. Male	72,124	72,124	
c. Total individuals (female + male):	138,700	138,700	
d. Of total, children <u>under 5</u>	27,740	27,740	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> Improve the access to health services for returnees and local populations; Reduce morbidity and mortality rates in returnees and host populations. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Increased health services utilisation rate for returnees and local populations from 0.5 consultations to 1 consultation per year/person; Global mortality rate < 0,5 deaths/1000 per month in supported health facilities. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> Utilisation rate for returnees and local populations = 0.8 consultations by year/person; Global mortality rate = 0,2 deaths/ 1000 per month in supported health facilities. 			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
N/A			
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0): Life saving emergency health interventions in natural disasters

14. M&E: Has this project been evaluated?

YES NO

N/A

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNAIDS	5. CERF Grant Period:	3 April 2012 – 31 December 2012
2. CERF Project Code:	12-AID-001	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Universal access to basic HIV and AIDS services in the eastern and southern regions of Chad: Improve Universal Access to HIV prevention, treatment and gender-based violence prevention in humanitarian zones (returnee's populations from Libya, refugees, IDPs and host population).		
7. Funding	a. Total project budget:		US\$ 1,500,000
	b. Total funding received for the project:		US\$ 342,935
	c. Amount received from CERF:		US\$ 342,935
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	350,000	350,000	N/A
b. Male	250,000	250,000	
c. Total individuals (female + male):	600,000	600,000	
d. Of total, children <u>under 5</u>	100,000	100,000	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> Guarantee universal access to HIV prevention, care and support for returnee zone in their zones; Accelerate the use of Prevention of Mother to Child Transmission (PMTCT) services to prevent mothers from dying and babies from becoming infected with HIV; Stimulate voluntary testing and the use of condoms among young women and men aged 15-24; Support to civil society associations for the implementation of anti-stigma and non-discrimination activities. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> 40 per cent of returnee's persons have a minimum package of HIV /aids services in accordance with the Inter-Agency Standing Committee (IASC) guidelines; 100 per cent of eligible returnees' persons for anti-retroviral (ARV) treatment have access to ARVs; 70 per cent of physicians and nurses in the returnees' zones are trained on PMTCT and medical care of people living with HIV; Ten structures with the Primary Health Care for returnees' zones integrated PMTCT in a minimum package of activities; 70 per cent of religious, political and community leaders involved in the mobilization for PMTCT, reducing violence against women, stigma and discrimination; 13,000 returnees have access to HIV test; HIV and aids are integrated in all interventions and programs in favour of returnees' persons; 70 per cent of sexually-transmitted infections (STIs) and opportunist infections (OI) are treated in medical centre in returnees' zone; 			

<ul style="list-style-type: none"> 70 per cent of young people are informed on means of HIV prevention and have access to condoms. 	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> Recruitment of a consultant based in the humanitarian zone for four months to coordinate the implementation of CERF project activities; Supervision of missions in returnee's zones (southern and eastern Chad) <p>The following planned activities were not conducted: i) training on IASC guidelines; ii) Prevention Campaign in the returnees' zone iii) Social mobilization for PMTCT.</p>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>The project has not been implemented for the following reasons:</p> <ul style="list-style-type: none"> The project intervention zones were flooded from July 2012 to the beginning of September 2012. A massive strike in public services in Chad, which lasted five months from July to December 2012, further prevented the project to be implemented. <p>All these issues have impacted negatively on the implementation of CERF project. Without national counterparts in the public services, it was impossible to start all the activities as planned in the CERF project.</p> <p>A request for no cost extension made by UCO Chad was rejected February 2013. Main reason for the rejection: Non-use of CERF funds by UNAIDS six months after provision.</p>	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b): 2a</p> <p>If 'NO' (or if GM score is 1 or 0):</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
N/A	

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/ Sector	Agency	Partner Name	Partner Type	Total CERF Funds Transferred To Partner US\$	Date First Instalment Transferred	Start Date Of CERF Funded Activities By Partner	Comments/ Remarks
11-FAO-046	Agriculture and Livelihoods	FAO	ATURAD	NNGO	13,109	11/04/2012	Beginning of April 2012	
12-AID-001	Health	UNAIDS	CONALUS, ASTBEF	NNGO	77,500	03/04/2012	12/09/2012	
			CNLS	Government	24,000			
12-UDP-003	Early Recovery	UNDP	FPT	NNGO	455,000	16/04/2012	16/04/2012	Completed
12-FPA-002	Protection	UNFPA	Coopi	INGO	73,896.88	21/08/2012	29/08/2012	Completed
			CSSI	NGO	71,698	25/08/2012	29/08/2012	Completed
			APLFT,	NNGO	162,297 16,101.67	09/08/2012	15/08/2012	Completed
12-HCR-004	Multi-sector	UNHCR	ADESK	LNGO	225,000	23/04/2012	01/04/2012	Completed
12-HCR-005	Multi-sector		IMC	INGO	162,000	15/03/2012	18/03/2012	
12-HCR-006	Multi-sector		LWF	INGO	225,000	19/04/2012	01/04/2012	
12-CEF-006-B	Nutrition	UNICEF	ACTED/ALIMA	INGO	15,1000	21/05/2012	15/04/2012	
			BAMBINI	INGO	89,503	27/04/2012	15/04/2012	
12-CEF-006-C	Health	UNICEF	Chora	LNGO	171,930	01/04/2012		
			ASSAR	LNGO	19,420	01/10/2012		
			SOS-Tchad	LNGO	19,840	01/10/2012		
			DSR Est	Government	138,165	01/04/2012		
12-CEF-006-D	Education	UNICEF	Intersos	INGO	60,000	19/11/2012	01/10/2012	School rehabilitation
			JRS	INGO	80,000	25/09/2012	01/09/2012	School rehabilitation; teacher training; income generating activities development;
			OPAD	LNGO	19,800	17/07/2012	01/07/2013	PTA training; mothers of students training; development of income generating activities; collection of bricks for school rehabilitation
12-CEF-006-A	WASH	UNICEF	International Aid agency	INGO	272,664	01/05/2012	23/05/12	Rainy season delayed implementation
			AFDI	LNGO	80,000	03/04/2012	10/04/2012	Slow start of the project especially in the returnee villages . Community organisation

			CHORA	L NGO	20,000	03/04/2012	10/04/2012	
			Enterprise Almouniya	L NGO	29,000	05/05/2012	10/05/2012	
			Atanmia	L NGO	17,457	20/05/2012	30/05/2012	Community led to a sanitation training
			AATPCS	L NGO	13,000	25/05/2012	04/06/2012	
			Islamic Relief World wide	I NGO	73,324	30/05/2012	02/06/2012	Borehole and rehabilitation
12-CEF-006-F	Child Protection	UNICEF	Regional Social Welfare Delegation in Ouaddai region	Government	47,256	18/07/2012	01/08/2012	Delay caused by preliminary evaluation mission
			Regional Social Welfare Delegation in Sila region	Government	19,701	19/06/2012	01/06/2012	Rainy season interrupted normal project implementation
			APLFT	L NGO	132,585	19/06/2012	01/06/2012	As above
12-WFP-008	Food	WFP	International Federation of the Red Cross	Red Cross	16,817	14/06/2012	21/08/2012	
12-WFP-008	Food	WFP	NAGDARO	NNGO	1,974	18/04/2012	05/09/2012	

CERF Project Code	Cluster/ Sector	Agency	Partner Name	Partner Type	Total CERF Funds Transferred To Partner US\$	Date First Installment Transferred	Start Date Of CERF Funded Activities By Partner	Comments/ Remarks
12-WFP-008	Food	WFP	MUSTAKBAL	NNGO	2,998	18/04/2012	24/08/2012	
12-WFP-008	Food	WFP	OXFAM INTERMON	INGO	1,042	No disbursement made	16/07/2012	No payment made so far, reserved only
12-WFP-008	Food	WFP	MERLIN International	INGO	68	19/06/2012	12/07/2012	
12-WHO-007	Health	WHO	CSSI	LNGO	120,000			
12-WFP- 003	Health-Nutriton	WFP	International Federation of the Red Cross	Red Cross	4,739	14/06/2012	05/08/2012	
12-WFP- 003	Health-Nutriton	WFP	ACTED	INGO	9,972	3/10/2012	09/07/2012	
12-WFP- 003	Health-Nutriton	WFP	NGDARO	NNGO	15,636	18/04/2012	15/05/2012	
12-WFP- 003	Health-Nutriton	WFP	OXFAM GB	INGO	7,556	23/04/2012	21/07/2012	
12-WFP- 003	Health-Nutriton	WFP	CARE International	INGO	7,115	08/05/2012	03/07/2012	
12-WFP- 003	Health-Nutriton	WFP	Premiere Urgence	INGO	966	No disbursement made	16/07/2012	No payment made so far, reserved only
12-WFP- 003	Health-Nutriton	WFP	Adventist Dev and Relief Agency	INGO	1,968	08/05/2012	04/06/2012	
12-WFP- 003	Health-Nutriton	WFP	OXFAM INTERMON	INGO	9,307	No disbursement made	07/05/2012	Commitment only, no payment done yet
12-WFP- 003	Health-Nutriton	WFP	International Rescue Committee	INGO	829	No disbursement made	02/08/2012	Commitment only, no payment done yet.
12-WFP- 003	Health-Nutriton	WFP	World Vision	INGO	663	11/09/2012	30/05/2012	

CERF Project Code	Cluster/ Sector	Agency	Partner Name	Partner Type	Total CERF Funds Transferred To Partner US\$	Date First Instalment Transferred	Start Date Of CERF Funded Activities By Partner	Comments/ Remarks
12-WFP- 003	Health-Nutrition	WFP	MOUSTAKHBAL	NNGO	15,695	18/04/2012	12/05/2012	
12-WFP- 003	Health-Nutrition	WFP	Secours Catholique de Developpement	NNGO	1,614	17/04/2012	08/08/2012	
12-WFP- 003	Health-Nutrition	WFP	Croix Rouge du Tchad	Red Cross	2,039	23/04/2012	16/07/2012	
12-WFP- 003	Health-Nutrition	WFP	Association pour le Developpement de la Region du Batha	NNGO	6,330	13/06/2012	05/06/2012	
11-CEF-069	Nutrition	UNICEF	Bambini	NGO	90,000	15/04/2012	15/10/2012	The work of Bambini was supported by two different grants.
			Alima	NGO	151,000	30/04/2012	30/10/2012	No-cost extension was granted in October 2012.
12-CEF-123	Health	UNICEF	MOH	Government	42,758	21/11/2012	01/11/2012	
12-HCR-052	Multi-sector	UNHCR	CARE	INGO	495,578	23/10/2012	01/08/2012	
12-CEF-124	WASH	UNICEF	CIADEL	L NGO	8,840	16/11/2012	18/11/2012	Hygiene sensitisation in IDp camps
			Terre Verte	L NGO	7,802	16/11/2012	19/11/2012	Household level sensitisation
			AOPK	L NGO	8,840	16/11/2012	20/11/2012	Household level sensitisation
			ACPJ	L NGO	8,434	16/11/2012	22/11/2012	Household level sensitisation
			Dar Salaam	L NGO	8,424	16/11/2012	18/11/2012	Hygiene promotion
			AFASALES	LOCAL	17,550	16/11/2012	20/11/2012	Hygiene promotion
			SID	LNGO	19,042	16/11/2012	23/11/2012	Hygiene promotion
11-CEF-056	WASH	UNICEF	Oxfam GB	INGO	292,483	26/02/2012	1/10/2011	Partners pre financed most of the project activities and was reimbursed when all justifications were provided
11-CEF-056	WASH	UNICEF	ADRA	INGO	150,310	15/11/2011	20/11/ 2011	The partner had some difficulties in drilling and therefore had the project started late , the project was also financed from other funding sources

CERF Project Code	Cluster/ Sector	Agency	Partner Name	Partner Type	Total CERF Funds Transferred To Partner US\$	Date First instalment Transferred	Start Date Of CERF Funded Activities By Partner	Comments/ Remarks
11-CEF-056	WASH	UNICEF	Ecole Saine Menage Saine	LNGO	32,048	20/10/2011	30/10/2011	The partner had other funding from funding from UNICEF
11-CEF-056	WASH	UNICEF	Islamic Relief GB	INGO	79,155	20/11/2011	10/12/2012	The partner had own funds to start work on cholera activities before funding
11-CEF-056	WASH	UNICEF	ASTBEF	LNGO	10,759	15/10/2011	20/10/2011	The partner worked with the Mayor of N'Djamena on hygiene promotion activities in all the arrondissements and markets
11-CEF-056	WASH	UNICEF	IRW	INGO	79,155	20/10/2011	23/11/2011	Provided cholera preventive activities in Salamat region, which was a new region to be affected by cholera
11-CEF-056	WASH	UNICEF	Premier Urgence	INGO	79,155	20/10/2011	25/10/2011	Worked with UNICEF in the East on preventive measures to curb the spread of cholera in the returnee villages
11-CEF-056	WASH	UNICEF	Concern World Wide	INGO	20,425	20/10/2011	2/11/2011	Sanitation activities and hygiene promotion in Daar Sila
11-FAO-046	Agriculture and Livelihoods	FAO	BCI	LNGO	34,620	07/05/2012	End of March 2012	All the partners in the project area have used their own assets to start the CERF activities before the first disbursement. It was crucial for the project that beneficiaries be identified very early.
11-FAO-046	Agriculture and Livelihoods	FAO	FPT	LNGO	14,455	11/04/2012	End of March 2012	

CERF Project Code	Cluster/ Sector	Agency	Partner Name	Partner Type	Total CERF Funds Transferred To Partner US\$	Date First instalment Transferred	Start Date Of CERF Funded Activities By Partner	Comments/ Remarks
12-FAO-004	Agriculture and Livelihoods	FAO	ACORD	INGO	23,197	31/05/2012	31/05/2012	
12-FAO-004	Agriculture and Livelihoods	FAO	ALCHADJA	LNGO	18,557	25/05/2012	25/05/2012	
12-FAO-004	Agriculture and Livelihoods	FAO	AFDI	LNGO	18,392	23/05/2012	23/05/2012	
12-FAO-004	Agriculture and Livelihoods	FAO	ATURAD	LNGO	29,521	25/05/2012	25/05/2012	
12-FAO-004	Agriculture and Livelihoods	FAO	BCI	LNGO	28,998	23/05/2012	23/05/2012	
12-FAO-004	Agriculture and Livelihoods	FAO	CARE	LNGO	18,201	23/05/2012	23/05/2012	
12-FAO-004	Agriculture and Livelihoods	FAO	CWW	INGO	13,918	31/05/2012	31/05/2012	
12-FAO-004	Agriculture and Livelihoods	FAO	CHORA	NNGO	19,242	25/05/2012	25/05/2012	
12-FAO-004	Agriculture and Livelihoods	FAO	FPT	LNGO	22,978	23/05/2012	23/05/2012	
12-FAO-004	Agriculture and Livelihoods	FAO	ONDR	Government	34,287	30/05/2012	30/05/2012	

CERF Project Code	Cluster/ Sector	Agency	Partner Name	Partner Type	Total CERF Funds Transferred To Partner US\$	Date First installment Transferred	Start Date Of CERF Funded Activities By Partner	Comments/ Remarks
12-FAO-039	Agriculture and Livelihoods	FAO	COOPI	INOG	16,204	04/12/12	End of march 2013	
12-FAO-039	Agriculture and Livelihoods	FAO	ONDR	Government	58,642	Mid December 2012	End of march 2013	
11-WHO-061	Health	WHO	IRC	I NGO	666,708	04/01/2011	12/10/2011	
11-WHO-061	Health	WHO	IMC	I NGO	178,030	07/02/2011	07/11/2011	
11-WHO-061	Health	WHO	COOPI	I NGO	327,103	28/01/2011	28/11/2011	
12-WHO-007	Health	WHO	CSSI	L NGO	120,000	11/04/2012	23/04/2012	

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

3W	Who does What Where
ACAS	<i>Association Culturelle pour la Santé</i> (Cultural Association for Health)
ACF	<i>Action Contre la Faim</i> (Action Against Hunger)
ACORD	Agency for Cooperation and Research in Development
ACRA	Association for Cooperation in Rural areas in Africa and Latin America
ACTED	Agency for Technical Cooperation and Development
ADESK	<i>Association pour le Développement Economique et Social de Koba</i> (Association for Economic and Social Development in Koba)
ADRA	Adventist Development and Relief Agency
AFD	<i>Agence Française de Développement</i> (French Development Agency)
AGDM	Age, gender and diversity mainstreaming
AIDA	Accessible Information on Development Aid
ANC	Antenatal Care
ANT	<i>Armée Nationale du Tchad</i> (Chadian National Army)
APLFT	<i>Association pour la promotion des libertés fondamentales au Tchad</i> (Association for the Promotion of Fundamental Liberties in Chad).
ARV	Anti retroviral
ASF	Aviation Sans Frontière (Aviation Without Borders)
ASI	Air Serv International
ATPDH	Association Tchadienne pour la Promotion et la Défense des Droits de l'Homme (Chadian Association for the Promotion and Defence of Human Rights)
AWD	Acute Watery Diarrhoea
BEG	Bahr El Ghazal
BET	Bourkou-Ennedi-Tibesti
BHS	Basic health services
BSM	Bureau de Sécurisation et Mouvement (Security and Movement Office)
BIEC	Bureau d'Information, d'Education et de Communication (Office of Information, Education and Communication)
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)
CCO	<i>Comité de Coordination des ONG au Tchad</i> (NGO Coordination Committee in Chad)
CERF	Central Emergency Response Fund
CFS	Child-Friendly Spaces
CFSVA	Comprehensive Food Security and Vulnerability Analysis
CLTS	Community-led total sanitation
CNA	<i>Centre nutritionnel ambulatoire</i> (Outpatient therapeutic program or Ambulatory Nutrition Rehabilitation Centres)
CNARR	<i>Commission Nationale d'Accueil et de Réinsertion des Réfugiés et Rapatriés</i> (Chadian National Refugee and Repatriated Authority)
CNNTA	<i>Centre National de Nutrition et Technologie Alimentaire</i> (National Nutrition and Food Technology Centre)
CNT	Inpatient therapeutic program
CTC	Cholera Treatment Center

CTU	Cholera Treatment Units
CNTLE	National Crisis Committee
CONSAHDIS	<i>Coordination Nationale de Soutien aux Activités Humanitaires et au Détachement intégré de Sécurité</i> (National Coordination of Humanitarian Activities and Support for the Integrated Security Detachment)
COOPI	<i>Cooperazione Internazionale</i> (International Cooperation)
CORD	Christian Outreach Relief and Development
CRA	<i>Comité Régional d'Action</i> (Regional Action Committee)
CRF	Case fatality rate
CRF	<i>Croix-Rouge française</i> (French Red Cross)
CRS	Catholic Relief Services
CRT	<i>Croix-Rouge du Tchad</i> (Chadian Red Cross)
CSOs	Civil society organizations
CSSI	<i>Centre de Support en Santé Internationale</i> (Support Centre for International Health)
DIS	<i>Détachement Intégré de Sécurité</i> (Integrated Security Unit)
DREN	<i>Délégation Régionale de l'Education Nationale</i> (Regional Education Delegates)
DRR	Disaster risk reduction
DSR	<i>Division de la Santé de la Reproduction</i> (Division of Reproductive Health)
ECHO	European Commission Directorate-General for Humanitarian Aid and Civil Protection
EcoSan	Ecological sanitation
EFSA	Emergency food security assessment
EPI	Expanded programme of immunization
ERC	Early Recovery Cluster
EWS	Early warning system
FAO	Food and Agriculture Organization
FAWE	Forum for African Women Educationalists
FCS	Food consumption score
FEWSNET	Famine Early Warning System Network
FFA	Food-for-assets
FFT	Food-for-training
FFW	Food-for-work
FPT	<i>Futures Portes du Tchad</i> (Doors to Chad's Future)
FSC	Food Security Cluster
FTS	Financial Tracking Service
GAM	Global acute malnutrition
GBV	Gender-based violence
GBVIMS	Gender-Based Violence Information Management System
GFD	General food distributions
GIS	Global information systems
GIZ	<i>Deutsche Gesellschaft für Internationale Zusammenarbeit</i> (German Society for International Cooperation)
GNNT	<i>Garde National et Nomade du Tchad</i> (National and Nomadic Guard of Chad)
HA	Hectare
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HDI	Human Development Index
HDR	Human Development Report
HIS	Health Information System

HIV/AIDS	Human immuno-deficiency virus/acquired immune deficiency syndrome
HSIS	Health Statistics Information System
IAS	International Aid Services
IASC	Inter-Agency Standing Committee
ICC	Inter-cluster coordination
ICRC	International Committee of the Red Cross
IDPs	Internally displaced people
IDSR	Integrated Disease Surveillance and Response
IEHK	Interagency Emergency Health Kit
IGAs	Income-generating activities
IMC	International Medical Corps
IMCI	Integrated management of child illness
Intermón Oxfam	OXFAM Spain
INTERSOS	<i>Organizzazione Umanitaria per l'Emergenza</i> (Emergency Humanitarian Organization)
IOM	International Organization for Migration
IRC	International Rescue Committee
IRD	International Relief and Development
IRW	Islamic Relief Worldwide
JRS	Jesuit Refugee Service
LEAD TCHAD	(name of a Chadian association)
LLITN	Long Lasting Impregnate Treated Net
LoU	Letter of Understanding
LRA	Lord's Resistance Army
LWF/ACT	Alliance Lutheran World Federation / Action by Churches Together Alliance
MAG	Mine Action Group
MD	Medical doctor
MDM	<i>Médecins du Monde</i> (Doctors of the World)
MENTOR	Malaria Emergency Technical and Operational Response
MINURCAT	<i>Mission des Nations Unies en République Centrafricaine et au Tchad</i> (United Nations Mission in the Central African Republic and Chad)
MIRA	Multicluster Initial Rapid Assessment
MoAI	Ministry of Agriculture and Irrigation
MoE	Ministry of Education
MoH	Ministry of Health
MPA	Mothers of Pupils Association
MSF	<i>Médecins sans frontières</i> (Doctors Without Borders)
MSP	<i>Ministère de la Santé Publique</i> (Ministry of Public Health)
MT	Metric ton
MYR	Mid-year review
NFI	Non-food item
NGO	Non-governmental organization
OCHA	Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the High Commissioner for Human Rights
OHD	<i>Organisation Humanitaire et Développement</i> (Humanitarian Organization and Development)
OI	Opportunist Infection
ONASA	<i>Office National de la Sécurité Alimentaire</i> (National Food Security Office)

ONDR	<i>Office National pour le Développement Rural</i> (National Office for Rural Development)
OPAD	<i>Organisation pour la Promotion et d'Appui au Développement</i> (Organization for the promotion and support for development)
OXFAM-GB	Oxfam Great Britain
PDM	Post-Distribution Monitoring
PEP	Post-exposure prophylaxis
PGRET	<i>Programme Global de relance de l'Est du Tchad</i> (Government of Chad-led Multi-sector-based Recovery Programme of Eastern Chad)
PHC	Primary healthcare
PMTCT	Preventing mother-to-child transmission
PoC	Protection of civilians
PRODABO	<i>Programme de développement rural décentralisé d'Assoungha, Biltine et Ouara</i> (Decentralized Rural Development Programme in Assoungha, Biltine and Ouara)
PROGRES	Profile Global Registration System
PRRO	Protracted relief and recovery operation
PTAs	Parent-teacher associations
PU	<i>Première Urgence</i> (First Aid)
RCN	<i>Réseau des Citoyens pour la Justice et la Démocratie</i> (Citizens' Network for Justice and Democracy)
RH	Reproductive health
RUSF	Ready-to-use Supplementary Food
RUTF	Ready-to-use Therapeutic Food
SAM	Severe acute malnutrition
SAP	Early Warning System (of the Chadian Government)
SDC	Swiss Agency for Development and Cooperation
SDR	Secondary data review
SECADEV	<i>Secours Catholique pour le Développement</i> (Catholic support for Development)
SGBV	Sexual and gender-based violence
SIF	Secours Islamic France (Islamic Relief France)
SMART	Standardized monitoring assessment of relief transition
SOP	Standard Operating Procedures
SPHERE	Humanitarian Charter and Minimum Standards in Disaster Response
STD	Sexually-transmitted disease
STI	Sexually transmitted infection
TFC	Therapeutic feeding centre
TNC	Therapeutic nutrition centre
UASC	Unaccompanied or separated children
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UN-HABITAT	United Nations Human Settlements Programme
UNHAS	United Nations Humanitarian Air Service
UNHCR	United Nations High Commissioner for Refugees

UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organization
UNMAS	United Nations Mine Action Service
UNOCA	United Nations Office for Central Africa
UNSCR	United Nations Security Council Resolution
URD	<i>Groupe Urgence-Réhabilitation-Développement</i> (Emergency-Rehabilitation-Development Group)
UXO	Unexploded ordnance
VAM	Vulnerability assessment mapping
VCT	Voluntary counselling and testing
WASH	Water, sanitation and hygiene
WB	World Bank
WCDO	World Concern Development Organization
WFP	World Food Programme
WHO	World Health Organization
WV	World Vision