



ANNUAL REPORT OF ON THE USE OF CERF GRANTS IN CHAD 2011

COUNTRY	CHAD
RESIDENT/HUMANITARIAN COORDINATOR	Thomas Gurtner

I. SUMMARY OF FUNDING IN 2011 – US\$

Funding	1. Total amount required for the humanitarian response		535,276,140	
	2. Breakdown of total response funding received by source	2.1 CERF		22,553,084
		2.2 COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (<i>if applicable</i>)		
		2.3 OTHER (Bilateral/Multilateral)		
		2.4 TOTAL		
	3. Breakdown of funds received by window	<input checked="" type="checkbox"/> Underfunded		
		1. <i>First Round</i>		8,039,204
		2. <i>Second Round</i>		
		<input checked="" type="checkbox"/> Rapid Response		14,513,880
	4. Please provide the breakdown of CERF funds by type of partner	4.1 Direct UN agencies/IOM implementation		14,959,331.36
		4.2 Funds forwarded to NGOs for implementation		6,822,928,54
		4.3 Funds forwarded to government partners		770,824,1
		4.4 TOTAL		22,553,084

II. SUMMARY OF BENEFICIARIES PER EMERGENCY

Total number of individuals affected by the crisis	Individuals	
Total number of individuals reached with CERF funding	Female	7,229,872
	Male	7,410,949
	Total individuals (Female and male)	14,640,821*
	Of total, children <u>under</u> 5	2,652,145

* Please note that some beneficiaries are counted for 1 and/or 2 crises

MENINGITIS AND MEASLES OUTBREAK

Total number of individuals affected by the crisis	Individuals	3,351,443
Total number of individuals reached with CERF funding	Female	793,724
	Male	762,598
	Total individuals (Female and male)	1,556,322
	Of total, children <u>under</u> 5	283,251

CHOLERA OUTBREAK – JULY AND OCTOBER 2011

Total number of individuals affected by the crisis	Individuals	
Total number of individuals reached with CERF funding	Female	6,416,148
	Male	6,598,351
	Total individuals (Female and male)	13,014,499
	Of total, children <u>under</u> 5	2,368,894

CRISIS IN LIBYA - UNHAS

Total number of individuals affected by the crisis	Individuals	70,000
Total number of individuals reached with CERF funding	Female	50,000
	Male	2,0000
	Total individuals (Female and male)	70,000
	Of total, children <u>under</u> 5	

III. GEOGRAPHICAL AREAS OF IMPLEMENTATION

CERF projects were implemented in:

- 37 health districts (15 regions) located in N'Djamena, in the southern, western and eastern parts of Chad in response to the cholera, meningitis and measles outbreaks.
- In ten Sahel regions where activities focused on nutrition and health, namely Salamat, Ouaddai, Sila, Guera, Batha, Wadi Fira, Hadjer Lamis, Lac, Bahr-EI-Ghazal and Kanem.
- In Faya, in the north part of Chad, to support returnees from Libya.
- In the east and south of Chad to support IDPs, returnees and refugees.

IV. PROCESS AND CONSULTATION SUMMARY

- I) Was the CERF report discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators?
YES NO

Remarks: HCT meetings held on 26 January, 30 March, 29 June, 28 September, 2011, UNCT/ICC meeting held on 27 January, 2011, with the participation of the Committee for the Coordination of NGOs, the ICC meeting on December 13, 2011 and; cluster lead meetings on 16 December, 2011

- II) Was the final CERF report shared for review with in-country stakeholders (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)?
YES NO

The document was shared with clusters at various levels, from the data collection stage to the final reporting stage.

V. ANALYSIS

1. The humanitarian context – General background

Chad, with a population of 11.2 million, is among the least-developed, low-income and food-deficient countries in the world. In 2010, the country ranked 163rd out of 169 countries on the Human Development Index. Chad has experienced several decades of political instability due to armed conflicts within the country and along the border with neighbouring Sudan. Over the past seven years, it has hosted more than 270,000 refugees from Sudan's Darfur region as well as some 70,000 refugees from the Central African Republic. There are still 288, 000 Sudanese refugees in eastern Chad and 75,000 Central African refugees in the country's southeastern region. Chad also has 131,000 internally displaced people (IDPs) and 50, 000 former IDPs who returned to their areas of origin in 2010.

Roughly 80 per cent of the population depends on subsistence farming and herding for their livelihoods. About 60 per cent of the rural population is living in very vulnerable areas, under critical conditions. In the past years, the Sahel part of the country has remained the most exposed to weather hazards (low and erratic rainfall), which has resulted in recurrent or structural cereal production deficits. The population remains highly vulnerable to shocks and exposed to high risks of crises and disasters. However, the country has a very limited capacity to cope with 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 women and children. In the recent past, these regions have increasingly suffered from a decline in rainfall. During the agricultural season 2009-2010, rainfall was inadequate both in terms of the quantity of rains, as well as its distribution patterns. Nearly 20 per cent of the Chadian population has 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, the loss of thousands of cattle and increased food prices in 2010.

Drought in areas including Kanem, Bahr El Ghazal (BEG), Batha, and Guera regions have contributed to an increase in overall acute malnutrition levels, thereby increasing the need to expand the nutrition programme in those regions. As a result, the emergency threshold for malnutrition WHO (15 per cent) was exceeded in six regions (Kanem, Wadi Fira, Barh el Ghazal, Batha, Hadjer Lamis and Salamat). The situation has become severe in the other three regions of the Sahel (Ouaddai, Gera, Sila) since rates are above 10 per cent. SMART surveys conducted in 2010 found overall acute malnutrition in several regions to be over 15 per cent. High mortality rates and recurrent epidemics (mainly cholera and measles) are aggravating the health and nutritional status of these populations. The acute malnutrition rates (GAM) rates in five regions of the Sahel strip were as follows: Salama (15.4), Batha (16.2), Hadjer Lamis (15.7) Bahr-EI-Ghazal (20.1) and Kanem (20.1).

Chad faced its first cholera outbreak in 1971 following the *vibrio cholerae* appearance in Africa in 1970. In 2010, Chad faced one of the largest cholera outbreaks (6,477 cases / 187 deaths in 17 health districts) in its history despite the relatively low case fatality rate (CFR) compared to previous epidemics (2.9 per cent). This outbreak was exacerbated by huge floods, low sanitation facilities and access to safe water. A resurgence of other diseases such as poliomyelitis, measles and Guinea worm also erupted in the country.

Despite MINURCAT and Détachement Intégré de Sécurité the (DIS) efforts to maintain law and order around refugee camps, sites with concentrations of IDPs and, to provide humanitarian actors with patrols and armed escorts, human rights and humanitarian law violations were reported throughout 2010. These violations included the forced recruitment of children by armed groups, sexual and gender-based violence (SGBV), the militarization of refugee camps and IDP sites and attacks on humanitarian staff and properties. The protection of civilians in those areas and in villages of return remained a major matter of concern as there was weak police presence.

Bearing in mind the severe emergency needs of the most vulnerable beneficiaries, CERF funding was sought to deal with epidemic outbreaks, food insecurity, malnutrition and the basic needs of refugees, IDPs and returnees in the east of Chad. Projects were initiated on the basis of field missions, joint

assessments and the results of surveys conducted by UN agencies (WHO, UNICEF, UNHCR, FAO, WFP,UNAIDS) and NGOs in their respective field of interventions.

2. Brief overview of CERF's role in the country

In 2011, the country was facing outbreaks of meningitis, measles, and cholera, food insecurity and malnutrition, all of which were situations of time-critical concern.

Due to delays in the official declaration and delays in the Government's decision to address unset emergencies and considering the weak level of funding in certain assistance sectors identified for the overall process, CERF plays a key role:

- To draw the attention of actors on time critical needs.
- To implement life saving activities.
- To attract additional funds and mobilize donors' interest in funding an effective coordinated humanitarian response.

Humanitarian Country Team meetings, which gather donors, UN agencies, representatives of NGO and the Red Cross remain coordinated decision-making mechanisms for the CERF process.

3. An analysis of the added value of CERF to the humanitarian response

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries? If so, how?

YES NO

As CERF funds had immediate disbursement mechanisms, they allowed a fast delivery of assistance, giving an opportunity to implement an adequate response to address the crises:

- Providing vaccination and immunization and sensitization campaigns.
- Providing access to the remote region of northern Chad, via humanitarian flights, where migrants from Libya would arrive and return to their places of origin.
- Providing assistance to populations affected by malnutrition and food insecurity.

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

YES NO

CERF funds allowed actors to tackle fast spreading epidemics (meningitis, measles, cholera), to reach Chadian returnees from Libya stuck in the nude areas of Tibesti, and to address malnutrition and reduce mortality, especially among under five year-old children from the Sahel region.

c) Did CERF funds result in other funds being mobilized?

YES NO

CAP projects were posted after constant consultations within country based actors, as well as advocacy campaigns for donors. As a result, additional funds have been mobilized, to compliment the response. Among those, were the following;

- ECHO funding to UNICEF projects CHD-11/H/38374/124 (CERF-11-CEF-006-F Reduce high malnutrition rate: scaling up nutrition services in the Sahel belt Regions of Ouaddai, Wadi Fira and Sila).
- OFDA funding to UNICEF project CHD-11/H/38363/124 (11-CEF-006-E Nutrition Care Services for IDPs, Returnees and Refugees in Eastern and Southern Chad); and CHD-11/WS/36987/R/124 (11-CEF-006-D Increase access to water supply, sanitation and hygiene services for the vulnerable population in eastern, southern and the Sahel belt affected by malnutrition, and other water borne epidemic in Chad).

- ECHO funding to IOM projects CHD-11/H/42361/R/298 Direct psychosocial care for Chadian returnees who have fled the Crisis in Libya and other vulnerable persons in areas of high return-supporting return and reintegration and CHD-11/P-HR-RL/42380/R/298 protecting vulnerable returnees and other persons at risk from interrelated threats to life and safety resulting from irregular migration, trafficking in persons, and exposure to gender based violence (GBV).
- ECHO and SWEDEN funding to WFP CHD-11/CSS/38856/R/561 (CERF rapid response grant to project 11-WFP-034): provision of air service to the humanitarian community in Chad.

d) Did CERF improve coordination amongst the humanitarian community?

YES NO

Under the leadership of the Humanitarian Coordinator, several meetings were held in N'djamena by cluster leads with the involvement of the UNCT, Red Cross Movement and NGOs as implementing partners to discuss the allocation process for CERF funding.

Technical working sessions chaired by cluster leads took place with the participation of UN agencies and NGOs. The objective of such meetings was to study the prevailing situation on their respective activities and geographical areas in order to identify the most urgent unmet needs.

All the clusters played a lead role in selecting, with NGO partners, key critical needs, prioritizing projects. At the field level, projects were jointly-implemented by representatives of technical ministries, national, international NGOs and UN agencies. As a result, channelling of information/data and monitoring of projects progress were made on a regular basis. Then, the outcomes were discussed during ICC and cluster meetings.

VI. LESSONS LEARNED - General

LESSONS LEARNED	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
The CERF trained Chad inter-agency team (UNFPA, FAO, OCHA, PAM and UNHCR) functioned well.	To train additional UN and NGOs staff on CERF procedures, as high rotation and turnover of staff results in sector variations of trained personnel.	CERF Secretariat supported by the regional office
Leadership was well-asserted by the HC in terms of the prioritisation of sectors/ geographical coverage and projects.	Maintain the same approach related to the selection and appraisal of prioritizing sectors/ geographical coverage and projects.	OCHA/HC/ERC
Some UN agency heads do not fulfil leadership function in their respective sectors. The CERF application was deferred to some junior staff.	Improve UNCT strategic discussions and insist on responsibility of heads of agencies.	HC/OCHA
Delay in disbursing funds to implementing partners.	Review the funding process management.	UN HQ and country offices
Difficulty in defining life saving criteria.	The list is so long, it should be revised and shortened.	Cerf Secretariat
Application of IASC gender marker framework.	Training of cluster leads on gender marker initiatives.	Cerf secretariat in collaboration with NRC
Quality of information along reporting cycle.	Reinforce the quality of the reporting system.	HC and UN agencies
Humanitarian Affairs Officer Role.	Flights were coordinated a Humanitarian Affairs Officer (OCHA) to gather the needs for air transport from the organisations involved on the various destinations. Very positive and useful coordination.	OCHA

VII. ANALYSIS – UNDERFUNDED EMERGENCIES 1 - 2011

1. The humanitarian context

During the first half of 2010, the humanitarian situation in Chad underwent several significant changes, posing challenges to the humanitarian response. In addition to existing displacement, malnutrition and food insecurity in the west and the middle of the country have been rising. The new crisis in western and central Chad required a major expansion in humanitarian response. It was a severe and large-scale crisis comprising malnutrition, food insecurity and other effects of drought, which required life-saving aid for an additional 1.6 million people. The crisis affected the Sahel belt, namely Kanem, Bahr El Gazal, Guera and Batha regions in western and central Chad, where at least 50,000 children were suffering from severe acute malnutrition (SAM).

Since 31 December 2010, requirements for the Chad appeal stood at \$ 327,136,709 million, leaving an unmet requirement of \$216,951,785, which represents 40 per cent of the requirements, with significant gaps in many sectors, except for food assistance, support services and in some respects, the the health sector. Projects with high priority represented 24 per cent of the overall CAP but were still unfunded. Therefore, Chad was eligible for the underfunded round of funding in early February 2011.

2. Provide brief overview of CERF's role in the country

In order to address and implement the severe emergency needs of the most vulnerable populations, CERF allocations were used for both rapid response and underfunded projects. Clusters and OCHA conducted this exercise under the supervision of the HC. Clusters were invited to consider crucial sectors within the underfunded window in the framework of CAP. Subsequently, as a second step, cluster/sector leads initiated discussions within their sectors/cluster on projects to ensure broad-based participation by all actors concerned, in particular, NGOs who serve as key implementing partners on a number of projects, in order to propose the UNCT for final decision. UNCT/Cluster lead meeting, including Heads of UN agencies or their representatives (WFP, UNHCR, UNICEF, FAO, UNAIDS, UNFPA, WHO, UNDP, OCHA) took place in N'djamena to review again sectors and proposed projects within the sectors. At the end of the whole process, an IASC meeting with the participation of the UNCT, Red Cross Movement and members representing NGOs took place in N'djamena. The IASC unanimously endorsed the process and project proposals. Funds were used to support and allow humanitarian programmes to start life-saving activities in some poorly funded sectors. In terms of rapid response allocations, after the outbreak of the epidemic, the Health cluster (WHO, UNICEF, UNFPA and MSF sections) worked with the Ministry of Health to evaluate the situation and to identify trends and gaps. A weekly coordination meetings was convened to define response strategies and to guide and monitor operational activities.

3. What was accomplished with CERF funding

MULTI-SECTOR

During 2011, health services continued uninterrupted in all refugee camps in Chad. All essential drugs were ordered and received on time. Thirty-six SGBV cases were declared and all received PEP, ECP and STI treatment within 72 hours. Routine vaccination and campaign for all children aged 0-11 months as well as pregnant women and women of reproductive age were done in the refugees camps and surrounding villages within a radius of five to 10 kilometres. Mental health and psycho-social interventions and medication were provided in all the camps. People living with HIV-AIDS were provided with care and treatment. Prevention of mother to child transmission services were also offered. In addition, condoms were widely distributed in the camps through outpatient/STI clinics, in family planning activities by community peer educators. All the children aged six- 59 months were screened to identify those with malnutrition risk. Acutely malnourished children were treated in the outpatient therapeutic feeding component of the CMAM programme. During the prenatal and post-natal visits, breastfeeding was organized by nutrition staff to promote adequate young infants feeding practices. At total of 50,830 women were sensitized.

PROTECTION, HUMAN RIGHTS

Current public awareness on GBV for prevention and response to GBV issues among youth and community members through youth clubs and GBV in the community has increased. Coordination and access to quality services and care for GBV survivors through GBV sub-cluster coordination (INGO, local NGOs, police, justice, local administration and health, education) was Improved. With regard to increasing the capacity of national structures and the humanitarian community to analyse prevent and responses to GBV issues, some humanitarian and government actors were trained as trainers on coordination tools for improving prevention and response. In addition, UNHCR organized two workshops involving local authorities (civilian and police) and, communities, to ensure the effectiveness of legal remedies for persons affected by and/or at risk of GBV.

Among the topics discussed, were definition and different types of SGVB and their consequences, and support for victims of SGBV (legal, medical and psychosocial support). In the same line, UNFPA came up with an advocacy plan to create a more protective environment for women and children, with both male and female preachers delivering sensitization messages in mosques every Friday. Religious leaders disseminated messages about GBV within the community, reaching more than 20,000 women and 5,000 men including boys in Abeche, Goz Beida, Iriba, koukou, Amnabak, Iridimi and Touloum. Ten youth clubs against GBV were also established in camps and resettlement villages.

HEALTH

Routine immunization campaigns to respond to meningitis and measles outbreaks were conducted among IDPs, returnees, and refugees in eastern and southern Chad. As a result, 15,000 women were immunized against tetanus in two districts and 10 IDP sites; 30,000 children aged 0-59 months old were immunized against measles and 5,000 children aged 0-11 months old were fully immunized at IDP sites, returnee and remote villages.

In terms of HIV/AIDS prevention awareness services for IDPs and refugees, 30,000 women including pregnant women received PMTCT HIV/services; proper equipment and reagents to perform HIV testing were distributed in 23 health facilities with 40,000 young men and women attending HIV/AIDS sensitization sessions.

Basic preventive and curative health services were provided to nomadic and semi nomadic populations in three regions of the Sahel belt. For this purpose, seven mobile clinics were put in place in Lac (2), Kanem (3) and Baher el Gazel (2).

NGOs offered reproductive health services in refugee camps and IDP sites in the eastern and southern regions of Chad and in the region of Kanem (Sahel belt). Actually, 1309 pregnant women were offered advice on prenatal care, with 417 pregnant women oriented to health for childbirth and 605 women for family planning.

To reduce morbidity and mortality among malnourished children in regions affected by the food crisis in Sahel belt, 26 health facilities were provided with paediatric drugs for case management.

The national Integrated Disease Surveillance and Response (IDSR) system and rapid outbreaks control was reinforced by using adequate information tools (epidemiological bulletin, all free line for data collection) and trained health workers on IDSR at district level and pre-positioned drugs for meningitis and laboratory reagent for cholera and meningitis.

HIV- AIDS

An effective HIV programme was set up in the eastern and southern regions of Chad and in the Sahel strip. Religious, administrative and political leaders were involved in the PMTCT (protection Mother/child) forums and advocated for PMTCT within their communities. The capacities of local actors (physicians, nurses, laboratory, VCT counsellor, peer educators) were reinforced on HIV (care and Prevention). An advocacy plan

has-been organized for the implementation of IASC guidelines in order to integrate HIV and AIDS into Humanitarian emergencies.

EDUCATION

Over 22,656 IDPs, host community children and returnees of primary school age had access to improved quality education. In addition CERF enabled the rehabilitation of school-shelters (improved hangars) serving as classrooms, the provision of benches and plastic mats, the construction of kitchens and storage rooms for school feeding programmes to be supported by WFP and erection/rehabilitation of separated latrines for boys and girls.

WATER AND SANITATION

The construction and maintenance of water points in eastern Chad alleviated the workload of the beneficiaries, most of them women and children, providing them with security. A combination of safe drinking water availability and sanitation had a positive impact on their health. Sanitation facilities provided in schools and households contributed to the general wellbeing of women and children. The construction of boreholes in the returnee villages of Dar Sila, Salamat and Assounga encouraged movement among returnees and reduced conflict on the use of water points between different communities. Hygiene campaigns were conducted regularly at IDP sites. Hygiene kits were also distributed.

AGRICULTURE

CERF funds responded to the expressed needs of returned IDP households and host communities (24,430 households) in the eastern Chad. Beneficiaries received rainy season seeds and out of this total number, 15,665 households were trained on agricultural production techniques. Sixty per cent of the recipients were women headed households.

NUTRITION

CERF made it possible to provide nutrition services (screening, treatment and therapeutic food) to children, pregnant and lactating women in the Sahel regions and as well in IDP, returnee and refugee sites in eastern and southern Chad. Children affected by severe acute malnutrition in the Sahel belt received quality treatment (including medical support) and were provided with emergency nutrition supplies.

The coverage of the nutrition support services was increased in the eastern part of the Sahel strip. Therapeutic care recovery was above 75 per cent. In view of a better management of malnutrition, some national health workers were trained accordingly. Two SMART nutrition surveys were conducted in the Sahel strip, one during the hunger gap season and an additional one during the post-harvest season.

4. An analysis of the added value of CERF to the humanitarian response

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

YES NO

The urgent needs of the humanitarian assistance sectors were addressed on time, thanks to the CERF underfunded emergency window. Those included but were not limited to:

Health/Nutrition:

- Screening six-59 month year-old children identify those who were at risk of being malnourished;
- The provision of emergency nutrition supplies and medical support.
- The provision of health facilities with pediatric drugs for case management.
- The treatment of children who were severely affected by malnutrition;
- Mobile clinics to give people rapid access.

Water and sanitation:

- The construction and maintenance of water points in a context of cholera outbreak, ensuring a positive impact on the health.

Food security:

- Providing the most vulnerable households with timely, seasonal seeds and training on agricultural production techniques.

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

YES NO

Rapid response grant made it possible to identify urgent needs (rapid assessments), the provision of essential components (vaccines, nutrition inputs) and services (vaccination campaigns, nutrition centres, humanitarian air flight, centre for cholera treatment).

c) Did CERF funds result in other funds being mobilized?

YES NO

Additional funds have been mobilized to start and/or compliment the response in underfunded sectors. They included the following:

- ECHO funding to UNICEF projects CHD-11/H/38374/124 (CEF-11-CEF-006-F: Reduce high malnutrition rate: scaling up nutrition services in the Sahel belt regions of Ouaddai, Wadi Fira and Sila);
- OFDA funding to UNICEF project CHD-11/H/38363/124 (11-CEF-006-E: Nutrition care services for IDPs, returnees and refugees in eastern and southern Chad); and CHD-11/WS/36987/R/124 (11-CEF-006-D Increase access to water supply, sanitation and hygiene services for vulnerable populations in eastern and southern Chad as well as the Sahel belt, which was affected by malnutrition, and other water borne epidemics).

d) Did CERF improve coordination amongst the humanitarian community?

YES NO

Under the leadership of the Humanitarian Coordinator, several meetings were held in N'djamena by cluster leads with the involvement of the UNCT, the Red Cross Movement and NGOs as implementing partners to discuss the allocation process for CERF funding.

Technical working sessions chaired by cluster leads took place with the participation of UN agencies and NGOs. The objective of such meetings was to study the prevailing situation in their respective fields of activities and geographical areas in order to identify the most urgent and unmet needs.

All involved clusters played a lead role in selecting with NGOs partners key critical needs, prioritized projects. At the field level, representatives of technical ministries, national/international NGO and UN agencies jointly implemented projects. As a result, channelling information/data and monitoring the progress of projects was done on a regular basis. The outcomes were then discussed during ICC and cluster meetings.

ANNEX I. RESULTS BY CLUSTER – UNDERFUNDED ROUND 1 - 2011

WHO – HEALTH							
CERF PROJECT NUMBER	11-WHO-008	Total Project Budget	\$ 1,110,990	Beneficiaries	Targeted	Reached	Gender Equity
PROJECT TITLE	Emergency medical intervention for reduction of morbidity and mortality within the refugees, IDPs and host populations in East and South of Chad	Total Funding Received for Project	\$ 160,000	Individuals			
				Female	156,033	156,033	
				Male	146,357	146,357	
				Total individuals (Female and male)	302,390	302,390	
				Of total, children under 5	55,035	57,469	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 160,000	TOTAL	302,390	302,390	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				Monitoring and Evaluation Mechanisms	
To contribute to the reduction of the mortality and the morbidity of the populations affected by crises in East and in South of Chad		<p>To contribute to the reduction of the mortality and the morbidity of the populations affected by crises in East and in South.</p> <ul style="list-style-type: none"> ▪ Drugs provided to Adré Hospital for case management ▪ 27 national staff (doctors, nurses, lab technicians for running hospital activities) ▪ Running cost provided to hospital for medical treatment ▪ Medical treatment performed for IDPs, refugees and local population: <ul style="list-style-type: none"> ○ 2352 outpatient consultations ○ 508 deliveries in maternity ○ 74 caesarean sections ○ 90 planned major surgery interventions ○ 122 planned minor surgery interventions 				<p>Supervision missions to Adré hospital management by a public health staff from WHO sub Office of Abeché and provide guidelines for case management and management tools to the hospital.</p> <p>Meetings organised with others involved partners (UN agencies, MOH to monitor the implementing of the intervention and discuss with government for handover of operation.</p>	

WHO – HEALTH

CERF PROJECT NUMBER	11-WHO-009	Total Project Budget	\$ 1,473,902	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Strengthening of Integrated Disease Surveillance and Response (IDSR) for rapid outbreaks control in the framework of International Health Regulation (IHR)	Total Funding Received for Project	\$ 299,998	Individuals			Beneficiaries of this project were the local population, refugees in camps and internally displaced populations in six regions, both men and women, girls and boys who were exposed to outbreaks.
				Female	2,062,415	2,062,415	
				Male	2,198,773	2,198,773	
				Total individuals (Female and male)	4,261,188	4,261,188	
				Of total, children under 5	775,535	775,535	
TOTAL	4,261,188	4,261,188					
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 299,998				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
To reinforce national Integrated Disease Surveillance and Response (IDSR) system and rapid outbreaks control in the framework of International Health Regulation (IHR) in order to reduce Morbidity and Mortality Rates associated to outbreaks		<p>To reinforce national Integrated Disease Surveillance and Response (IDSR) system and rapid outbreaks control in the framework of International Health Regulation (IHR) in order to reduce Morbidity and Mortality Rates associated to outbreaks</p> <ul style="list-style-type: none"> ▪ Integrated Disease Surveillance and Response guidelines adapted during a workshop with participants from national , regional and district level. ▪ 96 health workers trained on integrated disease surveillance and response at district level. ▪ Strengthen communication system network. A toll free line provided to the National surveillance unit for data collection. ▪ Procure drugs, vaccines and reagents for early response to outbreaks (3 IEHK, drugs for meningitis and laboratory reagent foe cholera and meningitis). ▪ Four field assessment missions and outbreaks investigation conducted. ▪ Office staff costs/logistic support (vehicle hiring) provided to handle supplies storage and distribution in Mandoul, Tandjilé, Moyen Chari, Logone Oriental, Logone Occidental and Ouddai regions. ▪ Epidemiological bulletin issued on a weekly basis allowed proper monitoring of outbreaks . 				<p>WHO Ndjamen and Abeche sub Office carried out monitoring of activities of the project as it went on.</p> <p>Epidemiological surveillance bulletins were issued regularly to monitor outbreaks</p> <p>Field assessment missions and outbreaks investigation conducted.</p>	

UNICEF – HEALTH							
CERF PROJECT NUMBER	11-CEF-006 A	Total Project Budget	\$ 850,000	Beneficiaries	Targeted	Reached	Gender Equity 30,000 boys and girls received routine immunization services; gender disaggregated data for children benefiting from the interventions, is not available. 15,000 women of reproductive age were immunized against tetanus
PROJECT TITLE	Routine immunization services to IDPs, returnees, and refugees in eastern and Southern Chad	Total Funding Received for Project	\$ 226,838	Individuals	123,000	45,000	
				Female	78,000	30,000	
				Male	45,000	15,000	
				Total individuals (Female and male)	123,000	45,000	
				Of total, children <u>under 5</u>	62,000	30,000	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 120,000	TOTAL	123,000	45,000	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>To fully immunize 90 per cent of children aged 0-11 months and women at reproductive age</p> <p>To Improve Cold chain units and vaccines quality management</p>		<p>Immunization Coverage</p> <ul style="list-style-type: none"> ▪ 15,000 women immunized against tetanus in two districts and 10 IDP sites ▪ 30,000 children 0-59 months immunized against measles ▪ 5,000 children 0-11 months fully immunized in IDP sites and returnee and remote villages <p>Improved Quality Vaccine Management</p> <ul style="list-style-type: none"> ▪ One Regional Cold Chain Unit installed ▪ 10 Health Districts received cold chain equipment (freezers and vaccine carriers) 				<p>Implementation was monitored through monthly data collection and reporting in addition to quarterly health district meetings</p> <p>Implementation was monitored through field assessments using Data Quality Survey and training.</p>	

UNICEF - HEALTH

CERF PROJECT NUMBER	11-CEF-006 B	Total Project Budget	\$ 700,000	Beneficiaries		Targeted	Reached	Gender Equity
				Individuals	Female	Male	Total individuals (Female and male)	
PROJECT TITLE	Prevention of Mother-to-Child Transmission of HIV: Clinical and awareness services for refugees and IDPs	Total Funding Received for Project	\$ 120,000	400,000	250,000	150,000	40,000	<p>Interventions carried out within the framework of this project actively aimed to benefit the most vulnerable women in the target regions:</p> <p>30,000 women including pregnant women received PMTCT HIV/Services and 50 children born to infected mothers received clinical care (or 62 based on the beneficiaries table?).</p> <p>Sensitization services reached both men and women.</p>
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 120,000	400,000	250,000	150,000	40,000	
				400,000	250,000	150,000	40,000	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES						MONITORING AND EVALUATION MECHANISMS
<p>To provide testing services to at least 90 per cent of pregnant women attending ANC services</p> <p>To improve HIV/AIDS case management to infected women and children</p> <p>To scale up HIV/AIDS prevention awareness services</p>		<p>100 per cent of health facilities deliver PMTCT services in refugee camps and IDP sites</p> <ul style="list-style-type: none"> ▪ 23 health facilities received proper equipment and reagents to perform HIV testing ▪ 3,200 pregnant women were tested ▪ 90 per cent of pregnant women received HIV/AIDS testing during ANC visits ▪ 62 pregnant women who tested positive received proper care until delivery ▪ 18 children are under proper HIV/AIDS paediatric care <p>At least 80 per cent of young women and men in conflict affected area are sensitized</p> <ul style="list-style-type: none"> ▪ 40,000 young men and women attended HIV/AIDS sensitization sessions ▪ 10 youth-friendly centres were set up to provide HIV/AIDS counselling services including voluntary testing <p>100 per cent of health workers in emergency setting are properly trained on HIV/AIDS case management.</p> <ul style="list-style-type: none"> ▪ 80 health workers trained on PMTCT ▪ 170 peers educators trained on HIV/AIDS prevention 						<p>Implementation was monitored through monthly data collection and reporting in addition to quarterly health district meetings</p> <p>Work plan and activity implementation was monitored through field assessments, coordination meetings and training sessions.</p>

UNICEF – HEALTH							
CERF PROJECT NUMBER	11-CEF-006-C	Total Project Budget	\$ 1,200,000	Beneficiaries	Targeted	Reached	Gender Equity All activities implemented within the framework of the mobile clinics were provided to most vulnerable children and pregnant women in Chad, the nomads of the Sahel belt regardless of gender. Gender disaggregated data for the children benefiting from the interventions is not available.
PROJECT TITLE	Mobile clinics to provide essential health and nutritional package interventions to the most vulnerable children and pregnant women in Chad – the Nomads of the Sahel Belt	Total Funding Received for Project	\$ 120,001	Individuals	1,040,264	1,040,264	
				Female (Pregnant women)	196,175	196,175	
				Male	N/A	N/A	
				Total individuals (Female and male)	1,040,264	1,040,264	
				Of total, children under 5	844,089	844,089	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 120,001	TOTAL	1,040,264	1,040,264	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Reducing maternal, newborn and child mortality through increasing access to preventive and curative basic health and nutrition care services</p> <p>Reducing maternal, newborn and child mortality through the procurement and provision of essential medicines and other commodities.</p> <p>Reducing maternal, newborn and child mortality through increasing demand to preventive and curative basic health and nutrition care services by conducting social mobilization activities</p>		<ul style="list-style-type: none"> Seven (7) Mobile clinics in Lac (2), Kanem (3) and Baher el Gazel (2) regions were put in place providing basic preventive and curative health services to nomadic and semi nomadic populations in these regions. 				UNICEF and MoH of Chad activity reports	

UNAIDS – HEALTH

CERF PROJECT NUMBER	11-AID-001	Total Project Budget	\$1,500,000	Beneficiaries	Targeted	Reached	Gender Equity These are the people in humanitarian situations in the Sahel Belt, refugee and displaced populations in eastern Chad. The project covers more women with a sex ration of 1.8/ 1. The project also granted access offering PMTCT services to pregnant women to reduce the transmission of HIV from mother to child
				Individuals	950,000	950,000	
PROJECT TITLE	Universal access to basic HIV and AIDS services in the eastern and southern regions of Chad	Total Funding Received for Project	\$ 278,200	Female	650,000	650,000	
				Male	300,000	300,000	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 278,200	Total individuals (Female and male)	950,000	950,000	
				Of total, children under 5			
				TOTAL	950,000	950,000	

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS
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<p>Guarantee universal access to HIV prevention, care and support for people living in emergencies.</p> <p>Accelerate the use of Prevention of Mother to Child Transmission (PMTCT) services to prevent mothers from dying and babies from becoming infected with HIV;</p> <p>Stimulate voluntary testing and the use of condoms among young women and men aged 15-24;</p>	<p>Universal access to HIV prevention, care and support for people living in emergencies is guaranteed.</p> <ul style="list-style-type: none"> ▪ 42 physicians of Sudanese and CAR refugees camps and Ministry of Health were trained on the medical care of PLWHA (ART, paediatric care) ▪ An advocacy has been organized for the implementation of IASC guidelines in order to integrate HIV and AIDS in humanitarian emergencies ▪ CERF fund has permitted NGO CSSI to implement IEC/BCC in refugees and IDPs in Goz Beida (Eastern region of Chad); ▪ 100 pairs educators trained in Bol and Goz Beida have sensitized 7458 persons Sudanese in refugees and IDPs camps in Eastern Chad ▪ 70 Staff working in humanitarian urgency have trained in IASC directives in Maro and Goré-southern Chad and 80 in Goz Beida and Koukou East Chad ▪ Two joint assessment missions of the NAC and UNAIDS have been conducted in four regions of Chad (Borkou, Ennedi, Lac and Kanem). These missions were permitted to assess the gap in several areas of the AIDS response. Regional plans were developed to address key issues identified ▪ The project facilitated the supply of ARVs in the health centre, screening test, condoms and treatment of OIs and STIs <p>The use of prevention of mother to child transmission (PMTCT) to prevent mothers from dying and babies from becoming infected with HIV is assured</p> <ul style="list-style-type: none"> ▪ Six others social mobilization forums (PMTCT) were organized and has seen the participation of 451 religious, administrative and political leaders in Mao and Bol in May 2011, Mongo Bokoro and Massakory in August 2011. Thanks to these forums the leaders have taken the responsibility to advocate for PMTCT within their communities ▪ responsible for the Health Centre were trained on PMTCT <p>Stimulate voluntary testing and the use of condoms among young women and men aged 15 - 24 years:</p> <ul style="list-style-type: none"> ▪ a project of a national NGO (ASTBEF) funded by UNAIDS in refugee camps in South and East has permitted to create five VDC and 1539 young people were tested and 6,142 condoms were distributed ▪ UN Cares activities in favour of 57 UN staff working in refugees camps (Maro and Goré-southern Chad) have been organized in August 2011 and October in Goz Beida and Koukou. 	<p>Two supervision missions to support data collect in Health centres in humanitarian zone for two persons</p> <p>Strengthen capacities of national staff in HIV and AIDS response in humanitarian situation</p>
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<p>Support to civil society associations for the implementation of anti-stigma and non-discrimination activities.</p>	<p>Associations of civil society for implementation of activities against stigma and discrimination are supported</p> <ul style="list-style-type: none">▪ 13 journalists from community radio stations in the humanitarian zones of eastern Chad have been trained on HIV and AIDS▪ Support given to RNTAP + has permitted to organize prevention campaigns in southern and eastern Chad. After these campaigns, administrative authorities are committed to disseminate and implement the Law 19.	
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UNFPA - HEALTH																												
CERF PROJECT NUMBER	11-FPA-007	Total Project Budget	\$ 850,000	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td></td> <td></td> </tr> <tr> <td>Female</td> <td>170,538</td> <td>170,538</td> </tr> <tr> <td>Male</td> <td>N/A</td> <td></td> </tr> <tr> <td>Total individuals (Female and male)</td> <td></td> <td></td> </tr> <tr> <td>Of total, children under 5</td> <td>24,987</td> <td>24,987</td> </tr> <tr> <td>TOTAL</td> <td></td> <td></td> </tr> </tbody> </table>			Beneficiaries	Targeted	Reached	Individuals			Female	170,538	170,538	Male	N/A		Total individuals (Female and male)			Of total, children under 5	24,987	24,987	TOTAL			Gender Equity
Beneficiaries	Targeted	Reached																										
Individuals																												
Female	170,538	170,538																										
Male	N/A																											
Total individuals (Female and male)																												
Of total, children under 5	24,987	24,987																										
TOTAL																												
PROJECT TITLE	Improving Reproductive Health (RH) services to the conflict-affected populations in the East and South of Chad	Total Funding Received for Project	\$ 428,000				The project has taken into account gender equity because it is concerned pregnant women and young people, sensitization of men.																					
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 428,000																									
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES			MONITORING AND EVALUATION MECHANISMS																							
<p>Referral system to manage obstetric and neonatal emergencies and other pregnancy complications. Promotion of Emergency Obstetric Care.</p> <p>Supply of life-saving reproductive health kits and medical equipments.</p> <p>Reduction of HIV transmission through the coordination of activities, provision of essential supplies and equipment, support to blood transfusion safety and social communication activities.</p> <p>Provision of effective STI prevention and treatment.</p> <p>Management of the activities.</p>		<p>Maternal and neonatal mortality and morbidity reduced to their pre-conflict level; The HIV transmission rate reduced or under control among refugees and host community populations; Capacity building of actors in the field:</p> <ul style="list-style-type: none"> Through workshop and training many health workers have been trained on RH, EmOC, LMIS and RH commodity security. These trainings concerned the region of Ouddai, Wadifira, Sila and Kanem. On the whole 150 person trained in RH services, 32 health workers trained on EmOC issues in order to promotion and offering obstetrical care, 52 health personnel trained on reproductive health products management. Finally traditional birth attendant have been trained and oriented in theirs new activities and attributions in different regions. After that, the utilisation of services has been increased – 1,309 pregnant women have been advised in prenatal care, 417 pregnant women oriented to health for childbirth and 605 women for Family planning. <p>Supply of products:</p> <ul style="list-style-type: none"> With this funds, RH Kits, drugs and hygienic kits are obtained for the refugees and IDP population. The kits and products contributed to improve the quality of services offered in the health facilities. <p>Reduction of HIV transmission and provision of effective STI prevention and treatment</p> <ul style="list-style-type: none"> The population, including FBO, organisation based on community, youth people have been sensitized on the issues of reproductive health. 300 peoples have been reached by sensitized. The advocacy has realized for religious leaders in order to commit him for the questions of RH. Many activities for promoting the utilization of condoms have been developed. Youth and adolescents pair educators (225) trained on different areas of RH <p>Treatment and prevention of obstetrical prevention</p> <ul style="list-style-type: none"> Within the partnership of MDM, strategic interventions to reduce the number of cases of fistula and maternal mortality are implemented in the region of Kanem. The complete and holistic activities to fight obstetrical fistula have been implemented. The main activities are realization of the information activities and sensitizing on the problems of fistula for 630 participants (239 men and 391 women) in 17 villages, training of 15 traditional birth attendant 			<p>The mechanism of monitoring and evaluation has been assured at different levels. The government institutions have their own mechanisms. The health cluster coordination permits the monitoring of activities; the UNFPA has a sub office in Abeche. This team coordinates daily the actions of implementing partners and consolidated the submitted reports.</p>																							

	<p>and training of the health workforce of the hospital on surgical fistula reparation. The organization of the technical assistance of Mao Hospital has allowed operating surgically 24 women victims of complex fistulas. After these interventions, the psychosocial support and reinsertion have given to these women.</p> <ul style="list-style-type: none">▪ All these interventions have been mainly managed by the sub office through regular supervisions and coordination meeting, the following field joint mission.	
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UNICEF – HEALTH/NUTRITION

CERF PROJECT NUMBER	11-CEF-006 E	Total Project Budget	\$ 1,500,000	Beneficiaries		Targeted	Reached	Gender Equity
				Individuals				
PROJECT TITLE	Nutrition Care Services for IDPs, Returnees and Refugees in Eastern and Southern Chad	Total Funding Received for Project	\$ 491,123	Female		48,800	24,000	Nutrition services were provided to 24,000 girls and women including pregnant and lactating
				Male		30,000	12,000	
				Total individuals (Female and male)		78,800	36,000	
				Of total, children under 5		62,800	20,000	
				TOTAL		78,800	36,000	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 170,130					
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES						MONITORING AND EVALUATION MECHANISMS
<p>90 per cent of screened malnourished children have access to proper nutrition and medical care</p> <p>At least 75 per cent of recovery rate</p>		<p>Nutrition Service Coverage</p> <ul style="list-style-type: none"> ▪ 20,000 children 6-59 months were screened monthly in refugee camps and IDP sites ▪ 3,500 malnourished children received proper nutrition care ▪ 20 outpatient and 13 inpatient treatment centres received adequate equipment and therapeutic foods <p>Quality of Care</p> <ul style="list-style-type: none"> ▪ Therapeutic care recovery rate >75 per cent ▪ Therapeutic care fatality rate <10 per cent ▪ Therapeutic care default rate <15 per cent ▪ 72 health workers with strengthened capacity in the management of malnutrition 						<p>Monthly nutrition screening data are collected according to existing surveillance standards; nutrition reports and data are generated, compiled and discussed monthly in nutrition cluster meetings in each one of the 5 region in eastern Chad.</p>

WHO – HEALTH/NUTRITION

CERF PROJECT NUMBER	11-WHO-007	Total Project Budget	\$ 2,395,063	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Improving access to health care services for under 5 years malnourished children in regions affected by food insecurity in Chad	Total Funding Received for Project	\$ 100,004	Individuals	73,685	57,469	CERF funds allowed a free of charge screening and case management of severe malnutrition. Beneficiaries of this project are both girls and boys under five years suffering from severe malnutrition.
				Female			
				Male			
				Total individuals (Female and male)			
				Of total, children under 5	73,685	57,469	
TOTAL	73,685	57,469					
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 100,004				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
To reduce morbidity and mortality among malnourished children in regions affected by food crisis in Sahel belt.		<p>To reduce morbidity and mortality among malnourished children in regions affected by food crisis in Sahel belt</p> <ul style="list-style-type: none"> ▪ 26 health facilities provided with paediatric drugs for case management (the total number of health centers in sahel belt is 416. ▪ Printed and distributed data collection tools and guidelines & protocols in 3 districts ▪ One national nutritionist recruited for organising mobile clinic and monitoring of program ▪ One vehicle for mobile clinic team urgent cases transfer in district hospitals for 10 months ▪ Weekly collection, compilation of health and nutritional data in four health districts. A total of 17, 889 of cases of moderate malnutrition and 5,636 cases of severe acute malnutrition were reported in 2011 through the nutritional surveillance system developed. 				<p>Supervision mission organised on field for monitoring of activities.</p> <p>Nutrition surveillance data were collected regularly (weekly) to monitor activities.</p>	

UNICEF – HEALTH/NUTRITION

CERF PROJECT NUMBER	11-CEF-006 F	Total Project Budget	\$ 2,450,000	Beneficiaries		Reached	Gender Equity
				Targeted			
PROJECT TITLE	Reduce high malnutrition rates: scaling up nutrition services in the Sahel belt regions of Ouaddai, Wadi Fira and Sila	Total Funding Received for Project	\$ 1,528,422	Individuals	333,400	125,000	35,000 boys and girls received nutrition services. Gender disaggregated data for the children benefiting from the interventions are not available.
				Female	200,000	72,500	
				Male	133,406	50,000	
				Total individuals (Female and male)	333,400	125,000	
				Of total, children under 5	283,000	35,000	
				TOTAL	333,400	125,000	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 679,450				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES					MONITORING AND EVALUATION MECHANISMS
<p>90 per cent of screened malnourished children have access to proper nutrition and medical care</p> <p>At least 75 per cent of recovery rate</p>		<p>Nutrition Service Coverage</p> <ul style="list-style-type: none"> ▪ 35,000 children 6-59 months were screened monthly in six health districts (Abéché, Goz Beïda, Biltine, Adré, Amdam, Iriba) ▪ 4,800 malnourished children received proper nutrition care ▪ 32 outpatient and 13 inpatients treatment centres received adequate equipment and therapeutic foods <p>Quality of Care</p> <ul style="list-style-type: none"> ▪ Therapeutic care recovery rate >75 per cent ▪ Therapeutic care fatality rate <10 per cent ▪ Therapeutic care default rate <15 per cent <p>72 health workers with strengthened capacity in the management of malnutrition</p>					<p>Monthly nutrition screening data are collected according to existing surveillance standards; nutrition reports and data are generated, compiled and discussed monthly in nutrition cluster meetings in each one of the 5 region in eastern Chad.</p>

UNICEF – HEALTH/NUTRITION							
CERF PROJECT NUMBER	11-CEF-006-G	Total Project Budget	\$ 10,800,000	Beneficiaries	Targeted	Reached	Gender Equity All activities implemented within the framework of this emergency nutrition response were provided to all malnourished children aged 6 - 59 months regardless of gender. Gender disaggregated data for the children benefiting from the interventions is not available
PROJECT TITLE	Emergency nutrition and child survival response in the Sahel belt of Chad	Total Funding Received for Project	\$ 850,650	Individuals	25,000	68,600	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 850,650	Female	13,750	NA	
				Male	11,250	NA	
				Total individuals (Female and male)	25,000	68,600	
				Of total, children under 5	25,000	68,600	
				TOTAL	25,000	68,600	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Treatment provided to children with severe acute malnutrition</p> <p>Community health workers and health care providers trained on the management of severe acute malnutrition</p> <p>Essential emergency nutrition supplies provided for the treatment of severe acute malnutrition</p> <p>Nutrition surveys carried out in the target regions</p>		<p>Children with severe acute malnutrition in the Sahel belt of Chad benefited from quality treatment</p> <ul style="list-style-type: none"> ▪ 68,600 children received treatment for severe acute malnutrition in the Sahel belt regions <ul style="list-style-type: none"> ○ Therapeutic care recovery rate >75 per cent ○ Therapeutic care mortality rate <10 per cent ○ Therapeutic care default rate <15 per cent <p>Community health workers and health care providers trained on the management of severe acute malnutrition</p> <ul style="list-style-type: none"> ▪ 650 community health workers trained to acquire the skills and knowledge to actively screen and refer children with severe acute malnutrition ▪ 350 health care providers trained to acquire skills and knowledge on the correct management of severe acute malnutrition, based on the national protocol <p>Essential emergency nutrition supplies provided for the treatment of severe acute malnutrition</p> <ul style="list-style-type: none"> ▪ 70,000 cartons of Ready-To-Use Therapeutic Foods (RUTF) procured and distributed to the feeding centres for the treatment of severe acute malnutrition ▪ Anthropometric equipment and essential drugs procured and distributed in the 223 feeding centres operational in the Sahel belt of Chad <p>Nutrition surveys carried out in the target regions</p> <ul style="list-style-type: none"> ▪ Two SMART nutrition surveys carried out in the target regions, one during the hunger gap season and additional one during the post-harvest season ▪ Results of the nutrition surveys disseminated 				<p>In all regions of the Sahel belt, UNICEF has provided techno-managerial and catalytic support to local health officials to coordinate all implementation efforts. UNICEF has worked with the regional health delegations to ensure that nutrition data are generated on a monthly basis.</p> <p>Data on malnutrition situation, admission trends, and standard treatment, quality and coverage indicators were collected by UNICEF's nutrition specialist on an ongoing basis.</p> <p>UNICEF has worked with MoH to ensure that data from the nutrition rehabilitation centres are integrated into the routine health information system and used for decision-making at the national level.</p> <p>The SMART nutrition surveys were used to monitor the evolution of the nutrition situation over time in the target regions and assess trends in malnutrition.</p>	

UNICEF - EDUCATION							
CERF PROJECT NUMBER	11-CEF-006 H	Total Project Budget	\$ 3,156,500	Beneficiaries		Reached	Gender Equity
				Targeted	Reached		
PROJECT TITLE	Education in support of IDPs, host communities and returnees in eastern Chad	Total Funding Received for Project	\$ 807,955	Individuals	33,000	22,656	The project, focus on returnees villages, IDPs sites and host community villages as well as promoting girl education and encouraging development of Income Generating Activities (IGA) (no desegregated data)
				Female	13,200	N/A	
STATUS OF CERF GRANT		Amount disbursed from CERF	\$ 700,957	Male	19,800	N/A	
				Total individuals (Female and male)			
				Of total, children under 5			
				TOTAL	33,000	22,656	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Over 22,656 IDP, host community children and returnees of primary school age have access to improved quality education</p> <p>300 Parent Teacher Associations members benefit from training and support allowing them to carry out education activities and participate in the management of the system.</p>		<ul style="list-style-type: none"> ▪ Rehabilitated 12 school-shelters (improved hangars) serving as classrooms. ▪ Provided equipment in 12 classrooms with benches and plastic mats. ▪ Construction of 12 kitchens and 12 storage rooms for school feeding program to be supported by WFP. ▪ Construction and rehabilitation of 24 separated latrines for girls and boys. ▪ Trained of 30 primary school teachers and 10 school directors on best pedagogical practices and school management. ▪ Supported implementation of Income Generating Activities (IGA) for 16 PTAs and Mother Associations through the purchase and distribution of kits (agricultural tools i.e. hoes, rakes, axes, digging tools and seeds) to ensure the remuneration of community teachers. ▪ Raised awareness and capacity building of PTAs. ▪ Procurement and distribution of adequate number of school supplies and materials (furniture, black boards, benches and plastic mats) for the classroom. ▪ Effective inter-agency coordination mechanism, in-line with the cluster approach, for improved planning, coordination, monitoring and evaluation activities. ▪ Conducted a survey targeting 103 villages on the situation of education in IDP sites and returnees villages to identify the needs and evaluate existing capacity for addressing these needs. 				<p>UNICEF continued strengthening through the cluster its partnership with local education authorities, INGO i.e. Premiere Urgence and INTERSOS in ensuring adequate coordination and monitoring of implemented education activities as well as carrying out evaluation activities and collecting data in a regular basic through standards developed tools.</p>	

UNICEF – WASH

CERF PROJECT NUMBER	11-CEF-006 D	Total Project Budget	\$ 5,500,000	Beneficiaries		Targeted	Reached	Gender Equity
PROJECT TITLE	Increase access to water supply, sanitation and hygiene services for the vulnerable population in eastern, southern and Sahel Belt affected by malnutrition, and other water borne epidemic in Chad	Total Funding Received for Project	\$ 1,079,513	Individuals				The project mainly benefited to women and children as their constitute the major part of the beneficiaries. In fact, the construction of water point has the advantage of alleviating household work load on women and girls children but also provide security. In addition, sanitation facilities provided in schools and household as well contributed to the general well being of women and children (but no breakdown) The combination of available safe drinking water and sanitation will improve the health of the beneficiaries. Also, the presence of water point in return villages will not only encourage return movement but also contribute to reducing conflict around usage of water points between different communities
				Female (pregnant and lactating women)		30,000	30,000	
				Male		12,000	12,000	
				Total individuals (Female and male)		42,000	65,000	
				Of total, children(under 5)		23,000	65,000	
				TOTAL		65,000	65,000	
STATUS OF CERF GRANT	Completed.	Amount disbursed from CERF	\$ 613,110	To note: As specified above, female figure concerns pregnant and lactating women. U5 children are not included in the total individuals' number				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS		
Provide and improve sustainable access to improved drinking water, sanitation and hygiene according to the sphere standards for 505,000 people affected by crisis in the Sahel Band, Eastern and Southern Chad including returnee Chadian from Libya, and vulnerable host communities		<p>Supply of safe water and sanitation for IDPs in sites in Goz Beida Region and Koukou regions</p> <p>Supply of potable water to Afar ensured:</p> <ul style="list-style-type: none"> Monitoring, control of operation and maintenance of water distribution systems in IDPs site: All IDPs site have access to safe drinking water through boreholes fitted with pump or new installed solar pumping system in Kounougou et Gassire. Construction and rehabilitation of 26 schools latrines in IDP sites (Sanour, Ganachour, Kounougou, Gassire) Water committees in DPS have been strengthened for operation and maintenance (Koubigou, Gassire, Sanour, Ganachour, Koukou) <p>Supply of potable water for returnees in Assoungha and Dar Sila region</p> <ul style="list-style-type: none"> 15 new boreholes constructed in Dar sila returnee villages and Assoungha Rehabilitation of 20 broken water points in Assoungha returnee villages. <p>Sanitation and hygiene and NFI for returnees in Assoungha and Dar Sila</p> <ul style="list-style-type: none"> Distribution of 290,000 pieces of soap to returnees in Goz beida/Kerfi and Assoungha 800 Blankets distributed to returnees in Goz Beida/kerfi and Assoungha 20 schools latrines constructed in Assoungha return villages 2250 family latrines constructed via community Led total Sanitation in return villages (CLTS) dar Sila and Ouaddai (Goz Beida District, Aouich, Amdam and Ouarra) 				<p>Monitoring is done through field visit to ensure that activities are delivered as plan and that standards are respected. Field Visit are jointly conducted by UNICEF and the Ministry of Water. Other agency on the field such as OCHA is involved especially for return villages in Assoungha. After each field visit a report is issued and shared with partners.</p> <p>Beside, a monthly report is compiled and sent to UNICEF by implementing partners.</p>		

UNICEF - CHILD PROTECTION							
CERF PROJECT NUMBER	11-CEF-006-I	Total Project Budget	\$ 909,500	Beneficiaries	Targeted	Reached	Gender Equity
PROJECT TITLE	"To strengthen existing identification, prevention, response mechanisms and analytical capacity of GBV situations with a view to enhance support to local capacities and structure"	Total Funding Received for Project	\$ 311,036.75	Individuals (children)	10,000	3,140	GBV sub cluster coordination group includes both men and women from the different service sectors (INGO, local NGOs, police, justice, local administration and health, education) Activities targeted both men and women, boys and girls with more focus on women regarding self-empowerment activities through IGAs
		Female			2,823		
		Male			1,718		
		Total individuals (Female and male)		10,000	7,681		
		Of total, children under 5					
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 332,802	TOTAL	10,000	7,681	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Improved coordination and access to quality services and care for GBV survivors</p> <p>Increased public awareness on GBV for more strategic prevention and response to GBV issues among youth and community members</p>		<p>Improved coordination and access to quality services and care for GBV survivors</p> <ul style="list-style-type: none"> ▪ Six coordination meetings on GBV prevention and response brought together GBV sub cluster members ▪ Coordination meetings led to better information sharing among members and improved service delivery <p>Increased public awareness on GBV for more strategic prevention and response to GBV issues among youth and community members</p> <ul style="list-style-type: none"> ▪ 27 youth clubs bringing together 270 members (60 per cent boys and 40 per cent girls) established and members trained on GBV prevention and response mechanisms in IDP sites of Goz Beida. ▪ 30 community GBV focal points and 11 animators in place and active in GBV data collection, reporting and community sensitisation on GBV issues ▪ 7681 community members (1,718 men, 2,823 women and 3,140 children and youth sensitised on GBV issues through documentaries, community dialogues and IEC materials ▪ Eight community spaces rehabilitated and equipped with information, educative equipment, play and recreation materials to prevent idleness among IDP youth that could lead to irresponsible sexual behaviours ▪ Eight women's groups involving 80 members were established in eight IDP sites and members were supported through income generating activities for self-empowerment; members also sensitised on GBV prevention and response mechanisms ▪ Trained community GBV focal points, animators and club members were useful community resources for knowledge dissemination, sustainability of interventions and behaviour change agents ▪ 202 participants (179 males, 23 females) from key service sectors (health, justice, local administration and security) were trained on GBV prevention and were enabled to follow up with GBV cases in their respective service areas ▪ 25 judiciary participants, NGO and local administration trained on legal instruments governing 				<p>Monitoring was done through regular visits to project sites and feedback was provided at meetings with GBV focal points, youth and women's committees members</p> <p>Joint advocacy sessions were conducted (UNICEF and project implementing partners) with local government officials, key service sectors and community leaders to increase GBV awareness</p>	

<p>Increased capacity of national structures and the humanitarian community to analyse prevent and respond to GBV issues</p> <p>Network of support services for GBV victims/survivors strengthened and effectively implemented</p>	<p>protection of women and children</p> <ul style="list-style-type: none"> ▪ Support communication by producing four large signs with messages on GBV in the city of N'Djamena. <p>Increased capacity of national structures and the humanitarian community to analyse prevent and respond to GBV issues</p> <ul style="list-style-type: none"> ▪ 47 members of the humanitarian and government actors trained as trainers on coordination tools for improved prevention and response <p>Network of support services for GBV victims/survivors strengthened and effectively implemented</p> <ul style="list-style-type: none"> ▪ GBV information management system is now in place and operational (GBV database, information sharing protocol signed by users and agreed and adopted Interpretation Standard operating procedures and in use by sub-cluster members) ▪ Four counseling centers to support victims were established in Moundou, Pala, Lai and Mongo ▪ 50 documented and assisted cases in the health, security and justice fields by the four counseling centers ▪ 53 youth organizations in N'Djamena supported the fight against GBV in schools ▪ 150 GBV cases were identified and reported by community focal points and referred for appropriate services (legal, medical, psychosocial and security) 	
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UNFPA- PROTECTION							
CERF PROJECT NUMBER	11-FPA-006	Total Project Budget	\$ 1,070,000	Beneficiaries	Targeted	Reached	Gender Equity Both women and men benefited equally for this project. Community mobilization was done by women preachers and men preachers in mosques every Friday. GBV messages were disseminated by religious leaders to believers. More than 20,000 women were touch and 5,000 men including boys (Abeche, Goz Beida, Iriba, koukou, Amnaback, Iridimi et Touloum). 10 Youth clubs anti-GBV were established in camps and resettlement villages
PROJECT TITLE	To strengthen existing identification, prevention, response mechanisms and analytical capacity of GBV situations with a view to enhance support to local capacities and structures	Total Funding Received for Project	\$ 331,366	Individuals	90,000	35,000	
				Female	50,000	20,000	
				Male	10,000	5,000	
				Total individuals (Female and male)	60,000	25,000	
				Of total, children under 5	30,000	10,000	
TOTAL	90,000	35,000					
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 331,366				

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS ¹
<p>Advocacy to create a more protective environment for women and children by providing support to national and local authorities to implement the national GBV strategy effectively;</p> <p>Enhancing coordination of GBV issues through the sub clusters of the Protection cluster;</p> <p>Enhancing referral, response and prevention mechanisms and services;</p> <p>Follow up capacity building of local authorities, affected populations, humanitarian community through awareness raising activities, seminars (the foundation being led through the train of trainers' project) and youth behavioural change programmes through the establishment of GBV clubs in youth centres and educational facilities.</p> <p>Operationalizing GBVIMS with a view to enhance the analysis of GBV incidents and to improve strategic response and prevention plans.</p>	<p>Advocacy to create a more protective environment for women and childre:</p> <ul style="list-style-type: none"> ■ 168 religious leaders and preachers men and women have built their capacity in GBV prevention and response, they elaborated same GBV messages to be disseminated every Friday in the Mosques. ■ 108 security staff built their capacity in Gender and GBV keys concepts for prevention and reposnse to hum,an rights abuse. ■ Each mosque identified 25 women and 25 men to continue preach GBV messages; ■ Community mobilization around famous musician "Sultan" on the consequences of GBV-FGM/C and Maternal mortality effects. ■ Listen centres for GBV survivors and women centres have been rehabilitated in Amnaback, Iridimi and Touloum <ul style="list-style-type: none"> ■ Monthly coordination meetings for the 2 sub-clusters in Abeche and Goz Beida. Harmonized toosl and modules are used by all stakeholders. GBVIMS software have been installed for 30 GBV services providers who are using the same data collection form and introduce and manage GBV data respecting ethical and confidential principes. Security/ judiciary and Psychosocial modules have been validated to be utilized by all and at the national level; GBV factsheets have been shared by other clusters leads for GBV integration in other sectors; ■ SoPs have been signed for Goz Béida and Ouaddai. Referral pathways are in place and a mapping of services providers both for prevention and response is with a directory of services providers contact is available available. Medical certificate is free of charge in Sila and Ouaddai while in other regions, the survivor has to pay USD 25. Data sharing protocols have been validated and signed. ■ 97 capacity GBV capacity promoters have been trained in new GBV tools and resources such as IASC GBV guideline, GBV coordination handbook, SoPs and GBVIMS. Community mobilization campaigns have been ongoing through out mosques. 10 youth anti-GBV clubs were established in Goz Beida, Koukou, Abeche and one in Ndjamen (launched by the Minister of education who is also the Executive Secretary of Men Engage Network against GBV and Maternal mortality), Women centers have been equiped with early warning tools such whistle and tea and coffee provided during their weekly meetings. ■ 22 service providers (legal, health and psychosocial) and 10 GBV program managers working in the Sila region were trained in Goz Beida on the use of the GBVIMS, including the GBV classification tool and the standardized intake form. <p>The following results were achieved:</p> <ul style="list-style-type: none"> ○ An information-sharing protocol on of reported GBV cases was signed by 10 partners, of which 5 are service providers and 4 are structures that collect data. UNFPA has been selected as the organization responsible for consolidating all the GBV data provided by the other partners. This protocol respects all the ethical principles and defines the roles and responsibilities of each actor. 	<p>Numbers of preachers women and men to continue follow up believers;</p> <p>Number of trained security forces in place around sites and camps</p> <p>Listening centers and women centers in place and functional</p> <p>Harmonized tools to be used and training of trainers to use the developed modules; follow up other cluster leaders to integrate GBV in their works for prevention of GBV</p> <p>Regular update of the existing mapping and contacts in the directory</p> <p>Support Men Engage network for the establishment of GBV anti-clubs in schools for behaviour change communication for young people in a strong patriarchal society such as Chad</p> <p>To assess whether the information-sharing protocol is being respected, to identify what difficulties GBVIMS users may be facing, and how they are dealing with these challenges.</p> <p>To evaluate the quality of the standard intake forms</p>

	<ul style="list-style-type: none">○ The standardized intake form has been adapted for Goz Beida and has been used by the service providers since the end of November 2011.○ The GBVIMS software was customized for Goz Beida and is being used by the service providers trained on its use.	used by the service providers: are they being used? Are they being filled in correctly and ethically? Is the information being placed in correctly/accurately the software?
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UNHCR - PROTECTION

CERF PROJECT NUMBER	11-HCR-020	Total Project Budget	\$ 1,070,000	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Strengthening coordination, strategic planning and operations on GBV prevention and Response	Total Funding Received for Project	\$ 333,999	Individuals	90,000	9,0000	36 per cent female were involved in the project, low rate due to socio cultural impedimenta. According to patriarchal traditions, men are the heads of families and exercise authority. Chadian women have limited civil liberties and highly limited in taking decision. Subsequently, these norms are internalized and accepted as standard practices in the attitudes and role, responsibility and relationships in the community /family.
				Female	50,000	50,000	
				Male	10,000	10,000	
				Total individuals (Female and male)			
				Of total, children <u>under</u> 5	30,000	30,000	
				TOTAL	90,000	90,000	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 333,999				Under the cluster protection led by UNHCR, different stakeholders address SGBV issues through prevention and response activities in IDPs sites, returnee's villages (awareness, training, and the establishment of GBV committees and focal points in IDP sites, returnee's villages and relocation sites). The protection cluster will continue monitoring and identification of protection issues a long with support to women and girls' rights.

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL ²	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS ³
<p>Risk of GBV is reduced and quality of response improved;</p> <p>Protection of children strengthened</p>	<p>The actual number of beneficiaries reached is 125.000. With more than half of the total IDP population being women and children, SGBV remains at the top of the UN Country Team's list of priorities and UNHCR Chad's protection agenda. In this regard,</p> <ul style="list-style-type: none"> ■ 150 persons including local authorities (civilian and police) and the communities (including community leaders) benefited of 2 workshops of two days (75 persons per workshop) in order to ensure that the implementation of effective legal remedies for persons affected by and/or at risk of GBV. The following topics were highlighted: definition and different types of SGBV and their consequences, and support for victims of SGBV (legal, medical and psychosocial support). ■ Information activities on SGBV, for approximately 1,500 persons including women and children at high risk were conducted. ■ 34 survivors of SGBV were counselled. ■ 10 focus discussions on harmful cultural practices and on SGBV prevention and response, in the main areas of return/relocation were conducted to the attention of 453 persons (121 women and 332 men) including traditional leaders, joint peaceful committees, members of youth clubs (boys and girls) and women's committees. The discussions focused mainly on the following topics: human rights, links between socio cultural impedimenta and SGBV issues, types of SGBV, prevention and responses, techniques for collecting and reporting incidents of SGBV and mechanisms and procedures for access to justice for victims of SGBV. ■ Through the participatory approach, a management system of SGBV cases was established in each village for reception, counselling and orientations/guidance for legal and psychosocial supports for survivors of SGBV). The management system of SGBV cases was conducted by 20 focal persons trained who were identified among the local communities (including returnees). ■ Standard Operation Procedures on SGBV were revised and shared with all stakeholders in order to strengthen the secure and reporting system on SGBV cases. ■ 50 cases of SGBV (manly domestic violence) were identified and documented by the focal persons on SGBV. The survivors received medical care and legal assistance. However, effective legal remedies is suffering because of the constraints put by lack of infrastructure and rights awareness. ■ Child protection trainings were provided to 70 persons (20 women and 50 men) including community leaders, youth (boys and girls), and women committees on child human rights. ■ 25 focal persons for child protection committees were trained on techniques and methods of interviewing children and legal texts on child protection. ■ 2 awareness and information campaigns through drama activities to the attention of IDPs /returnees/local population (4000 persons) were organised on different topics including child labour, fight against child recruitment into armed groups, value of birth certificate, child education. ■ Monitoring mechanisms for children's physical security, protection and well-being were established to two mixed committees (men/women/youth) composed of 20 focal persons identified from 10 villages. 	<p>Participatory and community based methods (AGDM, monitoring visits, focus discussions) are used in order to monitor and evaluate the effectiveness of the SGBV prevention and response services.</p> <p>The roles played by the different actors are well defined in terms of identification, response and monitoring of SGBV cases.</p> <p>Data on the incidence of sexual and gender-based violence are compiled and analysed each month by the implementing partners and UNHCR. In order to ensure that the information collected is consistent and useful, a monthly meeting is arranged with all actors to define terms (to ensure that all actors label the same type of violence with the same name) and to determine methods for counting incidents.</p> <p>The multi-sector meetings, which include IDPs/returnees, are also organised in order to review the data. In these meetings, factors that contribute to sexual and gender-based violence are identified and the plans to eliminate those factors are designed.</p> <p>The close monitoring cases of sexual and gender-based violence allow the evaluation on prevention and response strategies.</p>

FAO – AGRICULTURE

CERF PROJECT NUMBER	11-FAO-007	Total Project Budget	\$ 4,217,481	Beneficiaries		Targeted	Reached	Gender Equity
				Individuals	Female	Male	Total individuals (Female and male)	
PROJECT TITLE	Emergency supply of farming inputs to conflict and flood affected agricultural households in Chad	Total Funding Received for Project	\$ 1,674,735	122,150	36,645	85,505	122,150	<p>More women than expected have benefited from the project activities for three main reasons.</p> <ul style="list-style-type: none"> ▪ In eastern Chad women are more involved in agriculture in general, ▪ During the identification period community consensual targeting of vulnerable households advantages women; ▪ Priority was given to women headed households.
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 900,010	0	0	122,150	122,150	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES						
<p>Agricultural production increased through rainy season seeds distribution and beneficiary training in agricultural production techniques:</p> <p>Production of 18,500 tons of cereals (millet and sorghum), beans and okra at the end of 2011/2012 agricultural campaign</p> <p>Provision of 274.84 tons of seeds to 24,430 households of returnees IDPs and flooded populations in eastern Chad (122,150 persons)</p> <p>Training of beneficiary households on agricultural production techniques</p>		<p>Provision of seeds to returned IDP households and flooded host populations:</p> <ul style="list-style-type: none"> ▪ 24,430 households have benefited from the project, (122,150 persons) <ul style="list-style-type: none"> ⊙ 2,380 IDPs households and (11,900 persons) ⊙ 22,050 flooded populations(110,250 persons) ▪ 332.155 tons of seeds distributed (instead of 274.84 tons), among which: <ul style="list-style-type: none"> ⊙ 122,50 tons of millet, ⊙ 122,150 tons of sorghum; ⊙ 2,350 tons of okra, ⊙ 85,505 tons of beans ▪ 6 935.92 tons of agricultural commodities produced: <ul style="list-style-type: none"> ⊙ 1,812.39 tons of millet, ⊙ 4,259.37 tons of sorghum, ⊙ 25,285 tons of okra and ⊙ 838,89tons of beans <p>Beneficiary households trained on agricultural production techniques</p> <ul style="list-style-type: none"> ▪ 15,665 households, among the total beneficiaries, trained on agricultural production techniques, specifically on planting holes preparation, weeding, harvest, agricultural commodities storage and processing. 						<p>A monitoring and evaluation system is composed of FAO's eastern office at Abéché and 13 implementing partners which are both international and national NGOs.</p> <p>Activity monitoring and check are conducted through field visits and partner team supervisions. Implementing partners are required to hand over reports at indicated period with specified expected outputs.</p> <p>Data are usually collected in the beneficiary villages with the beneficiary households through interviews and on the field through measurements (yield square). Usually the frequency of data collection is based on agricultural calendar and thus does not follow a regular frequency.</p>

UNHCR - MULTI-SECTOR

CERF PROJECT NUMBER	11-HCR-001	Total Project Budget	\$ 178,985,160	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Protection and Mixed solutions for Refugees in Chad	Total Funding Received for Project	\$ 99,158,578	Individuals	95,788	95,788	All the beneficiaries women, girls, male and boys benefited equally (according to the targeted figures, there are more women than men)
				Female	42,382	42,382	
				Male	34,527	34,527	
				Total individuals (Female and male)			
				Of total, children under 5	18,879	18,879	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 1,500,686	TOTAL	95,788	95,788	

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS
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Standardise the primary health care including nutrition provided to the refugees in eastern Chad	<p>HEATH</p> <ul style="list-style-type: none"> ■ During 2011, health services continued uninterrupted in all camps. All essential drugs were ordered and received timely ■ Basic services included the provision of outpatient consultations for treatment of common causes of morbidity and mortality, observation and referral services for complicated cases, integrated management of childhood illnesses, health promotion activities, care for the mentally ill, ante/postnatal care, immunization, growth monitoring, and delivery services. Thus far, health program activities have successfully met this year some of main indicator targets: <ul style="list-style-type: none"> ■ The crude mortality rate is 0, 2/1000/month ■ The crude under five mortality rates met the WHO, UNHCR and SPHERE standards (CMR=<1.5 death/1,000 pop/month, U5MR=<3deaths/1,000 pop/month). ■ 94.2 per cent of children 0-11 months vaccinated. This did not hit its target because there was a lot of refugee movement during the planting and harvest seasons as well as travel out of the camp to other areas. ■ Five polio vaccination campaigns were held in collaboration with MOH ■ Under the Health Management Team, sensitization has been sustained in order to improve the consultation rate (number of consultations/person/year). This is conducted on a daily basis by the Community Health Workers (CHWs) who referred patients from the community to the health facilities. Health committees were functional in all camps and assisted community health workers in sensitization; an assessment of the monthly health statistics and the capacity building of health committee in different health topics were also carried out; ■ 100 per cent of patients received treatment and medications as per recommendation of the MOH and WHO protocols. ■ To monitor and assess patient health; screening was done using "Patient Health Questionnaire (PHQ-9) for (anxiety, depression and PTSD diagnosis. ■ Referral cases were referred to nearest hospital. Most of cases referred are obstetric cases, surgical cases, paediatrics, blood transfusion and caesarean sections; ■ Basic laboratory services and routine investigation provided ■ 36 SGBV cases were declared and all received PEP, ECP and STI treatment within 72 hours. There is still 	<p>UNHCR has put in place a Health Information System (HIS) to monitor potential outbreaks. IPs are compiling weekly data and submitted every Saturday in the camps level and sent a monthly report to UNHCR for analysis and evaluation.</p> <p>Multifunctional meetings (UNHCR,IPs, refugees) held per camp on monthly basis. These multifunctional group meetings gather staff and services providers from various program sectors and the refugee leadership to assess the progress being made in the welfare of the refugee population through services provided by humanitarian partners.</p> <p>Two Cluster meetings were held in Abeche and coordinated by WHO and MOH;</p> <p>One coordination meeting organized with regards to the polio reduction strategy in Chad organized by OCHA in Abeche;</p> <p>One coordination meeting held in Biltine where MoH Wadi Ffira different health partners in the areas, identify constraints and come up with recommendations to move forward. WHO</p>
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<p>Reinforce beneficiaries' capacity to handle their own healthcare.</p>	<p>the challenge of people coming forward after rape incidents because of fear of stigmatization. However, sensitization is done in all the camps to help alleviate this fear.</p> <ul style="list-style-type: none"> ■ In response to the national strategy of preventing the Vitamin A deficiency and intestinal helminths (worms) infection, the office carried out two rounds of Vitamin A supplementation and de worming exercise to all the children from 6 to 59 months in the 5 camps (Kounoungou, Mile, Annaback, Iridimi and Touloum) <p>NUTRITION</p> <ul style="list-style-type: none"> ■ The main SPHERE indicators for nutrition programme T-SFP, OTP and SC were achieved. However, the global malnutrition rate remains high. Nutrition programmes in the camps have however focused on treatment/curative activities and will require substantial prevention component to curb malnutrition prevalence. ■ Exhaustive monthly rapid screening using MUAC are conducted in all the camps by the Community Health Workers and implementing partners' staffs. All the children aged 6 - 59 months are screened to identify those with malnutrition risk. A passive screening routine is done in the camps exactly in the triage at the health for all under five year came to consultation. The admissions to the programme are done based on the Weight for Height in Z-score, by MUAC and oedema. All identified children with WFH from < or =-3 Z-score to <-2 Z-score or MUAC under 125 mm are admitted in the supplementary feeding program in the camps. ■ The severely acutely malnourished children are treated in the outpatient therapeutic feeding component of the CMAM programme. The OTP provides home-based treatment and rehabilitation for children who are severely acutely malnourished but who have appetite and are free of medical complications. The target group for OTP is children aged 6-59 months. ■ The control of anaemia and other micronutrient deficiency was systematically integrated into ANC and PNC activities, 2,224 individuals were tested, and 293 were identified as moderate and 54 as severe in the five camps. Those severe cases were transferred to Guereda and Iriba hospitals for treatment. ■ Children from 6 - 23 months have received Plumpy packages in July, August and September 2011 to prevent malnutrition in four camps, i.e. Annaback, Touloum, Mile and Iridimi. A total of 3,465 children were eligible for complementary food and benefited from Plumpy packages. These four camps were identified with a higher GAM rate (more that 10 per cent) of malnutrition during the 2010 SMART survey in the Sudanese refugee camps. ■ Since September 2011, the new Chadian National nutrition protocol started to be implemented and 337 staff and Community health workers were trained and mentored on the new nutrition protocol ■ Increased health education and outreach activities have been raised awareness among refugees regarding health issues that contribute to low mortality rates. Community education topics were focused on the promotion of vaccinations in the scope of EPI, the epidemic potential of certain diseases, and hygiene promotion. ■ Community Health Workers continued to conduct outreach activities in camp to educate the refugee community to monitor public health. ■ CHWs have been trained in the epidemic potential of certain diseases and their prevention, as well as respiratory infections, and personal and environmental hygiene. ■ Bimonthly trainings for all implementing partners' medical staff and MOH staff of Iriba Hospital were held and quarterly training on clinical subjects like malaria treatment, meningitis, respiratory tract infections in the different Iriba District health Centres ■ A total of 45,230 beneficiaries (national staff, refugees, were sensitized during the reporting period; ■ 12 refresher trainings (1/ camps/Month) on Comprehensive safe motherhood services were held to ensure that all mothers at risk are identified and referred timely; ■ A multifunctional training to mothers on child care and feeding practices using the essential nutrition 	
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<p>Maintain health standards and indicators at acceptable levels.</p>	<p>actions to help prevent malnutrition have been done with a main forum for analysis of progress and impact through a 166,767 women multi-sector approach. The main topics are oriented towards food security, water and sanitation, education and each implementing partner realizes how their intervention is contributing to the refugees' welfare regardless of partners' specific interventions.</p> <ul style="list-style-type: none"> ■ During the prenatal and postnatal visits, breastfeeding are organized by nutrition staff to promote adequate young infants feeding practices. At total of were sensitized ■ Integrated management of childhood illness (IMCI) have been implemented; ■ 100 per cent of medical staff, peers educators, CHWs, Health committee members, and multi-sector group members were trained during the reporting period <ul style="list-style-type: none"> ○ 10 Medical doctors, ○ 36 Nurses, ○ 35 Midwives, ○ 35 TBAs, ○ 84 Peers educators ○ 87 CHWs, ○ 18 Nutritionist assistants. ○ Community Health workers, TBAs and Peer Educators are actively engaged in sensitization in the camps. ○ Routine vaccination and campaign for all children aged 0 - 11 months, as well as pregnant women and women of reproductive age were done in the refugees camps and surrounding villages in radius of 5 to 10 km. ■ Mass distribution of Insecticide treated mosquito nets was done in all camps. Every household received one net for every two persons and 44,011 treated mosquito were distributed: <ul style="list-style-type: none"> ○ 10,350 nets in Iridimi ○ 8,911 nets in Touloum ○ 18,000 nets in Mile and Kounoungou,750 in Amnabak ■ Contingency plan for disease outbreaks maintained. Drugs are in place for cholera and meningitis. Our implementing partner, IMC, has initiated a contingency plan to the cholera epidemic, which was already affecting parts Eastern Chad towards the end of September 2011. ■ A cholera crisis committee has been created at the Health district levels in Iriba and Guereda and a standby emergency response team in place in case the epidemic occurs. This initiative was complemented by the compilation of a cholera emergency proposal, which was approved by CERF towards the end of 2011. 	
<p>Reinforce mental health activities, HIV/AIDS prevention, family planning and community health.</p>	<p>MENTAL HEALTH</p> <ul style="list-style-type: none"> ■ Mental health and psycho-social interventions have been provided in all the camps ■ Camp health centre facilities have enough trained staff to handle mental health case, availability of psychotropic drugs, and psychotherapy services ■ Social workers continued to make follow up, home visit to psychological affected person while at the same time monitor patient's progress, as per treatment plan. ■ Clinical consultation of mentally ill and provision of medicines <ul style="list-style-type: none"> ○ Psychological testing and psychotherapy sessions were helped <p>HIV</p> <ul style="list-style-type: none"> ■ In collaboration with the Government of Chad, free treatment to all HIV positive people has been available during the reporting period (April-December 2011) and IP were trained on ART prescription based on the National protocol and the new WHO recommendations to increase access. <ul style="list-style-type: none"> ○ Care and treatment of PoC living with HIV and aids provided ○ 23/40 persons are under ARTs 	

	<ul style="list-style-type: none">⊙ Five stand by waiting for eligibility checking⊙ Ten non eligible regarding MOH HIV treatment criteria⊙ Prevention of mother to child transmission services provided⊙ 4,205 pregnant women out of 42,382 women targeted accept to be tested during first ANC visit⊙ 15/18 positive pregnant women received ART , 2 refusals cases, and 1 drop out⊙ 4/6 infants from positive mothers received ART syrup■ Condoms have been widely distributed in the camps through outpatient/STI clinics, in family planning activities by community peer educators	
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VIII. ANALYSIS – OUTBREAK OF DISEASES - MENINGITIS, MEASLES AND CHOLERA

1. The humanitarian context

In 2011, southern and eastern Chad faced outbreaks of meningitis, measles and meningococcal epidemics, affecting the eight health districts of Melfi, Kélo, Bénoye, Goundi, Moundou, Laokassy, Bousso and Sarh.

The Ministry of Public Health, with the support of UNICEF, WHO, UNFPA and MSF-F, MSF-H and MSH-CH started response/prevention activities, especially:

- Meningitis vaccination campaigns ,
- Case management,
- Laboratory capacities activities.

As the epidemics were spreading rapidly, supplementary funding was required to complement the Government's response.

The meningitis outbreak started in January 2011 and reached an attack rate of 10.5/100,000 and a case fatality rates (CFR) of 6 per cent (the CFR accepted by WHO is less than 10 per cent) on week nine of epidemiology. The outbreak was continuously spreading across districts in southern Chad. As of 6 March 2011, 1228 cases were reported countrywide, with 74 deaths.

The measles outbreak had an attack rate of 12.9/100,000 and a case fatality rates (CFR) of 0.6 per cent in affected districts by week 9 of epidemiology. By 6 March 2011, 1,509 cases were reported, with nine deaths.

WHO, UNICEF and UNFPA, in collaboration with MSF provided support to the Chadian Ministry of Health (MoH) on a response plan to deal with the two epidemics. This response was based on three-key strategic actions;

- To control the spread of the epidemics through mass immunisation,
- To strengthen the capacity of the MoH to properly treating affected individuals based on medication recommended by WHO standards,
- Strengthen the disease surveillance system and the microbiological identification of bacterial strains and their antibiotic sensitivities / resistance.

In addition, nine regions in the country were affected by cholera epidemics since the first quarter of 2011 and there was an urgent need to assist their 22 districts in case managements and water/sanitation activities targeting all the population.

Malnutrition remained a key humanitarian concern in the Sahel belt where the rate of acute malnutrition had been above acceptable thresholds for many years. UNICEF estimated that in 2010, the number of children between six and 59 months of age suffering from SAM and needing nutritional therapeutic care in the Sahel belt of Chad was approximately 112,000. Assessments carried out from May to August 2010 reported rates of GAM in the Sahel regions ranging from 15 per cent to 28 per cent. All figures were above the WHO critical threshold of 15 per cent.

2. Provide brief overview of CERF's role in the country

The achievements and results show that the prioritization process was relevant as it allowed coordinated action for responding to urgent needs, with the involvement of all the humanitarian community: consultations through inter-cluster coordination, humanitarian country team. The implementation of CERF funded projects served as a pull factor to other contributions in CAP projects.

3. What was accomplished with CERF funding

MENINGITIS AND MEASLES OUTBREAK – APRIL 2011

CERF funding made it possible to reach 3,351,443 beneficiaries, with response activities including immunization and case management in eight health districts.

CHOLERA OUTBREAKS – JULY AND OCTOBER 2011

CERF funding made it possible to reach 13,014,499 beneficiaries (some counted twice for health and water/sanitation activities in case management and sensitization campaigns in 22 health districts of nine regions.

4. An analysis of the added value of CERF to the humanitarian response

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

YES NO

CERF allocations made it possible to mobilize actors rapidly and to start responding to cholera, meningitis and measles quickly, and, to implement time-critical activities while delays existed in public health authorities. WFP and UNICEF distributed food and medicines to malnourished women and children. Cholera sets and medicines tackled the outbreak, while the distribution of seeds to affected households by FAO, food and medicines to malnourished women and children by WFP and UNICEF made it possible to deliver urgent assistance rapidly.

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

YES NO

The most valuable input that CERF funding made for the beneficiaries was tackling the cholera, meningitis and measles outbreaks, easing the effects of the food insecurity and high malnutrition rates in the Sahel belt, the continuation of protection and assistance to IDPs, Sudanese/CAR refugees and the vulnerable host populations. As such, CERF grants addressed critical needs and financed life saving activities in priority sectors and geographical regions.

CERF funds made it possible to set up emergency rapid response to the cholera outbreak in Chad. As a result, Cholera Treatment Centres (CTCs) were provided with medications, technical support and supervision; WASH materials (water treatment kits and hygiene, kits) were distributed to cholera-affected persons. Besides, safer water points in the affected districts were drilled and temporary latrines in CTC/CTU built in order to reduce the direct transmission of cholera. CERF funds have allowed a rapid and efficient response to cholera. As such, the supervision on case management (cholera diagnosis and clinical management) and regular supply of drugs and reagent in health facilities were made available in 28 districts of Chad. An immunization campaign against meningitis and measles was successfully carried out and 1,865,466 people aged two to 30 years of age were immunized against meningitis (coverage rate: 97.2 per cent) in 14 health districts. Furthermore, 784,704 children aged six months to 14 years were immunized against measles (coverage rate: 91.1 per cent) in 12 health districts.

These deliveries were made in time and had a positive impact on the prevailing humanitarian situation. For instance, the cholera outbreak ended in November 2011 and high malnutrition rates stabilized in the Sahel strip.

c) Did CERF funds result in other funds being mobilized?

YES NO

Immunization activities have started with the received CERF allocation. As the outbreaks were spreading further to the CERF targeted zones, Government and its bi-lateral partners / country- based donors mobilized consequent funds in order vaccinate and to increase the response accordingly (ECHO). Revised projects posted on OPS have been funded, for instance, by Finland, France, Ireland, Germany. IFRC also provided additional funds for epidemics in Mayo Kebbi, Sarh, Koumra and Gounou Gaya. Further funds mobilized made it possible to reach 5,098,000 beneficiaries (ref. 11-WHO-026 report below).

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

Emergencies inducted by epidemics or urgent needs had been followed regularly through general coordination meetings and humanitarian country team meetings. Information was shared through ad hoc committees set by government and existing cluster meetings. This was the case for the Ministry of Public Health, with the support of the Health cluster (Comité National de Lutte Contre les Epidémies); local authorities with the support of OCHA (municipality committees); ad hoc inter-cluster coordination (Health/WASH). This allowed actors, including Governments, to know about actions undertaken, CERF allocations as well as the actors involved.

ANNEX. RESULTS BY CLUSTER: MENINGITIS AND MEASLES OUTBREAK – APRIL 2011

UNICEF- HEALTH							
CERF PROJECT NUMBER	11-CEF-020	Total Project Budget	\$ 6,204,068	Beneficiaries	Targeted	Reached	Gender Equity All activities implemented within the framework of this Emergency Rapid Response to meningitis and measles outbreaks in Chad were provided to target population regardless of gender. Gender disaggregated data for the children benefiting from the interventions are not available (why?)
PROJECT TITLE	Emergency rapid response to meningitis and Measles outbreaks in Chad	Total Funding Received for Project	\$ 1,278,029	Individuals			
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 1,367,461	Female	793,724	793,724	
				Male	762,598	762,598	
				Total individuals (Female and male)	1,556,322	1,556,322*	
				Of total, children under 5	283,251	278,251	
				TOTAL	1,556,322	1,556,322	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>General objective: to reduce morbidity and mortality rates associated with meningitis and measles outbreaks.</p> <p>Specific objectives: To immunize the population at risk (2 – 30 year olds for meningitis and 6 months to 15 years for measles) against measles and meningitis in the affected areas</p> <p>To improve case management for meningitis and measles through the supply of essential drugs and the refreshment training of health workers</p> <p>To improve the diagnosis by refreshment training and supply of laboratory tests for meningitis and measles</p> <p>To improve the quality of the vaccination campaigns by supervision, quality assurance and evaluation activities.</p>		<ul style="list-style-type: none"> ▪ 400,000 doses of meningitis vaccine (AC) purchased and distributed to 14 health districts. ▪ 678,000 doses of measles vaccine purchased and distributed to 12 health districts. ▪ Improved micro planning, implementation, supervision and evaluation of response campaigns against meningitis in 14 health districts and measles in 12 health districts through technical and financial support provided by UNICEF. ▪ <i>* The actual figure of populations reached is 1,865,466 people 2 to 30 years of age immunized against meningitis (coverage rate: 97.2 per cent), in 14 health districts in epidemic through supported response immunization campaigns. This includes additional response mobilized apart from CERF Rapid Response window.</i> ▪ 784,704 children aged 6 months to 14 years immunized against measles (coverage rate: 91.1 per cent) in 12 health districts in epidemic through supported response immunization campaigns. 				<p>Health Authorities Statistics Information System (HSIS)</p> <p>In addition, following each response campaign, a rapid assessment of immunization coverage was conducted on a sample of randomly chosen households.</p> <p>These assessments (in seven districts for measles and seven for meningitis) revealed varying rates of coverage ranging between 90 per cent and 98 per cent.</p>	

WHO - HEALTH

CERF PROJECT NUMBER	11-WHO-026	Total Project Budget	\$ 4,835,686	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td></td> <td></td> </tr> <tr> <td>Female</td> <td>793,724</td> <td>793,724</td> </tr> <tr> <td>Male</td> <td>762,598</td> <td>762,598</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>1,556,322</td> <td>1,556,322</td> </tr> <tr> <td>Of total, children <u>under 5</u></td> <td>283,251</td> <td>283,251</td> </tr> <tr> <td>TOTAL</td> <td>1,556,322</td> <td>1,556,322*</td> </tr> </tbody> </table>			Beneficiaries	Targeted	Reached	Individuals			Female	793,724	793,724	Male	762,598	762,598	Total individuals (Female and male)	1,556,322	1,556,322	Of total, children <u>under 5</u>	283,251	283,251	TOTAL	1,556,322	1,556,322*	Gender Equity
Beneficiaries	Targeted	Reached																										
Individuals																												
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Of total, children <u>under 5</u>	283,251	283,251																										
TOTAL	1,556,322	1,556,322*																										
PROJECT TITLE	Emergency rapid response to meningitis and measles outbreaks in Chad	Total Funding Received for Project	\$ 4,653,525				Beneficiaries of this project are in refugees camps (Treguine) and local population in regions affected by meningitis and measles.																					
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 1,578,642				CERF funds allowed a free of charge case management which benefited for both men and women, girls and boys who were affected by meningitis and measles outbreaks .																					
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS																						
<p>To immunize the population at risk against measles and meningitis in the affected areas</p> <p>To improve case management for meningitis and measles through the supply of essential drugs and the refreshment training of health workers</p> <p>To improve the diagnosis by refreshment training and supply of laboratory tests for meningitis and measles</p>		<p>To immunize the population at risk against measles and meningitis in the affected areas</p> <ul style="list-style-type: none"> ■ Conducted meningitis vaccination campaigns in the following districts: Bedjondo and Goundi health district in Mandoul region ■ Conducted with MSF sections for the implementation of the meningitis vaccination campaigns in Kélo, Bénoye and Moundou health districts ■ Conduct measles vaccination campaigns in Danamadji health district <p>To Note: The actual figure of populations reached is 5,098,000, including additional response mobilized apart from CERF rapid response.</p> <p>To improve case management for meningitis and measles through the supply of essential drugs and the refreshment training of health worker</p> <ul style="list-style-type: none"> ■ Provision of essential medicines., medical consumables for 4,000 meningitis cases and 8,000 measles management ■ Purchase 940,000 Bivalent meningitis vaccines <p>To improve the diagnosis by refreshment training and supply of laboratory tests for meningitis and measles</p> <ul style="list-style-type: none"> ■ Purchase of laboratory reagents (pastorex) for adequate meningitis diagnosis ■ Final evaluation of the vaccination campaigns in 11 districts where the meningitis vaccination campaigns have been conducted. 				<p>Field assessments missions and epidemiological data provided on a daily basis by the national committee of surveillance.</p> <p>A weekly meeting coordination (Comité National de Lutte Contre les Epidémies) led by the MoH and a monthly health cluster led by WHO were organised to define strategies of response, guide and monitor the operational activities.</p> <p>Epidemiological surveillance bulletins were issued on a weekly basis regularly to monitor meningitis and measles outbreaks.</p>																						

UNFPA - HEALTH							
CERF PROJECT NUMBER	11-FPA-019	Total Project Budget	\$ 222,199	Beneficiaries	Targeted	Reached	Gender Equity The project has been implemented in partnership with the MoH, WHO, UNICEF, and in close collaboration with local communities. The project has strengthened the emergency response of Meningitis, measles and cholera, extending immunization activities to all affected regions focusing on underserved responsibility zones, children and women.
PROJECT TITLE	Emergency rapid response to meningitis and measles outbreaks in Chad	Total Funding Received for Project	\$ 222,199	Individuals			
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 229,199	Female	793,724	793,724	
				Male	762,598	762,598	
				Total individuals (Female and male)	1,556,322	1,556,322	
				Of total, children under 5	283,251	283,251	
				TOTAL	1,556,322	1,556,322	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Prepare and conduct meningitis vaccination campaigns in the following districts: Sarh health district (targeted population 239,732) in Moyen-Chari region; Goundi health district (targeted population 73,923) in Mandoul region</p> <p>Prepare and conduct measles vaccination campaigns in Sarh health district (targeted population 164,387) in Moyen-Chari region</p> <p>Conduct the social mobilization in collaboration with UNICEF for the Measles and Meningitis vaccination campaigns in Sarh and Goundi districts</p>		<p>Prepare and conduct measles vaccination campaigns in Sarh health district (targeted population 164,387) in Moyen-Chari region</p> <ul style="list-style-type: none"> ▪ Mobilize population through a sensitization campaign ▪ Train health workers <p>▪ Conduct refreshment training of health workers in Sarh districts</p> <p>▪ Conduct supervisory visits to health sites</p> <p>Conduct response to the cholera epidemic.</p> <ul style="list-style-type: none"> ▪ Procurement of health kit for cholera care ▪ Support drugs procurement 				<p>UNFPA and MoH worked jointly to provide support to the districts. Every week information system, which monitors the two epidemics in the country, were provided with information</p> <p>A weekly coordination meeting (Comité National de Lutte Contre les Epidemies) and regular meeting coordination with the responsibilities to define strategies and activities.</p>	

CHOLERA OUTBREAK – JULY 2011

WHO – HEALTH							
CERF PROJECT NUMBER	11-WHO-042	Total Project Budget	\$ 8,454,908	Beneficiaries	Targeted	Reached	Gender Equity Beneficiaries of this project are local population, in regions affected by cholera. CERF funds allowed a free of charge screening and case management, which benefited for both men and women, girls and boys who were affected by cholera outbreak.
PROJECT TITLE	Emergency rapid response to cholera outbreak in Chad	Total Funding Received for Project	\$ 4,653,525	Individuals			
				Female	2,584,314	2,584,314	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 732,700	Male	2,584,686	2,584,686	
				Total individuals (Female and male)	5,098,000	5,098,000	
				Of total, children under 5	927,936	927,936	
				TOTAL	5,098,000	5,098,000	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
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		<ul style="list-style-type: none"> ▪ 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 ▪ Drugs and Laboratory supplies procured for cholera diagnosis and treatment; ▪ On-site supervision on case management (cholera diagnosis and clinical management) performed by the government District Health Teams in 22 districts, ▪ Nine vehicles hired to reinforce District health teams on CTCs/CTUs monitoring and regular supply of drugs and reagent in health facilities, ▪ 200 clinical guidelines for case management produced and distributed in health facilities ▪ MOH national crisis committee (CNTLE) supported for conducting supervision of health workers and on job training on disease surveillance in nine affected regions; ▪ Meningitis data collected on weekly basis and a weekly bulletin produced for statistics monitoring. ▪ International NGOs (MDM) contracted for cholera response in Kanem region. Sensitisation campaigns were conducted for cholera prevention and three CTC were putted in place and staffed for treatment of 263 cholera cases ▪ A trans-border meeting organised for affected regions in Chad, Niger and Cameron to exchange on strategy for disease surveillance and harmonisation of case management strategy 				<p>Field assessments missions and epidemiological data provided on a daily basis by the national committee of surveillance.</p> <p>A weekly meeting coordination (Comité National de Lutte Contre les Epidémies) led by the MoH and a weekly inter cluster meeting (WASH and Health) led by UNICEF and WHO were organised to define strategies of response, guide and monitor the operational activities.</p> <p>Epidemiological surveillance bulletins were issued on a weekly basis to monitor cholera outbreak.</p>	

UNICEF - HEALTH AND WASH										
CERF PROJECT NUMBER	11-CEF-036	Total Project Budget	\$ 6,204,068	Beneficiaries		Targeted	Reached	<p>Gender Equity</p> <p>All Individuals benefited from the project. Women and children were the most affected and therefore benefited from the hygiene kits distributed at the household levels. Women also benefited by increasing their knowledge in household water treatment techniques.</p> <p>All activities implemented within the framework of this Emergency Rapid Response to cholera outbreaks in Chad actively aimed to reach vulnerable women and girls. Gender disaggregated data for the children benefiting from the interventions is not available at this time..</p>		
				Individuals						
				Female		2,513,314	2,513,314			
				Male		2,586,686	2,586,686			
				Total individuals (Female and male)		5,098,000	5,098,000			
PROJECT TITLE	Emergency Rapid Response to Cholera outbreak in Chad	Total Funding Received for Project	\$ 6,177,935	Of total, children under 5		927,936	927,936			
				TOTAL		5,098,000	5,098,000			
				STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 2,527,794			
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS				
<p>Reduce Morbidity and Mortality Rates associated to cholera outbreak.</p> <p>To improve case management for cholera through the supply of essential drugs, the refresher training of health workers and the capacity enforcement of additional health workers</p> <p>To reduce transmission through the improvement of sanitation and access to safe water at the CTC and community level</p> <p>To reduce transmission through the improvement of sensitization and change behaviours of the population at risk</p>		<p>To improve case management for cholera through the supply of essential drugs, the refresher training of health workers and capacity enforcement of additional health workers</p> <p>To reduce transmission through the improvement of sanitation and access to safe water at the CTC and community level to reduce transmission through the improvement of sensitization and change behaviours of the population at risk.</p> <ul style="list-style-type: none"> ▪ 26 sets of medical care kits (for 450 cholera cases each) were purchased and distributed. ▪ 26 Cholera Treatment Centres (CTCs) provided enhanced care thanks to the provision of medications, technical support and supervision ▪ 37 health districts in epidemic cholera were supported for improved management of cases (17,285 cases supported case fatality rate 2.4 per cent for all of 2011). ▪ WASH materials consisting of 15,000 water treatment kits, 200,000 hygiene kits were procured and distributed to cholera affected persons in 37 district at risk ▪ Training in behaviour change communication provided to 500 community facilitators at the CTC levels to follow up cholera cases ▪ Improved coordinated response to regional Cluster WASH/Health in 37 districts which reached over 5,098,000 individuals directly or indirectly affected by cholera outbreak ▪ Drilling of 50 safe water points in the affected districts provided safe water to affected communities in 12 high risk districts which contributed to the reduction of reported cholera cases ▪ Construction of 80 temporary latrines in 80 CTC/CTU to reduce direct transmission at these institutions ▪ Installation and strengthening of Regional Crisis Committees in 37 district ▪ Pre-positioning of Hygiene kits and cholera treatment kits in all the 37 district affected by the cholera outbreak 				<p>Regular supervisions on the field by the CNTLE (national authorities and partners)</p> <p>Reports by CTC to the district Health personnel</p> <p>Regular weekly Health/ WASH Cluster meetings</p> <p>Health Statistics Information System (HSIS) epidemiological surveillance data collected and shared weekly</p> <p>Minute Notes of the MoH Epidemic Response Technical Committee, which meets weekly to monitor the epidemic and coordinate the response.</p>				

CHOLERA OUTBREAK – OCTOBER 2011

WHO – HEALTH							
CERF PROJECT NUMBER	11-WHO-061	Total Project Budget	\$ 8,454,908	Beneficiaries		Gender Equity	
				Targeted	Reached		
PROJECT TITLE	Reinforcement of the emergency rapid response to cholera outbreak in Chad	Total Funding Received for Project	\$ 4,653,525	Individuals		Beneficiaries of this project are local population, in regions affected by cholera.	
				Female	3,902,834		3,902,834
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 1,770,754	Male	4,013,665	CERF fund allowed a free of charge screening and case management which benefited for both men and women, girls and boys who were affected by cholera outbreak	
				Total individuals (Female and male)	7,916,499		7,916,499
				Of total, children under 5	1,440,958		1,440,958
				TOTAL	7,916,499	7,916,499	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES			MONITORING AND EVALUATION MECHANISMS		
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		<p>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</p> <ul style="list-style-type: none"> ■ Drugs and Laboratory supplies procured for cholera diagnosis and treatment; ■ Cholera expert consultant recruited to support MOH disease surveillance and case management and of cholera control evaluation ■ On-site supervision on case management (cholera diagnosis and clinical management) performed by the government District Health Teams in 6 districts, ■ 3 vehicles hired to reinforce District health teams on CTCs/CTUs monitoring and regular supply of drugs and reagent in health facilities, ■ 100 clinical guidelines for case management produced and distributed in health facilities ■ MOH national crisis committee (CNTLE) supported for conducting supervision of health workers and on job training on disease surveillance in 9 affected regions; ■ Meningitis data collected on weekly basis and a weekly bulletin produced for statistics monitoring. ■ International NGOs (IRC, IMC and COOPI) in cholera response in newly affected region in the East of Tchad (Ouaddai, Salamat and Sila). <ul style="list-style-type: none"> ○ Construction of Cholera Treatment Centres (CTC) (One 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 			<p>Field assessments missions and epidemiological data provided on a daily basis by the national committee of surveillance.</p> <p>A weekly meeting coordination (Comité National de Lutte Contre les Epidémies) led by the MoH and a weekly inter cluster meeting (WASH and Health) led by UNICEF and WHO were organised to define strategies of response, guide and monitor the operational activities.</p> <p>Epidemiological surveillance bulletins were issued regularly to monitor outbreaks.</p>		

UNICEF - WASH							
CERF PROJECT NUMBER	11-CEF-56	Total Project Budget	\$ 6,204,068	Beneficiaries		Reached	Gender Equity
				Individuals	Targeted		
PROJECT TITLE	Emergency rapid response to cholera outbreak in Chad.	Total Funding Received for Project	\$6,177,935	Female	3,902,834	3,902,834	<p>Women, men, boys and girls benefited from the program. Female beneficiaries were targeted through household water treatment since they are household water managers. Boys and girls benefited through school hygiene promotions and were beneficiary of household soap distributions.</p> <p>Men also benefited through training as community facilitators along with women and training of local leaders and imams. All gender groups received WASH hygiene kits at the household levels and treatment with ORS distributed during sensitization and treatment at the Cholera Treatment Centres</p>
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 2,282,680	Male	4,013,665	4,013,665	
				Total individuals (Female and male)	7,916,499	7,916,499	
				Of total, children under 5	1,440,958	1,440,958	
				TOTAL	7,916,499	7,916,499	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Supply of adequate safe treated water at the Cholera Treatment Centres /CTU ensured and maintained throughout the cholera outbreak</p> <p>Supply of treated water for cholera affected communities in 37 affected districts increased and maintained</p> <p>Increased improved hygiene and sanitation sensitisation and radio messages diffused through out the cholera epidemic period</p>		<p>Supply of adequate safe treated water at the Cholera Treatment Centers / CTU ensured and maintained throughout the cholera outbreak</p> <p>Supply of potable water with to CTCand CTU ensured:</p> <ul style="list-style-type: none"> 2 x20000liters treated water storage units was available at two CTC in N'Djamena 4 X10,000 ltrs traeted water serving 2x4 water distribution points l was available in n 4 areas of N'Djamena where where high number of cholera cases were registered , 20000x500mlg of water treatment bleach distributed to 20000hsholds to prevent transmission of cholera vibron ; 50000x250 packets of Pur Sachet water treatment solutionwas sprocured and distributed to 200,0000 household in cholera affected districts <p>Supply of treated water for cholera affected communities in 37 affected districts increased and maintained</p> <p>The water treatment for drinking water maintained at 0,3-1mg/litre cholre during the cholera epidemic ensuring 15- 20liters per person per/day in the affected areas</p> <ul style="list-style-type: none"> Procured and distributed d 200 tones of Hypcholine solution for water treatment 40 newboreholes were equipped with hand pumps were drilled to provide access to safe water for 40,000 persons in high risk district in Pala , Lere and in Batha region 400 tarditional and local leaders were trained in water treatment methodology <p>Increased improved hygiene and sanitation sensitisation and radio messages diffused through out the cholera epidemic period</p> <ul style="list-style-type: none"> Procured and distributed 20,000 cartons of spoap and 1400 00 family hygiene kits distributed in cholera affected areas Construction of 50 temporary gender appropriate latrines and showersat CTU and CTC in cholera affected areas 				<p>Joint monitoring missions were conducted by team of WHO, 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 memebers joined the district Crisis Committee to monitor the response.</p>	

V. ANALYSIS – CRISIS IN LIBYA – PROVISION OF AIR SERVICE TO THE HUMANITAIRAN COMMUNITY IN CHAD

1. The humanitarian context

Since early March 2011, after fighting broke out in Libya, Chadian migrant workers have fled the crisis and returned to Chad. Between 8 March and 16 June 2011, the IOM has registered over 70,239 Chadian returnees and facilitated their transportation to their final destinations, in Chad. Needs assessment missions by IOM, IRC, MSF, UNICEF, UNHCR and OCHA, as well as inter-agency missions to Faya, Mourdi, Ouanianga Kebir, and Zouarké all indicate the same humanitarian priority needs. Returnees are in need of access to water, food and medical care.

As of late May 2011, humanitarian partners obtained information that returnees entered Chad via remote entry points such as Zouarké, Mourdi, and Ouanianga Kebir. Faya-Largeau was considered the main 'entry point' for Chadian returnees and air services was provided by AirServ two times a week from Abéché. AirServ aviation was not cleared for security for UN staff and AirServ has stopped its intervention in Faya due to budget constraints. Aviation access to Faya remained critical while the humanitarian community needed to gain access urgently. To ensure a comprehensive humanitarian operation, HCT has requested additional fundings from the CERF.

A large number of people have fled Libya to neighbouring countries as a result of the conflict, causing an unprecedented humanitarian crisis. It is estimated that more than 70,000 fleeing migrants, returnees and refugees in northern Chad (Zouarke, Zouar, Faya, ouanga Kebir, Mourdi, and Kalait) were in need of urgent humanitarian assistance. Logistically these locations are far from key humanitarian hubs in Chad. For instance, Faya is 1000 kilometres away by road from N'Djamena and 950 kilometres away from Abeche.

2. Provide brief overview of CERF's role in the country

The UN Country Team in Chad through the Libya crises task force has requested UNHAS which is already operational in Chad to include Faya, Zouar, Zouarke Ouanga Kebir and Mourdi to rotate destination being served on regular basis from N'Djamena and Abeche. The task force has requested one to two rotations per week to these destinations for a period of three months.

3. What was accomplished with CERF funding

UNHAS provided a safe, efficient and cost-effective inter-agency air transportation service as well as timely medical and security evacuations for UN Agencies, NGOs and donor organizations providing humanitarian assistance in the Chad.

UNHAS used a combination of fixed wing aircraft and one MI 8 aircraft of the existing fleet in Chad to support urgent humanitarian needs in these locations by way of the deployment of staff; assessment and follow up missions and medical / security evacuation cover. The vital air service for existing destinations in support of humanitarian activities in eastern, southern and the Sahel region of Chad continued without disruptions.

4. An analysis of the added value of CERF to the humanitarian response

The outcome of availability of flights from N'Djamena and Abeche to these destinations included:

- Reduced delays in the delivery/coordination of humanitarian assistance related to road insecurity, mines/UXO infested roads and poor road infrastructure;
- Effective monitoring and evaluation of humanitarian assistance;
- Adequate security/medical evacuation cover for humanitarian workers. Quick response to medical and security evacuations;
- Even though the request was meant three months, regular service to Faya was sustained for six months.

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

YES NO

The requested CERF funding sustained 1-2 flight rotations per week to Faya and Mourdi from N'Djamena and Abeche for three months, while maintaining regular flight to existing 19 destinations in eastern, southern and the Sahel region of Chad. A combination of fixed wing aircraft and helicopter flights was used as some of the airstrips were not suitable for fixed wing operations. Even though the request was meant for three months, regular service to Faya was sustained for six months.

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

YES NO

UNHAS provided a safe, efficient and cost-effective inter-agency air transportation service as well as timely medical and security evacuations for UN Agencies, NGOs and donor organizations providing humanitarian assistance in Chad.

c) Did CERF funds result in other funds being mobilized?

YES NO

Even though the request was meant for three months, regular service to Faya was sustained for six months.

d) Did CERF improve coordination amongst the humanitarian community?

YES NO

The UN Country Team in Chad through the Libya crisis taskforce composed of different actors (UNDP, OCHA, WFP, UNHAS, IRC, IOM, MAG, Red Cross) organized combined missions with UNHAS to the relevant sites affected by the humanitarian emergency.

WFP - UNHAS

CERF PROJECT NUMBER	11-WFP-034	Total Project Budget	\$17,462,785	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>70,000</td> <td></td> </tr> <tr> <td>Female</td> <td>50,000</td> <td>50,000</td> </tr> <tr> <td>Male</td> <td>20,000</td> <td>20,000</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td></td> <td></td> </tr> <tr> <td>Of total, children under 5</td> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td>70,000</td> <td>70,000</td> </tr> </tbody> </table>			Beneficiaries	Targeted	Reached	Individuals	70,000		Female	50,000	50,000	Male	20,000	20,000	Total individuals (Female and male)			Of total, children under 5			TOTAL	70,000	70,000	Gender Equity	
Beneficiaries	Targeted	Reached																											
Individuals	70,000																												
Female	50,000	50,000																											
Male	20,000	20,000																											
Total individuals (Female and male)																													
Of total, children under 5																													
TOTAL	70,000	70,000																											
PROJECT TITLE	Provision of Air service to the Humanitarian community in Chad	Total Funding Received for Project	\$19,665,444				<p>The benefit was equal among women, girls, boys and men</p> <p>The service was especially adequate towards very young and elderly people during the repatriation of migrants and refugees from the concerned areas to N'Djamena or Abeche.</p>																						
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 1,000,002																										
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS																							
<p>To provide a safe, efficient and cost-effective inter-agency air transport service as well as timely medical and security evacuations for UN Agencies, NGOs and donor organizations providing humanitarian assistance in the Chad.</p>		<p>The outcome of availability of flights from N'Djamena and Abeche to these destinations includes:</p> <ul style="list-style-type: none"> ■ 24 flights organized to Faya ■ 333 passengers transported ■ Reduced delays in the delivery/coordination of humanitarian assistance related to road insecurity, mines/UXO infested roads and poor road infrastructure. ■ Effective monitoring and evaluation of the humanitarian assistance ■ Adequate security/ medical evacuation cover for humanitarian workers. Quick response to medical and security evacuations 				<p>Coordination with OCHA</p> <p>Coordination within the Users Group meetings</p>																							

ANNEX 2. CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS – NATIONAL AND INTERNATIONAL NGOS AND GOVERNMENT PARTNERS

CERF PROJECT CODE	CLUSTER/ SECTOR	AGENCY	IMPLEMENTING 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
CHD-10/H/30044/124	Health and Nutrition	UNICEF	MoH	Government				
CHD-11/H/38285	Health	UNICEF	MoH	Government	20,000	12/10/11	01/10/11	
CHD-11/H/38300	Health	UNICEF	CARE MoH	INGO and Government	80,000	21/10/11	01/10/11	
CHD-11/H/38363	Nutrition	UNICEF	COOPI	INGO	280,000	12/10/11	01/02/11	
CHD-11/H/38374	Nutrition	UNICEF	1-BASE 2-CRT	INGO	145,000 145,000	22/10/11 22/10/11	1/10/11 1/10/11	
CHD-11/WS/3698 7/R/124	WASH	UNICEF	Intermon Oxfam	INGO	68,010.58	22/07/2011	15/04/2010	Due to the nature of intervention in IDP site, actions started in 2010 continues to 2011 so as to not leave gap and provoke set back with regards to the gain of the previous interventions.
CHD-11/WS/3698 7/R/124	WASH	UNICEF	IRW	INGO	207,780.55	18/10/2011	01/03/2011	
CHD-11/WS/3698 7/R/124	WASH	UNICEF	ACAS	NNGO	18,022.80	30/06/2011	01/07/2011	
CHD-11/WS/3698 7/R/124	WASH	UNICEF	GEHYFOR	NNGO	147,116.28	25/06/2011	01/07/2011	
CHD-11/E/37605/124	Education	UNICEF	Premiere Urgence (PU)	INGO	76,323.04	27/05/2011	06/06/2011	
CHD-11/E/37605/124	Education	UNICEF	Premiere Urgence (PU)	INGO	146,190.60	27/09/2011	29/09/2011	
CHD-11/E/37605/124	Education	UNICEF	INTERSOS	INGO	40,015.68	22/06/2011	26/06/2011	
CHD-11/E/37605/124	Education	UNICEF	INTERSOS	INGO	89,421.25	28/09/2011	29/09/2011	
CHD-11/P-HR-RL/38508	Protection	UNICEF	Association pour la Promotion des Libertés Fondamentales- APLFT	NNGO	83,000	08/01/2011	08/06/2011	
CHD-11/P-HR-RL/38508	Protection	UNICEF	Délégation Régionale de l'Action Sociale, de la Solidarité Nationale et de la famille	NNGO	63,948	07/18/2011	07/25/2011	

CHD-11/P-HR-RL/38508	Protection	UNICEF	CELIAF	NNGO	43,461	06/16/2011	06/20/2011	
CHD-11/P-HR-RL/38508	Protection	UNICEF	Aubaine Graphic	NNGO	12,359	06/08/2011	06/12/2011	
CHD-11/P-HR-RL/38508	Protection	UNICEF	APLFT	NNGO	4,860	06/30/2011	07/07/2011	
CHD-11/P-HR-RL/38508	Protection	UNICEF	Délégation regionale de l'Action Sociale de Sila	NNGO	3,149	06/08/2011	06/12/2011	
11-CEF-036	WASH	UNICEF	Secours Islamique France	INGO	265,741.00	04/08/2011	02/06/2011	Some of the activities were pre-financed by the partner while waiting for CERF approval
11-CEF-036	WASH	UNICEF	Mayor's Office N'Djamena	Gov.	100000	15/08/2011	25/08/2011	Funding used for hygiene intervention in public markets in cholera risk areas of N'Djamena
CHD-11/WS/3698 7/R/124	WASH	UNICEF	CWW	INGO	108,839.21	28/04/2011	15/04/2011	Project continue 2010 to 2011 due to the nature of intervention in IDP sites
CHD-11/WS/3698 7/R/124	WASH	UNICEF	ACF	INGO	26,300.43	14/04/2011	01/04/2010	
CHD-11/WS/3698 7/R/124	WASH	UNICEF	PU	INGO	115,275.62	10/06/2011	01/06/2011	
CHD-11/WS/3698 7/R/124	WASH	UNICEF	FPT	INGO	23,564,.55	21/06/2011	01/03/2011	
CHD-11/WS/3698 7/R/124	WASH	UNICEF	WCDO	INGO	25,202.34	14/04/2011	24/04/2010	
CHD-11/WS/3698 7/R/124	WASH	UNICEF	GEHYFOR	NNGO	67,360.94	25/06/2011	01/07/2011	
11-WHO-042	Health	WHO	MDM	International NGO	93,457	04-09-2011	12/08/2011	Completed
11-WHO-061	Health	WHO	IRC	International NGO	666,708	04-01-2011	12-10-2011	Ongoing activities, NGO pre- financed activities
11-WHO-061	Health	WHO	IMC	International NGO	178,030	07-02-2011	07-11-2011	
11-WHO-061	Health	WHO	COOPI	International NGO	327,103	28-01-2011	28-11-2011	
11-WFP-034	Coordination and Support services	WFP / UNHAS	UNHAS	UN	1,000,000.00			
11-FAO-007	Agriculture	FAO	ACTED	International NGO	19,754	14/06/2011	01/06/2011	All implementing partners have started CERF funded

11-FAO-007	Agriculture	FAO	ATURAD	National NGO	25,297	14/06/2011	09/06/2011	activities because the rainy seed distribution was time critical. Hence, all the partners being in the project area, have used their own assets to start the CERF activities before the first disbursement.	
11-FAO-007	Agriculture	FAO	BCI	National NGO	36,495	14/06/2011	31/05/2011		
11-FAO-007	Agriculture	FAO	SECADEV	National NGO	11,395	14/06/2011	16/06/2011		
11-FAO-007	Agriculture	FAO	PU	International, NGO	8,408	14/06/2011	12/06/2011		
11-FAO-007	Agriculture	FAO	FPT	National NGO	26,700	14/06/2011	23/05/2011		
11-FAO-007	Agriculture	FAO	Concern World Wide	International NGO	13,350	14/06/2011	28/05/2011		
11-FAO-007	Agriculture	FAO	ONDR	Civil service	32,261	29/06/2011	20/05/2011		
11-FAO-007	Agriculture	FAO	Fédération AI CHDJA	Producers Association	4,999	29/06/2011	23/05/2011		
11-FAO-007	Agriculture	FAO	ACAS	National NGO	17,889	14/06/2011	01/06/2011		
11-FAO-007	Agriculture	FAO	Oxfam INTERMON	International NGO	13,570	08/07/2011	08/06/2011		
11-FAO-007	Agriculture	FAO	INTERSOS	International NGO	9,083	14/06/2011	07/06/2011		
11-FAO-007	Agriculture	FAO	ACORD	National NGO	6,450	29/06/2011	29/05/2011		
11-AID-001	Health	UNAIDS	RNTAP +	NNGO	20000	05/01/2012	23/02/2011		The recipients of these funds did not file in their projects at the same period, it is what justifies the shift between the various dates of the starting of the activities.
11-AID-001	Health	UNAIDS	CONALUS	NNGO	10000	05/01/2012	28/07/2011		
11-AID-001	Health	UNAIDS	CNLS	GOV	20000	05/01/2012	07/06/2011		
11-AID-001	Health	UNAIDS	ASTBEF	NNGO	30000	05/01/2012	25/02/2011		
11-AID-001	Health	UNAIDS			198200	19/12/2010	01/01/2011	Simplified KAP survey among general population, young women and men in humanitarian and Sahelian zone to know their behaviour with relation to HIV at the beginning and the end of project. STAFFING Equipment (tables, chairs, TV, projectors) for 10 young associations and 12 associations PVLWA	
11-FPA-007	Health	UNFPA	MDM	NGO	97 846	02/06/2011	06/ 2011	Maternal mortality and morbidity reduce in Kanem region by training and provide surgical services	

			CSAI	NGO	29 493	02/06/2011	06/2011	Organize advocacy and sensitize religious leaders, community in order to strengthen the knowledge of populations in favour of the good behaviours.
			COOPI	NGO	56 096	15/08/2011	09/ 2011	Reinforce the activities of RH for the IDP, refugees in the camps and the host villages
			DRSO	Government	24 918	23/05/2011	06/2011	Training Health workers and realizing coordination meetings; Not use all the amount allocated
			ASTBEF	NGO	41267	02/06/2011	06/ 2011	Strengthening the reproductive services delivery for the refugees and host populations
			CSSI	NGO	38 343	07/12/2011	08/2011	Delivery of Emergency obstetrical car in Adre Hospital for refugees and host populations
			UNFPA	UN agency	137 928		23/05/2011	Coordination and management the project Procurement of RH kits and drugs
11-FPA-019		UNFPA	Ministry of Health	Government	187, 866.55	23/05/2011		
			UNFPA	Overhead	13,150.66	14/07/2011		
11-HCR-001	Multi sector Refugees	UNHCR	IMC	International NGO	1 402 510	22/02/2011	01/01/2011	
11-FPA-019		UNFPA	Ministry of Health	Government	187, 866.55	23/05/2011		
			UNFPA	Overhead	13,150.66	14/07/2011		
11-HCR-001	Multi sector Refugees	UNHCR	IMC	International NGO	1 402 510	22/02/2011	01/01/2011	
11-HCR-020	Protection/Human Rights/Rule of Law	UNHCR	APLFT	Local NGO		25/01/2011	01/01/2011	
11-FPA-006	PROTECTION	UNFPA	CSSI	NGO	184,429	02/06/2011 and 29/10/2011	25/06/2011	Psychological support services, community mobilization, establishment of GBV focal points in IDPs and returnees villages

			CARE	INGO	67,814	02/06/2011	15/06/2011	GBV prevention and medical response using religious leaders
			CSAI	Islamic Council	27,607	02/06/2011	25/06/2011	Training of religious leaders on GBV and preach GBV messages in mosques
			RENAVET	NGO	20,701	07/06/2011	15/06/2011	Community mobilization and BCC
			CCFJ	Ministry of Youth	7,820	07/06/2011	30/06/2011	Youth anti-VBG clubs
			DRAS	Ministry of Action Sociale	22,995	07/06/2011	30/06/2011	GBV coordination, prevention and response
			UNFPA	Sub-Clusters coordination mechanisms	22,000	04/04/2011		GBV mapping, referral pathways and directory GBV national strategy

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ACAS	Association Culturelle d'Aide Sociale
ACF	Action Contre la Faim
ACORD	Association de Coopération et de recherches pour le Développement
ACTED	Agence d'aide à la Coopération Technique et au Développement
ANC	Antenatal care
APLFT	Association pour la Promotion des Libertés Fondamentales au Tchad
ART	Anti Retroviral Treatment
ASTBEF	Association Tchadienne pour le Bien Etre familial
ATURAD	Association des temoins des urgences et action de Développement
BASE	Bureau d'appui en Santé et Environnement
BCI	Bureau Consult International
CCFJ	Centre Culturel Foyer des Jeunes
CHWs	Community Health Workers
CNLS	National Aids Authority
CNS	Supplementary feeding centre
CONALUS	Network of national NGOs fighting against Aids
COOPI	Cooperazione Internazionale
COOPI	Coopération Italienne
CRT	Croix Rouge du Tchad
CSAI	Conseil Supérieur aux Affaires Islamiques du Ouaddaï
CSSI	Centre de Support en Santé International
CTC	Cholera Treatment Center
CWW	Concern World Wide
DRAS	Délégation Régionale de l'Action Sociale
DRSO	Diélégation Sanitaire du Ouddai
EmOC	Emergency Obstetrical care
FBO	Faith based organizations
FPT	Future porte du Tchad
HSIS	Health Statistics Information System
IDP	Internally Displaced Persons
IGA	Income Generating Activities
IMCI	Integrated management of childhood illness
INTER SOS	International SOS -Organisation Humanitaire pour l'urgence
IP	Implementing Parteners
IRW	Islamic relief
LMIS	Logistic management information System
MCHN	Maternal and Child Health and Nutrition Program

MDM	Medecin du Monde
MoH	Ministry of Health
MoU	Memerandum Of understanding
ONDR	Office National de Développement Rural
PNC	Post-natal Care
PoC	Person of Concern
PTA	Parent Teacher Association
PU	Premier Urgence
RENAVET	Réseau National des Volontaires du Tchad
RH	Reproductive health services
RNTAP +	Network of Peole living with HIV, civil society and young associations
SECADEV	Secours Catholique et Développement
SGBV	Sexual Gender Based Violence
SSI	Centre de Support en Santé International
UNFPA	United Nations Funds of Population
WCDO	Wold Concern
WFP	World Food Programme
WHO	World Heath Organisation