

2014-2016 STRATEGIC RESPONSE PLAN

Republic of Chad



January 2014

Prepared by OCHA on behalf of the Humanitarian Country Team

PERIOD:

January – December 2014

100%

12 million

total population

24%

of total population

2.87 million

estimated number of people in
need of humanitarian aid

18%

of total population

2.1 million

people targeted for humanitarian
aid in this plan

Key categories of people in need:

2.4 million	Food insecure
135,533	Children <5 SAM
300,647	Children <5 MAM Malnourished
182,393	Pregnant and Lactating Mothers
466,850	Refugees
350,000	Returnees

Source: Sectors' Needs analyses as of
November 2013



US\$ 527,350,382
requested

SUMMARY

Strategic objectives

1. Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming.
2. Support vulnerable populations to better cope with shocks by responding earlier to warning signals, by reducing post-crisis recovery times and by building capacity of national actors.
3. Deliver coordinated and integrated life-saving assistance to people affected by emergencies.

Priority actions

The overarching aim of the **Coordination** cluster, in collaboration with all stakeholders, is to mobilize and coordinate appropriate principled and timely humanitarian assistance in response to assess needs. Priority activities for the cluster are to ensure robust and strategic coordination through the humanitarian architecture of the HCT, ICC and clusters and to improve analysis and reporting on the humanitarian situation. Furthermore, the Coordination cluster will facilitate contingency planning, inter-agency rapid needs assessments, needs analysis and response while building the capacities of national authorities to respond to emergencies.

Early recovery activities will be implemented in the Sahel-belt as well as in West and South Chad benefiting 700,000 people. Planned activities include capacity building (disaster risk reduction, conflict management, etc.) of national authorities and communities to reduce vulnerabilities and strengthening community resilience. Economic recovery activities will target youth and women.

Education planned activities will benefit 400,000 people in the Sahel-belt of Chad and in areas affected by both conflict and natural disasters aiming to increase access to quality education for all affected children, promote equity between boys and girls and strengthen institutional capacity of the government and community based associations.

Chad is constantly challenged by new emergencies requiring the provision of relief assistance. A contingency plan is regularly updated by the Agencies with OCHA support. Efficient and timely response to these new

emergencies is always hampered by poor contingency stocks in place. In 2014 the Humanitarian Country Team planned to preposition **Shelter and Non-Food Items** contingency stock allowing to assist 150,000 people in areas registering new movements of population (IDPs, refugees, returnees) or affected by natural disasters.

Food and agricultural assistance will be provided to 1.8 million people affected by food insecurity, mainly in the Sahel-belt. **Food security** actors also planned to implement activities aiming to reinforce individual as well as community based resilience.

The **health** cluster members will target 1.8 million people in the Sahel-belt, the South and West Chad, facilitating free access to health care to the most vulnerable. Vaccination, HIV/AIDS, SGBV and reproductive health will have special attention. Partners will concentrate efforts on management of severe acute malnutrition (SAM) cases with medical complications and they also plan to strengthen the capacities of the health system and communities to ensure resilience to epidemics and natural disasters.

The **logistics** cluster plans to continue providing safe, reliable and cost efficient air transport service to the humanitarian community in Chad. Three operational bases are located in N'Djamena, Abeche and Goz-Beida ensuring connection with 17 destinations within the country. The humanitarian air service will also ensure emergencies and evacuations.

Nutrition partners will concentrate efforts in the Sahel-belt but they also plan to monitor as in nutrition surveys or repeated screening the nutritional situation in the South and to improve data collection in the North of Chad, targeting over 436,000 children. They plan to implement actions aiming to improve the quality and coverage of curative and preventive nutrition interventions - i.e. strengthen Infant and Young Child Feeding (IYCF). Nutrition stakeholders also intend to focus on better analysis of risks and vulnerabilities of the population to integrate results in the humanitarian response and to inform development programming (link with AGIR). An increased integration with WASH, Food Security and Health Clusters will allow to act on the underlying causes of malnutrition.

The **Protection** Cluster in Chad, co-led with the Government, is in a critical phase of its existence. In 2012 and 2013, it has mostly addressed the needs of conflict and natural disaster driven IDPs and Chadian returnees, in the East, North and West of Chad. In 2013, the Cluster's strategic objective was to address the residual needs of IDPs on their way to achieving durable solutions; and handover its responsibilities to an appropriate government entity. Insecurity and continuous instability in most neighbouring countries to Chad (Sudan, CAR, Lybia, Nigeria), with a large number of Chadian nationals, is negatively impacting the cluster's objective of disengagement and eventual phasing down and makes its work more critical. In the final weeks of 2013, the crisis in CAR reached a new peak, creating critical protection needs for the over 40,000 newly returning Chadian nationals and over 80,000 CAR refugees, mostly located in the South. Prevention and response to gender based violence, separated and unaccompanied children, risks of abuse and exploitation of vulnerable groups, psychosocial needs of children, issuance of documents to ensure access to rights and prevent statelessness, etc. are urgent and specific needs, which members of the Protection Cluster are aiming at addressing for the returnees and some residual IDPs. While some of the activities of the Cluster will be of emergency nature (i.e. prevention and response to GBV, family tracing and reunification, access to education and to rule of law institutions) others will require longer term engagement (i.e. documentation, prevention of statelessness or unclear nationality, reintegration and access to land, etc.).

Multi-sector for Refugees – UNHCR and partners will target 466,850 refugees, including Sudanese refugees in the East of Chad (over 330,000); refugees from Central African Republic (CAR) in the South (over 70,000), Nigerian refugees in the West and outside camps in the East and the South; plus urban refugees and asylum seekers. Main activities aim strengthening their integration into national programmes while enhancing the access to education and other basic and essential services (such as health services, provision of water and sanitation, education, etc). Income-generating activities along with agricultural and livestock activities are also planned.

WASH cluster members will continue to increase access to safe water and improved hygiene for refugees, returnees and host communities in the Sahel-belt and other areas exceeding critical levels of acute malnutrition or affected by epidemics or natural disasters. In line with the "WASH in Nut" strategy, through Nutritional centres, a WASH minimum package - which includes safe drinking water, hand washing and food utensils, hygiene defecation, key hygiene messages/behaviours counselling - will be delivered to households with SAM-affected children. The number of targeted population (784,088 people) remains linked to the target numbers for the Nutrition, Health, Protection and Education sectors.

Parameters of the response

Humanitarian interventions will be mainly concentrated in the Sahel-belt and in South and East Chad. About 2 million of the 5.5 million Chadians inhabiting the 11 sahelian districts are facing food insecurity (150,000 affected by severe food insecurity). There is scarce institutional support in terms of buffer-subsidies for the poor. Furthermore the region is characterized by scarce access to health care and lack of clean water that result in high malnutrition morbidity and mortality rates, including among children less than five years of age.

The southern districts of Chad, although being more resilient in terms of food insecurity, are still registering pockets of vulnerability and recent assessments indicate that three southern districts are likely to be under pressure. The low structural capacity to deal with recurrent heavy floods and outbursts of endemic diseases such as malaria, meningitis, yellow fever, measles and cholera, coupled with poverty and poor access to health care, clean water, appropriate birth-support and child-feeding practices constitute the main challenges.

The situation in the South and East of Chad is complicated by the presence of over 466,850 refugees from neighbouring Central African Republic (CAR) and Sudan who have been arriving in waves since 2004. Recent conflict and unrest in Libya, northern Nigeria (Boko Haram) and recently in CAR have brought back to Chad over 175,000 returnees so far. Ensuring reintegration of the latter as well as dignified living conditions of the former is a challenge that needs to be balanced with the rights of host communities across the country.

PRIORITY HUMANITARIAN NEEDS

1 Mitigate and prevent food insecurity

Women, men, boys and girls living in the harsh environment of the Sahel, are severely affected by cyclical natural disasters - droughts, floods and pest invasions. They call for prompt assistance in response to each coming crisis, as well as timely support to build their resilience to environmental instability. In 2013 food insecurity affected 1.7 million people, in Chad. [Source: Ministry of Agriculture]

2 Mitigate and prevent malnutrition

Recurrent food crises, lack of clean water, limited access to health-care, poor hygiene infrastructures, limited information and economic fragility: these are the intertwined causes of endemic malnutrition in Chad. There is a continuing need for humanitarian interventions in support of acute malnourished children and their mothers that can only be reduced by addressing the structural causes, by improving the overall nutrition, health and hygiene situation. In 2013 malnutrition affected over 436,000 children under 5 years of age in Chad. [Source: Nutrition Sector, ROWCA UNICEF]

3 Fight epidemics

Prevalent diseases and epidemics flare up when the population is weakened by natural disasters, malnutrition and food insecurity. The situation is aggravated by difficult access to feeble health services, uneven immunization coverage and extremely weak water and sanitation infrastructures. In 2013 over 2,100 people died of malaria, in Chad. [Sources: IRIN and the Ministry of Health]

4 Focus on guest and host communities

There are 466,850 international refugees in eastern and southern Chad. Until conditions improve in the countries of origin, they will require support in all aspects of life.

Additionally, there are 90,000 Chadians that relocated in the aftermath of natural crises or violence across borders during the last few years.

Moreover, the crises in neighbouring countries have provoked the return of 175,000 people. All these people require support to to resettle and restart their livelihoods, taking into account the needs and wishes of the host communities. The ongoing crisis in Central African Republic is impacting Chad and significant movement of returnees is being registered. Since late December 2013 and until 23 January 2014, about 45,500 people arrived in Chad, including 42,000 returnees (Chadian and third countries nationals) and 3,500 refugees have been evacuated from CAR and sought shelter in Chad. It is expected that this number will further increase in the coming months. [Source: UNHCR, Multi-sector for Refugees]

Full HNO: <http://www.unocha.org/tchad/about-us/about-ocha-chad>

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Chad: Reference map (as of 22 Nov 2013)



REGIONS:

- | | | | |
|------------------|---------------------|----------------------|-------------|
| 1. HADJER LAMIS | 3. MAYO KEBBI EAST | 5. LOGONE OCCIDENTAL | 7. MANDOUL |
| 2. CHARI BAGUIRM | 4. MAYO KEBBI OUEST | 6. LOGONE ORIENTAL | 8. TANDJILE |

- | | |
|--------------------|--|
| ★ National capital | — International boundary |
| ⊙ Regional capital | - - - Undetermined boundary ¹ |
| • Populated place | - - - Regional boundary |

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

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

STRATEGY

People in need and targeted

Figure 1: Number of people in need

Category	Female	Male	TOTAL
Refugees	326,795	140,055	466,850
Returnees and Internal Movement	245,000	105,000	350,000
Host communities	280,000	280,000	560,000
Food-insecure	1,240,000	1,180,000	2,420,000
Children < 5 years SAM	67,767	67,766	135,533
Children < 5 years MAM	150,325	150,324	300,647
Malnourished pregnant and lactating women	182,393		182,393
TOTAL			2,875,000¹

Source: Sectors' Needs Analyses – HNO 2014 – November 2013

Planning assumptions

Given the country's specificities in terms of climatic and geopolitical environments, response planning across Sectors in Chad for the coming three years is based on three main assumptions:

Firstly, slow and quick onset climatic shocks (droughts and floods) are cyclical factors of the Chadian environment. In conjunction with the limited coverage of basic social services, limitation of early warning systems and food market fluctuations, climatic elements will continue to cause food insecurity, malnutrition and water-borne diseases. Until structural development issues are addressed, the humanitarian caseload will not decrease and could increase significantly should major climatic shocks occur.

Secondly, the number of international refugees in the East and in the South will not decrease over the foreseeable future. While Chad is stable, it is exposed to highly instable regional geopolitical environment, being surrounded by countries experiencing both climatic shocks and political and security instability. The volatile situation in Libya, and the political instability and violence in Sudan, Nigeria (Boko Haram) and CAR continue to impact Chad in a negative way and will lead to an increase in the number of those requiring multisector assistance. The country is currently facing an emergency related with the conflict in Central African Republic (CAR). While preparing the SRP thousands of people, many of Chadian origin, have been evacuated from CAR and sought refuge in Chad. It is estimated that returnees from CAR will increase significantly in the coming months. A large majority of these returnees will relocate in already deprived areas of the Sahel-belt further aggravating competition over scarce resources, namely water, wood and land.

Thirdly, the coverage capacity of planned interventions depends on internal stability being maintained, ensuring the current levels of humanitarian access. Additionally, the cost of humanitarian interventions depends on international stability, inasmuch as Northern Cameroon constitutes the only viable land route for supplies. Should the current situation in Northern Nigeria spill over into Cameroon, disrupting the safety of that – already cumbersome – option,

¹ The number of people in need cannot be aggregated by simply adding up the identified clusters people in need, as you would have significant double counting. This number is identified by the various needs assessments carried out by the clusters.

Chad would effectively become landlocked and all interventions would need to rely on airborne supplies, with consequently higher costs across the board.

Figure 2: Number of people targeted in 2014

Category	Female	Male	TOTAL
Refugees	326,795	140,055	466,850
Returnees and Internal Movement	245,000	105,000	350,000
Host communities	280,000	280,000	560,000
Food-insecure	930,000	890,000	1.8 million
Children < 5 years SAM	67,767	67,766	135,533
Children < 5 years MAM	88,500	88,500	177,000
Malnourished pregnant and lactating women	20,000		20,000
TOTAL	0	0	2.1 million²

Source: Sector Plans

Explanation of the strategy

In line with the new 3-year Sahel Humanitarian Response Plan 2014-2016, the Chad SRP contains a strong resilience building element. Given the fact that chronic problems require structural interventions and solutions ultimately brought about by the Government and its development partners, much can and will be done to fully utilize the assets and tools of humanitarian actors towards progressively reducing the scale of crises and the length of recovery times by affected communities.

The three year planning time-frame allows a more concerted effort around resilience. Beyond saving lives and supporting the coping capacity of the households with whom we are working, the humanitarian community in Chad will systematically engage, partner with and influence development actors, in order to build greater resilience of target communities and by extension, over time, of the whole country. On the other hand, the budgeting horizon of most actions included in this strategy will remain annual-based, in keeping with current humanitarian funding patterns and guidelines.

Strategically, the main objective of this SRP will be to facilitate earlier response to warning indicators, in order to protect the erosion of coping capacities. Reducing the length of recovery times and achieving transfer of knowledge and know-how to local actors are also important resilience-building objectives.

The basis for achieving early, swift and targeted action will be the collection, analysis and dissemination of relevant datasets. By identifying vulnerable areas and recurrent crises it will be possible not only to initiate timely and effective life-saving interventions, but also to advocate for the appropriate development measures to be prioritized in order to break the circle of recurrent humanitarian crises.

² The number of people targeted cannot be aggregated by simply adding up the identified clusters targets, as you would have significant double counting. This number is identified by the various needs assessments carried out by the clusters.

The delimitation of target geographical areas and target populations for humanitarian action is the key to maximizing relief efforts with the limited resources available. It is also a key element in identifying and defining the respective roles and responsibilities of humanitarian and development actors. The scope of this strategy has been carefully defined, based on previous years' trends analysis and in consultation with all humanitarian partners, in country and at the regional level.

At the same time, lines of convergence and points of interface with the development plans and actions in Chad have been identified, to be highlighted and prioritized as possible. For instance, the Chad UNDAF 2012-2015 contains several references to lacking data collection and data analysis tools³. There is a clear case for the collection, analysis and dissemination of humanitarian data analysis in support of development activities, to counter the effects of food crises and natural disasters in the Sahel-belt.

Additional humanitarian actions that would respond to systemic weaknesses identified in the UNDAF include: education activities to bridge the gap between current socio-cultural customs and safer mother and infant health and nutrition practices⁴; upgrading the national early alert systems and contingency planning measures in response to both slow and quick onset natural disasters⁵; and boosting technical and professional training opportunities in Chad⁶, linking early recovery to development.

Scope of the strategy

The definition of this Response's boundaries in terms of geographical coverage, population targets and eligible interventions has been carefully outlined to maximize relief efforts while identifying and defining the respective roles and responsibilities of humanitarian and development actors. Based on previous years' trends analysis and in consultation with all humanitarian partners, in country and at the regional level, priorities have been set that include multisector, integrated support to food-insecure and malnourished populations inhabiting the disaster-prone Sahel-belt, to areas of the East and South with significant refugees and displaced populations (including tailored support for host communities) as well as to tackle epidemics and malnutrition-related issues country-wide.

Priorities within the scope of the strategy

5 joint humanitarian priorities have been identified at the regional level:

- Addressing the humanitarian impact of food insecurity;
- Addressing the humanitarian impact of malnutrition;
- Addressing the humanitarian impact of conflict;
- Addressing the humanitarian impact of epidemics (cholera, malaria, etc.);
- Addressing the humanitarian impact natural disasters (floods, pests, etc.).

At the national level, these joint humanitarian priorities serve as cluster/sector objectives. For each strategic objective, the clusters/sectors have selected one or more priorities and identified related activities, as detailed in the cluster plans below.

In doing so, each cluster/sector brings its specific set of expertise and intervention capacity to address one or more of the priorities, in concert with other clusters acting upon the same issue. The aim is to tackle each priority from a multidisciplinary perspective, to maximize impact and minimize costs.

Prioritization of cluster actions is achieved through assessment of potential for combined, multicluster and multisector impact.

³ UNDAF pgs. 12, 13 and 17: the role of Humanitarian data analysis and dissemination in supporting development activities to counter the effects of food crises and natural disasters in the Sahel-belt;

⁴ As per Chad UNDAF 2012-2015, pg.6: the situation can be enhanced already during the humanitarian intervention stage, pending solution to access issues to be brought about by Government and Development actors.

⁵ UNDAF pg. 12.

⁶ UNDAF pg. 15.

Cross-cutting and context-specific issues

Gender

Natural disasters and armed conflict do not affect women, men, girls and boys evenly; they are deeply discriminatory. In Chad women and girls' disadvantages are driven largely by customary practices that perpetuate inequality, translating into human rights violations, social exclusion and limited opportunity. Chadian women face a myriad of hardships and obstacles in their daily lives, including high levels of poverty, low levels of literacy, pronounced gender gaps in education and traditional practices and one of the highest maternal mortality rates in the world – 1,100 deaths per 100,000 live births⁷. These disparities are more widely pronounced in areas hosting people affected by violence or natural disaster, where women and girls are at greater risk for gender-based violence, and in areas where communities do not have access to basic services. On the other hand boys in the same circumstances are at a heightened risk for recruitment by armed actors and a loss of access to education.

A focus on gender equality in humanitarian action can help address these disparities by:

1. Enhancing the response to immediate and special needs by integrating gender into assessments through collection, analysis and reporting on sex and age disaggregated data;
2. Strengthening resilience by recognizing the traditional coping mechanisms and different needs, capacities and contributions of women, girls, boys and men, beginning at the household level; and
3. Promoting a gender mainstreaming strategy that builds capacity and strengthening of institutions by ensuring that women's and men's experiences feed into the design, implementation, monitoring and evaluation of policies and programmes.

Protection

Protection dimensions are incorporated in humanitarian interventions through active protection-specific or protection-sensitive programming in all sectors of response, and coordinated advocacy initiatives addressing respect for international humanitarian and human rights law and accountability for violations. Most cluster response plans take into account protection considerations. Efforts are made by all humanitarian actors to ensure that threats to displaced persons' lives, safety and security are appropriately addressed and that they are not subjected to discrimination, loss of access to basic services and other risks. The centrality of protection in all humanitarian interventions will be reaffirmed by all actors.

HIV and AIDS

The adult HIV prevalence rate is estimated at 3.3 per cent, with over 30,000 people living with AIDS. HIV prevention services are lacking in most parts of the country, especially emergency-affected areas. In emergencies, there is heightened risk of exposure to HIV infection, especially during displacement and disruption of social networks. The vulnerability of people living with HIV and affected households may also increase due to increased disease, food insecurity and lack of access to basic social and health information and services.

HIV integration in emergency preparedness and response addresses the added vulnerabilities of emergency affected populations, while building resilience to shocks among HIV-affected households. Capacity building of communities, state institutions and humanitarian partners to identify and address HIV vulnerabilities is a priority. The response to HIV in emergencies will progress in the coming three years from basic information, education and prevention of transmission, to provision of services including confidential HIV counseling and testing, elimination of mother-to-child transmission, and access to care and treatment. The extreme weakness of national response mechanisms, including data gathering and analysis, is a major obstacle to surmount.

Environmental impact

Vulnerable communities, including refugees, rely heavily on wood and water for their energy needs, causing large-scale degradation and loss in biodiversity in an already very fragile ecosystem. Environmental degradation progressively worsens competition over natural resources. Failure to address the degradation and depletion of these resources weakens aid delivery and community resilience, and hinders early recovery. The Chad SRP

⁷ UNDP HDI 2012: <http://hdrstats.undp.org/en/countries/profiles/TCD.html>

currently lacks an environmental marker for SRP-related activities. While the issue remains to be addressed, partners will be supported - through the cluster focal points - in understanding the environmental context and encouraged to seek assistance in assessing projects for environmental impacts, mitigating negative environmental impacts and enhancing projects where possible, with emphasis on sustainable responses.

Constraints and how the HCT and clusters will address them

Main constraints that might hamper implementation of the strategy include:

- Impact of regional dynamics on humanitarian and structural vulnerabilities in Chad; adding pressure/strain on existing humanitarian resources.
- Future outlook of the region likely to pose logistical problems.
- Roads outside the main settlements become impassable during the rainy season. Air connections are often disrupted due to the basic nature of landing strips.
- During the dry season, in rural areas, banditry can become a threat, requiring movement with armed escorts.
- In the North, land mines and unexploded ordnance from previous conflict hinder movement and development.

Should the land-route to the sea via Cameroon be disrupted, the whole country – and all humanitarian operations currently taking place - would suffer the reduced availability of primary goods, the exponential increase of prices of available goods, the rise of social tensions and the ultimate need to resort to very costly air-lifting operations to function. Stockpiling of essential goods and materials can be used to temporarily counter the crisis, but the solution would be temporary at best.

On the bright side, all other listed constraints are well known by the humanitarian actors operating in Chad and are dealt with at best. Air connections are the main and most reliable link and are provided by the UN Humanitarian Air Service (UNHAS) as well as by ECHO. Banditry and road security issues are mitigated by the use of armed escorts provided by local national authorities. De-mining operations in the North are ongoing, although at a slower pace than it would be required.

Response monitoring

The strategic response plan (SRP), as well as the HNO and vulnerability matrix that underpins it, will be regularly reviewed (at least at mid-year and end of 2014) to assess progress, make the required adjustments and to inform the 2015 planning.

The precarious humanitarian situation in Chad, especially in the Sahel-belt and the collateral effects of ongoing political instability and violence and neighbouring countries will require constant monitoring and assessment. Inter-cluster monitoring and assessments will continue to be encouraged.

A monitoring plan will be implemented to measure at regional level (nine Sahel countries) the performance of the humanitarian community in the achievement of strategic objectives. Each cluster coordinator will be responsible for monitoring its activities and performance indicators.

STRATEGIC OBJECTIVES AND INDICATORS

STRATEGIC OBJECTIVE 1: Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming.

Indicator	Baseline and targets				Explanation/Monitoring method
	Base	End-2014	2015	2016	
Early Warning mechanisms established for food security, malnutrition, epidemics, displacement and disasters.	6 early warning mechanisms in place: <ul style="list-style-type: none"> • Food Security • Nutrition • Epidemics • Mouvements of population • Desert locust invasion • Needs prioritisation tool 	7	7	7	<p><u>Food Security</u> Data collected by WFP, FAO, MAI, MDPPA and partners (national system +4 surveys/year) Responsibility: Food Sec cluster</p> <p><u>Nutrition</u> Data collected by UNICEF, MSP and partners (2 surveys/year) Responsibility: Nutrition cluster</p> <p><u>Epidemics</u> Data collected by MSP, WHO, UNICEF, health and WASH clusters partners (weekly epidemiological monitoring) Responsibility: Health cluster</p> <p><u>Floods</u> Data collected by DREM, MHRU, MARDLL, CNAR, OCHA, PNUD Responsibility: OCHA</p> <p><u>Mouvements of population</u> Data collected by CENAR, CNAR, MDPPA, OIM, UNHCR Responsibility: CENAR</p> <p><u>Desert locust invasion</u> Data collected by MDPPA and FAO Responsibility: Food Sec cluster</p> <p><u>Needs prioritisation tool</u> Data collected by all clusters, OCHA Responsibility: OCHA</p>
Existence of vulnerability data sets for all sectors and regions	8	8	8	8	Responsibility: 8 clusters with vulnerability data sets (food sec, nutrition, WASH, education, protection, health, early

Indicator	Baseline and targets				Explanation/Monitoring method
	Baseline	2014	2015	2016	
Risk and vulnerability analysis integrated in country UNDAFs, CCAs and SRPs and other key international planning instruments	100%	100%	100%	100%	recovery and multi-sector for refugees) UNDAF, CCA and SRP include a risk and vulnerability analysis Collected by OCHA and/or RCO through document review.
Government development plans and budgets target vulnerable populations	Yes	Yes	Yes	Yes	Collected by OCHA and/or RCO through document review.
Agricultural investments target marginalised and vulnerable households (AGIR indicator)	Yes	Yes	Yes	Yes	Tchad is an AGIR pilot country Collected by FAO and/or the Food Sec cluster by document review.

STRATEGIC OBJECTIVE 2: Support vulnerable populations to better cope with shocks by responding earlier to warning signals, by reducing post-crisis recovery times and by building capacity of national actors.

Indicator	Baseline and targets				Explanation/Monitoring method
	Base	End-2014	2015	2016	
Improved coping capacity of affected households (measured by the Coping Strategies Index (CSI))	N/A	To be determined	To be determined	To be determined	To be determined in 2014. Responsibility: Food sec cluster.
Increased recovery rates of affected households (measured by the Coping Strategies Index (CSI))	N/A	To be determined	To be determined	To be determined	To be determined in 2014. Responsibility: Food sec cluster.
Development and implementation of national social protection policies and programmes (AGIR)	Yes	Yes	Yes	Yes	Collected by all clusters by document review
Stabilisation or improvement of overall Cadre Harmonisé classification in livelihood zones over two seasons as a result of continued humanitarian assistance (Sahel-belt)	30%	<30%	<25%	<20%	Percentage of Admin 2 zones that remain stable or improve in the CH classification over a two season period. Collected by Food Security Cluster using PREGEC seasonal assessments
An Early Action trigger mechanism for emergencies developed and operational	No	Yes	Yes	Yes	Set up ERM. Several sectoral response mechanisms already exist. Collected by OCHA

STRATEGIC OBJECTIVE 3: Deliver coordinated and integrated life-saving assistance to people affected by emergencies.

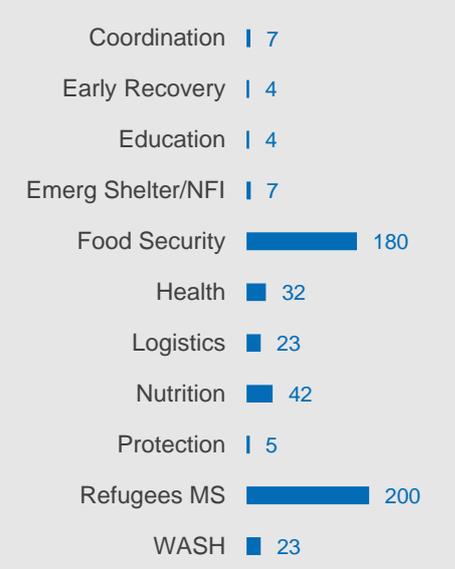
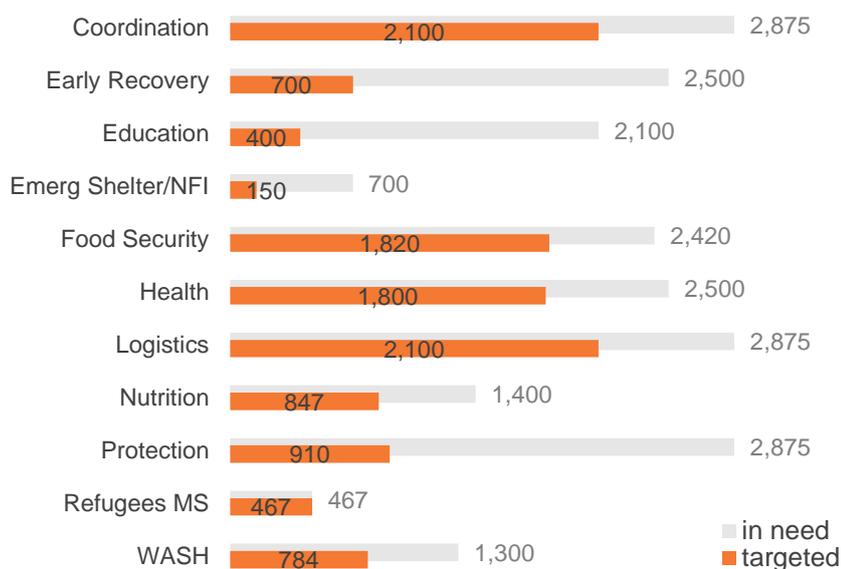
Indicator	Baseline and targets				Explanation/Monitoring method
	Base	End-2014	2015	2016	
People affected by emergencies receiving life-saving assistance	N/A	75% of target persons	80% of targeted persons	85% of targeted persons	Percentage of people affected receiving life-saving assistance. Collected by OCHA with data from clusters.
Per centage funding spread between clusters	73 points	-20% (58)	-20% (44)	-20% (35)	Percentage reduction in funding differences between sectors Measured by calculating the % average of the funding differences among sectors in the appeal Collected by OCHA using FTS data
Number of people in Cadre Harmonise phase 3 (Sahel-belt) (Food insecurity)	150,000	-10%	-10%	-10%	Reduction of number of people Cadre Harmonise classification phase 3 (crisis) and phase 4 (emergency) Collected by Food Security Cluster using PREGEC assessments
Crude mortality rate (CMR) trend (Epidemics/Health)	16,3 per 1,000	15,3 per 1,000	14,3 per 1,000	13,3 per 1,000	Negative trend of CMR Collected by Health cluster
Under-5 mortality rate (U5MR) trend (Epidemics/Health)	180 per 1,000	170 per 1,000	160 per 1,000	150 per 1,000	Negative trend of U5MR Collected by Health cluster
Number of affected vulnerable people (children, women, men) having received a timely and functional WASH minimum package adapted to their vulnerability(ies) (WASH)	73,500	36,750			Increase in number of affected vulnerable people receiving the WASH minimum package Collected by WASH cluster

CLUSTER/SECTOR PLANS


PEOPLE IN NEED
2.8 million


PEOPLE TARGETED
2.1 million


REQUIREMENTS (US\$)
527.4 million



		People in need (in thousands)	People targeted (in thousands)	Requirements (in million of US\$)
	Coordination	2,875	2,100	6.6
	Early Recovery	2,500	700	4.3
	Education	2,100	400	4.4
	Emergency Shelter and Non-Food Items	700	150	7
	Food Security	2,420	1,820	180
	Health	2,500	1,800	31.5
	Logistics	2,875	2,100	23
	Nutrition	1,400	847	42.4
	Protection	2,875	910	5.3
	Multi-sector for Refugees	467	467	199.6
	WASH	1,300	784	23.3
	TOTAL	2,875	2,100	527.4

COORDINATION



Lead agency: Office for the Coordination of Humanitarian Affairs (OCHA)
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PEOPLE IN NEED

2.8 million



PEOPLE TARGETED

2.1 million



REQUIREMENTS (US\$)

6.6 million



OF PARTNERS

82 (from Partners Survey 2012)

OCHA will support the work of its partners towards attaining the three strategic goals by ensuring clear and comprehensive information, communication and coordination among all relevant stakeholders. The overall aim of all coordination activities is to allow stakeholders to properly prioritize interventions and allocate adequate resources towards minimizing the impact of crises and reducing vulnerability to recurrent shocks over time.

STRATEGIC OBJECTIVE 1: Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming.

All Joint Humanitarian Priorities:

Activity	Locations	Output Indicator	Cluster Partners	Mid-2014 target	End-2014 target
Support the development and review of country/regional HNO and SRP	Country-wide		All	Mid-year review of 2014 SRP	Revision of 2014 SRP and setting of 2015 targets.
Conduct/facilitate coordinated multi-sectoral assessments with key partners	Country-wide	# of coordinated multi-sectoral assessments with the participation of the government.	All		100% of HCT assessment requests carried out.
Mapping crisis prone areas	Country-wide	Crisis maps produced and shared.	All		100% of crisis-affected areas mapped and shared with humanitarian and development partners.
Multi-sectoral analysis of risks, vulnerabilities and opportunities to identify priority needs/gaps (SADD analysis)	Country-wide	<ul style="list-style-type: none"> - Prioritisation tool regularly updated. - # of risk analyses that include SADD. - Trend/recidivity analysis carried out as applicable. 	All		100% of identified needs/priorities analyzed.
Create and regularly update country/regional baseline of harmonized information to facilitate joint analysis and better planning and monitoring	Country-wide	Database regularly updated and accessible to key stakeholders.	All		80% of partners satisfied with the tool.

Activity	Locations	Output Indicator	Cluster Partners	Mid-2014 target	End-2014 target
Develop humanitarian information products as appropriate to support the situational understanding, humanitarian assessment and evidence-based response.	Country-wide	# ok key information products developed per reporting schedule (snapshots, dashboards, sitreps, bulletins, 3Ws, etc.)	All		80% of partners satisfied with the products.

STRATEGIC OBJECTIVE 2: Support vulnerable populations to better cope with shocks by responding earlier to warning signals, by reducing post-crisis recovery times and by building capacity of national actors.

All Joint Humanitarian Priorities:

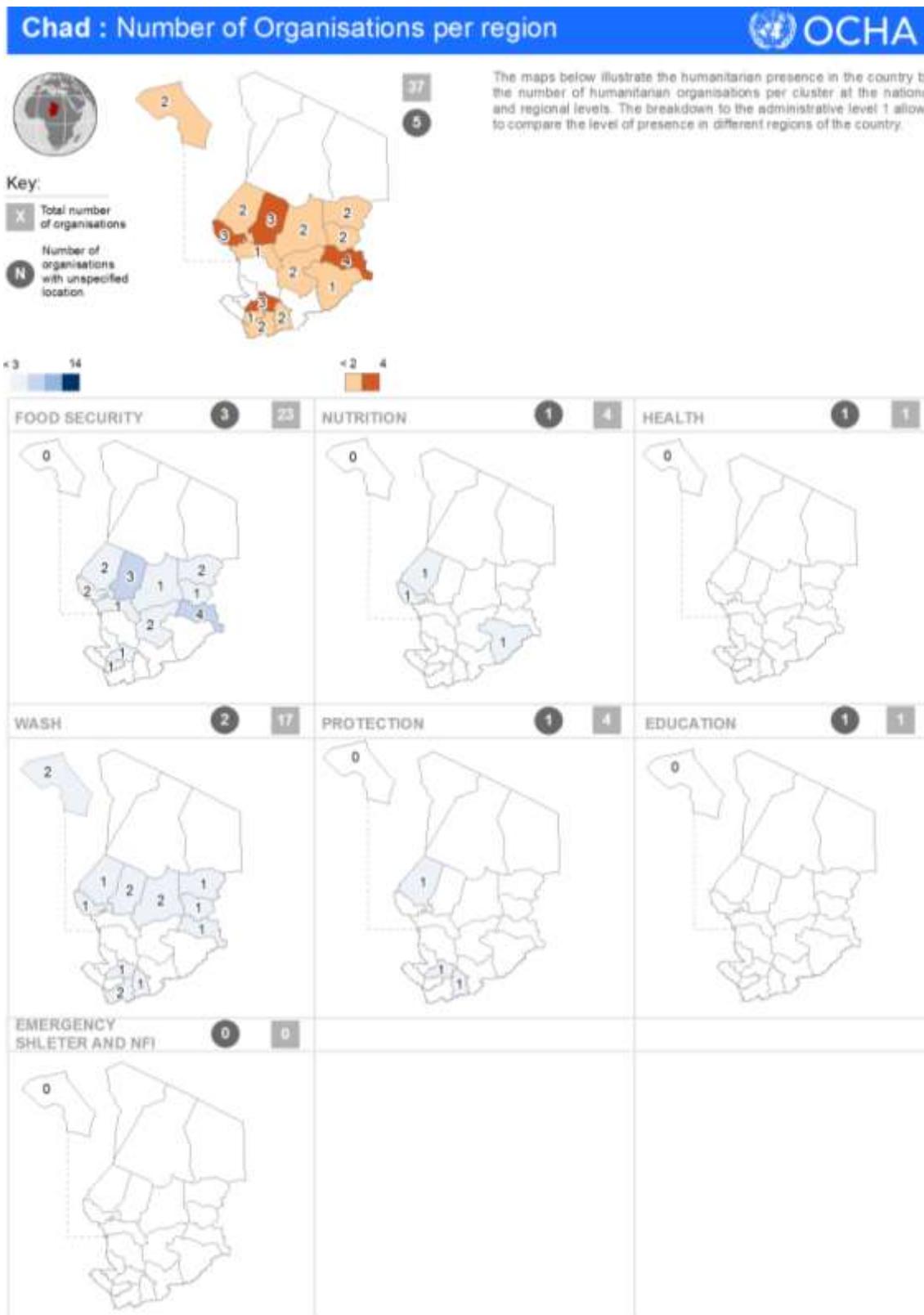
Activity	Locations	Output Indicator	Cluster Partners	Mid-2014 target	End-2014 target
Support strategic coordination through the HCT	Country-wide	HCT is fully operational and meet regularly	All	At least 1 regular HCT x month.	At least 12 regular HCT meetings (monthly).
Support strategic coordination through the ISWG and sectors/clusters and participation of INGOS, NNGOs and government, where relevant.	Country-wide	<ul style="list-style-type: none"> - ISWG is fully operational and meet regularly - Sectors/Clusters are fully operational and regularly meet. - # of functional coordination mechanisms at decentralized level 	All	At least 1 regular meeting x month in each category.	At least 12 regular meetings in each category (monthly).
Prepare key messages to support advocacy and resource mobilisation	Country-wide	# Key messages prepared, regularly updated and disseminated	All	At least 1 regular HC communiqué x month.	At least 12 regular HC advocacy communiqués.
Support and strengthen at country level the implementation of minimum preparedness package with relevant stakeholders (i.e. Contingency planning, simulation exercises, MIRA training, etc.).	Country-wide	<ul style="list-style-type: none"> - # of contingency plans updated. - # of simulation exercises conducted. - # of MIRA training conducted. - % of minimum preparedness actions completed. 	All	<p>2 x year</p> <p>2 x year</p>	<p>All contingency</p> <p>2</p> <p>2</p>
Develop humanitarian information products as appropriate to support the situational understanding, humanitarian assessment and evidence-based response.		# ok key information products developed per reporting schedule (snapshots, dashboards, sitreps, bulletins, 3Ws, etc.)		At least 1 monthly update for each regular product.	At least 1 monthly update for each regular product.
Support the development of resilience "markers" in country/regional humanitarian strategies and appeals.		Resilience activities are streamlined in humanitarian Strategy and Appeal.			Resilience activities are streamlined in humanitarian Strategy update and Appeal for 2015.

STRATEGIC OBJECTIVE 3: Deliver coordinated and integrated life-saving assistance to people affected by emergencies.

All Joint Humanitarian Priorities:

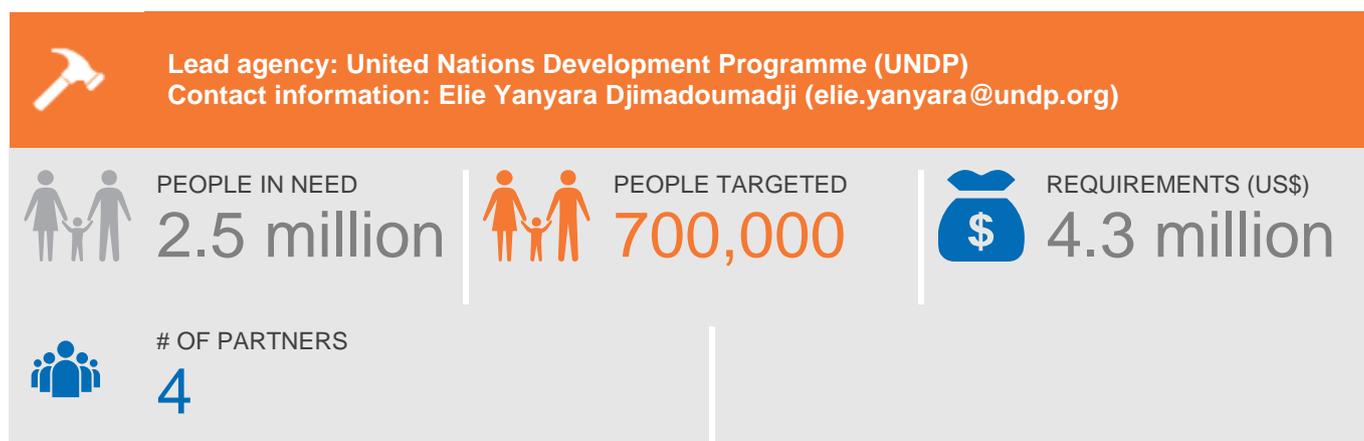
Activity	Locations	Output Indicator	Cluster Partners	Mid-2014 target	End-2014 target
Support strategic coordination through the HCT	Country-wide	HCT is fully operational and meet regularly	All	At least 1 regular HCT x month.	At least 12 regular HCT meetings (monthly).
Support strategic coordination through the ISWG and sectors/clusters and participation of INGOS, NNGOs and government, where relevant.	Country-wide	<ul style="list-style-type: none"> - ISWG is fully operational and meet regularly - Sectors/Clusters are fully operational and regularly meet. - # of functional coordination mechanisms at decentralized level 	All	At least 1 regular meeting x month in each category.	At least 12 regular meetings in each category (monthly).
Prepare key messages to support advocacy and resource mobilisation	Country-wide	# Key messages prepared, regularly updated and disseminated	All	At least 1 regular HC communiqué x month.	At least 12 regular HC advocacy communiqués.
Develop humanitarian information products as appropriate to support the situational understanding, humanitarian assessment and evidence-based response.		# ok key information products developed per reporting schedule (snapshots, dashboards, sitreps, bulletins, 3Ws, etc.)		At least 1 monthly update for each regular product.	At least 1 monthly update for each regular product.

Table of planned coverage per location



Creation date: 27 Jan. 2014 Sources: ESRI, UNCS, IGM, OCHA, Humanitarian Clusters. Feedback: ocharowca@un.org www.unocha.org www.reliefweb.int
 The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

EARLY RECOVERY



The sector aims to support the reinforcement of capacities of the public administration in areas affected by conflict with the supply of equipment and staff training, this contributing to improve functioning of public services and to accelerate national ownership of the recovery process. Moreover, the implementation of capacity building activities on peaceful prevention and management of conflict as well as on social cohesion will reduce the vulnerability to conflict while strengthening community resilience. The actions foreseen in disaster risk reduction will strengthen the capacity of local and central authorities to better understand and manage flood risk, thus reducing the vulnerability to natural disasters.

Activities of economic recovery aimed at creating jobs for youth, small business and/or cooperatives, diversifying incomes, developing female entrepreneurship and microfinance support to facilitate access to credit, will contribute in the long term to reduce the vulnerability to food insecurity. Economic recovery activities will have an immediate impact on the population as they will allow poor households to resume productive activities, therefore reducing their vulnerability. The savings and credit component are economic revitalization measures that contribute to resilience, however they are not sufficient and must be linked with to production activities (agriculture and livestock) to reduce economic vulnerability to climate-related hazards and volatility of prices and markets. They also specifically target sustainability of immediate recovery actions undertaken by the Food Security cluster in order to build the link between relief, early recovery and development.

In general, sector activities contribute to S.O. 2 of the SRP as they will promote sustainability of recovery interventions implemented by other clusters, in the particular by partners of the Food Security, WASH and Protection clusters and will accelerate local authorities' ownership of the recovery process. Sector activities also contribute to the S.O. 1 with surveys and assessments on risk and job opportunities in the North as well as with capacity building of local government in information management.

STRATEGIC OBJECTIVE 1: Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming.

Joint Humanitarian Priority #2: Addressing the humanitarian impact of malnutrition

Activity	Locations	Output Indicator	Cluster Partners	Mid-2014 target	End-2014 target
Participate in a multi-sectoral mapping of vulnerabilities to design a comprehensive plan of action	Sahel-belt + West + South	Existence of a comprehensive plan of action	Food security, Protection, Health		1

Joint Humanitarian Priority #3: Addressing the humanitarian impact of conflicts

Activity	Locations	Output Indicator	Cluster Partners	Mid-2014 target	End-2014 target
Joint risk analysis of potential conflicts	Sahel-belt + South	- Number of government officials familiar with potential risks and have basic preparedness measures in place - Number of community leaders familiar with potential risks and have basic preparedness measures in place	Protection	300	100
Analysis of national institutional protection and conflict prevention frameworks.	Sahel-belt + West + South	Number of humanitarian partners familiar with existing protection frameworks; % of humanitarian actors trained on conflict prevention and protection frameworks	Protection	100	200
Develop evidence based advocacy messages to support in resource mobilization.	Sahel-belt + West + South	# of key messages developed and disseminated to relevant actors	ICC,HCT	5	10
Reinforce inter-regional coordination mechanisms.	Sahel-belt + West + South	Existence of a functional inter-regional coordination mechanism	Food security, Education,Protection	10 CRA, 30 CDA, 60 CLA functional and reinforced	10 CRA, 40 CDA, 80 CLA

STRATEGIC OBJECTIVE 2: Support vulnerable populations to better cope with shocks by responding earlier to warning signals, by reducing post-crisis recovery times and by building capacity of national actors.

Joint Humanitarian Priority #1: Addressing the humanitarian impact of food insecurity

Activity	Locations	Output Indicator	Cluster Partners	Mid-2014 target	End-2014 target
Rehabilitate agricultural infrastructure to better reconstruct and enhance resilience to disasters through a money approach against work	Sahel-belt + West + South	- Number of irrigated acres - Number of rehabilitated irrigation systems	Food security	To be determined	To be determined
Rehabilitate water services	Sahel-belt + West + South	- Number of rehabilitated water points - Number of households who have access to a water point	Wash, Protection	To be determined	To be determined

Activity	Locations	Output Indicator	Cluster Partners	Mid-2014 target	End-2014 target
Train village committees in pastoral and agricultural production techniques and innovative alternatives	Sahel-belt + West + South	- Number of trained committees; - Number of households (pastoral and farmers) supported	Food security, Education	15	40
Prepare the irrigated crops season (gender) = Train and support organizations and farmer cooperatives with inputs and tools	Sahel-belt + West + South	Number of organizations and cooperatives trained and quantity of inputs and tools distributed	Food security	15	40

Joint Humanitarian Priority #3: Addressing the humanitarian impact of conflicts

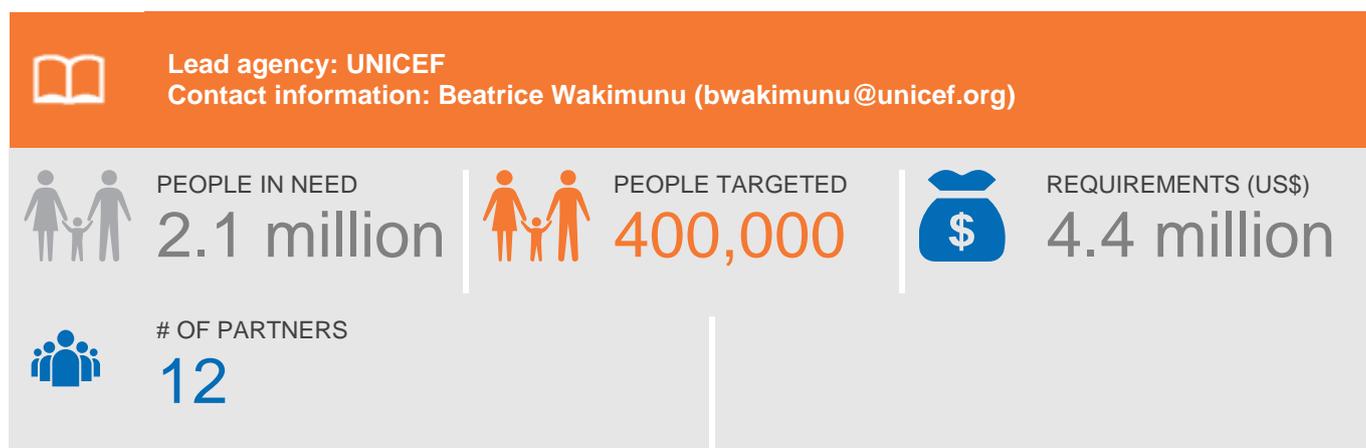
Activity	Locations	Output Indicator	Cluster Partners	Mid-2014 target	End-2014 target
Emergency High Labour Intensity (HLI) initiatives for youth that include savings mechanisms and project monitoring	Sahel-belt + West + South	Number of youth participating in HLI initiatives that include savings mechanisms	Food security	1,000	2,500
Material and financial support to economic early recovery activities (AGR, credit, equipment to start small business, women entrepreneurship development, training)	Sahel-belt + West + South	Number of households receiving material and financial support	Food security		10,000 households (100,000 people)
Set-up collective savings/credit mechanisms to increase the level of community economic activities	Sahel-belt + West + South	Number of collective savings/credit mechanisms	Food security		500
Support to microfinance structures	Sahel-belt + West + South	Number of supported microfinance structures	Food security		10
Inter and intra community dialogue sessions to restore social cohesion	Sahel-belt + West	Number of inter-intra community dialogue sessions held	Protection	20	40
Rehabilitation of basic social infrastructures in areas of return and displacement (schools, health, WASH, health, education, etc).	Sahel-belt + West + South	# of schools, hospitals rehabilitated; # of bridges or kilometers of road rehabilitated and # of water points reconstructed in areas of return	Protection, Education, Health, Wash	20	50
Establish and	Sahel-belt +	# of committees	Protection,	20	50

Activity	Locations	Output Indicator	Cluster Partners	Mid-2014 target	End-2014 target
support joint management committees (infrastructures)	West + South	established	Education, Health, Wash		

Joint Humanitarian Priority #5: Addressing the humanitarian impact of natural disasters

Activity	Locations	Output Indicator	Cluster Partners	Mid-2014 target	End-2014 target
Floods risk mapping and early warning system (EAS)	Sahel-belt + West + South	- Number of flood risk maps produced - Number of WAS in place	Protection, Education		1
Awareness and preparedness of populations at risk of flooding	Sahel-belt + West + South	Number of awareness sessions conducted and of preparedness plans prepared	Protection, Education		1,000
Capacity building on disaster management	Sahel-belt + West + South	# of government, civil societies, etc. trained on disaster management	Protection, Education		250

EDUCATION



The education cluster aims to partner with all stakeholders to: (i) Increase access to quality education for all affected children; (ii) Promote equity between boys and girls (iii) Strengthen institutional capacity of the Government and community-based associations.

The education cluster ensures that cross cutting issues such as approaches like “Equity and Gender Markers”, Health, WASH, HIV/AIDS, Communication for Development (C4D) psychosocial services and protection are integrated into its assessments, programming and collaboration with other sectors.

STRATEGIC OBJECTIVE 1: Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming.

Joint Humanitarian Priority #1: Addressing the humanitarian impact of food insecurity

Activity	Locations	Output Indicator	Cluster Partners	Mid-2014 target	End-2014 target
Assess the impact of food crises on children’s schooling and the existing mechanisms to minimize the negative impact	Area affected by food insecurity (Sahel-belt)	Number of communities covered by the assessment	WFP SFCG, UNHCR, UNESCO, UNICEF,	20	60

Joint Humanitarian Priority #3: Addressing the humanitarian impact of conflicts

Activity	Locations	Output Indicator	Cluster partners	Mid-2014 target	End-2014 target
Undertake rapid joint need assessments	Area affected by conflict (Ouaddai, Sila, Wadi Fira, Logone Oriental, Moyen Chari, Ennedi Est, Salamat)	% of inter-cluster assessments that include education questions	ACRA, INTERSOS, JRS, LEAD-TCHAD, Ministry of Education (MoE), Ministry of Social Affairs (MAS), OPAD, SFCG, UNHCR, UNESCO, UNICEF, WFP,	50%	80%
		% of education joint assessments that include data desegregated by gender/age/disability		80%	100%
Assess formal and informal learning environments that are considered safe for boys	Area affected by conflict (Ouaddai, Sila, Wadi Fira,	Number of learning environments assessed	MoE, UNESCO, ACRA, UNHCR, UNICEF	50	80

Activity	Locations	Output Indicator	Cluster partners	Mid-2014 target	End-2014 target
and girls of different ages	Logone Oriental, Moyen Chari, Ennedi Est, Salamat)				

Joint Humanitarian Priority #5: Addressing the humanitarian impact of natural disasters

Activity	Locations	Output Indicator	Cluster Partners	Mid-2014 target	End-2014 target
Participate in analysis of the risk and vulnerabilities of education at school, regional and national level	Area affected by conflict (Ouaddai, Sila, Logone Oriental, Salamat)	Number of learning environments at risk	WFP UNHCR, UNESCO, UNICEF	20	40

STRATEGIC OBJECTIVE 2: Support vulnerable populations to better cope with shocks by responding earlier to warning signals, by reducing post-crisis recovery times and by building capacity of national actors.

Joint Humanitarian Priority #3: Addressing the humanitarian impact of conflicts

Activity	Locations	Output Indicator	Cluster Partners	Mid-2014 target	End-2014 target
Support and build capacities of local stakeholders (traditional leaders, PTAs, parents, etc.) involved in education	Area affected by conflict (Ouaddai, Sila, Wadi Fira, Logone Oriental, Moyen Chari, Ennedi Est, Salamat)	# of traditional leaders in target areas participating in group discussions on the role of peace building, non-violence and girls education	MoE, SFCG, ACRA, OPAD, UNICEF UNHCR,	10	20
Offer alternative education activities to support the integration of out-of-school children	Area affected by conflict (Ouaddai, Sila, Wadi Fira, Logone Oriental, Moyen Chari, Ennedi Est, Salamat)	Number of children attending alternative forms of education	MoE, SFCG, UNHCR, UNESCO, UNICEF,	4,200	5,000
Develop peace education and conflict prevention modules /support MoE to mainstream peace education and conflict prevention in the curriculum	National and Regional levels	Number of modules mainstreamed in the curriculum	MoE, UNICEF SFCG, UNHCR,	2	5
Raise awareness on violence-reducing techniques	Area affected by conflict (Ouaddai, Sila, Wadi Fira, Logone Oriental, Moyen Chari, Ennedi Est, Salamat)	% decrease in violent behavior/incidents at school/learning space in target areas	MoE, UNESCO, UNICEF, SFCG	TBD based on baseline	TBD based on baseline
Disseminate key messages on emergency life skills to children and youth in temporary learning spaces /schools	Area affected by conflict (Ouaddai, Sila, Wadi Fira, Logone Oriental, Moyen Chari, Ennedi Est, Salamat)	Number of emergency affected learning spaces/schools providing key messages	MoE, UNICEF, SFCG, UNHCR,	60	90
Train teachers/other educational personnel in peace	Area affected by conflict (Ouaddai, Sila, Wadi	Number of male/female	MoE, SFCG,	0	200

Activity	Locations	Output Indicator	Cluster Partners	Mid-2014 target	End-2014 target
education, social cohesion and conflict sensibility	Fira, Logone Oriental, Moyen Chari, Ennedi Est, Salamat)	teachers/other educational personnel trained	UNICEF,		
Build capacities of MoE at national and local level in emergency preparedness and response	Area affected by conflict (Ouaddai, Sila, Wadi Fira, Logone Oriental, Moyen Chari, Ennedi Est, Salamat)	Number of MoE officials trained	MoE, SFCG, UNHCR, UNICEF,	30	900

Joint Humanitarian Priority #5: Addressing the humanitarian impact of natural disasters

Activity	Locations	Output Indicator	Cluster Partners	Mid-2014 target	End-2014 target
Organize group sessions for communities on education-related topics	Area affected by floods and drought (Mayo Kebi, Logone Occidental, Logone Oriental, N'Djamena, Tanjilé for floods and Sahel-belt for drought)	Number of group sessions organized	WFP SFCG, UNHCR, UNICEF, ACRA, OPAD	100	200
Support and build capacities of local stakeholders (traditional leaders, PTAs, parents, etc.) involved in education	Area affected by floods and drought (Mayo Kebi, Logone Occidental, Logone Oriental, N'Djamena, Tanjilé for floods and Sahel-belt for drought)	# of traditional leaders in target areas participating in group discussions on the role of girls education, DRR, psychological support	MoE, SFCG, UNHCR, ACRA, OPAD, UNICEF,	10	20

STRATEGIC OBJECTIVE 3: Deliver coordinated and integrated life-saving assistance to people affected by emergencies.

Joint Humanitarian Priority #2: Addressing the humanitarian impact of malnutrition

Activity	Locations	Output Indicator	Cluster Partners	Mid-2014 target	End-2014 target
Implement deworming campaign in schools	Area affected by malnutrition Sahel-belt and N'Djamena	Number of boys/girls reached	MoE, WFP UNHCR, UNICEF,	2,100,000	2,100,000
Train teachers/other educational personnel in health and hygiene.	Area affected by malnutrition Sahel-belt and N'Djamena	Number of male/female teachers/other educational personnel trained	MoE, UNHCR, UNICEF,	200	400
Train MoE officials in Education in Emergencies (EiE).	Area affected by malnutrition Sahel-belt and N'Djamena	Number of MoE officials trained	MoE, UNICEF,	30	30
Systematically and impartially evaluate the education response in order to improve practice and enhance accountability.	Area affected by malnutrition Sahel-belt and N'Djamena	Regular evaluations of policies, programmes and outcomes are conducted	WFP SFCG, UNHCR, UNESCO, UNICEF,	1	2

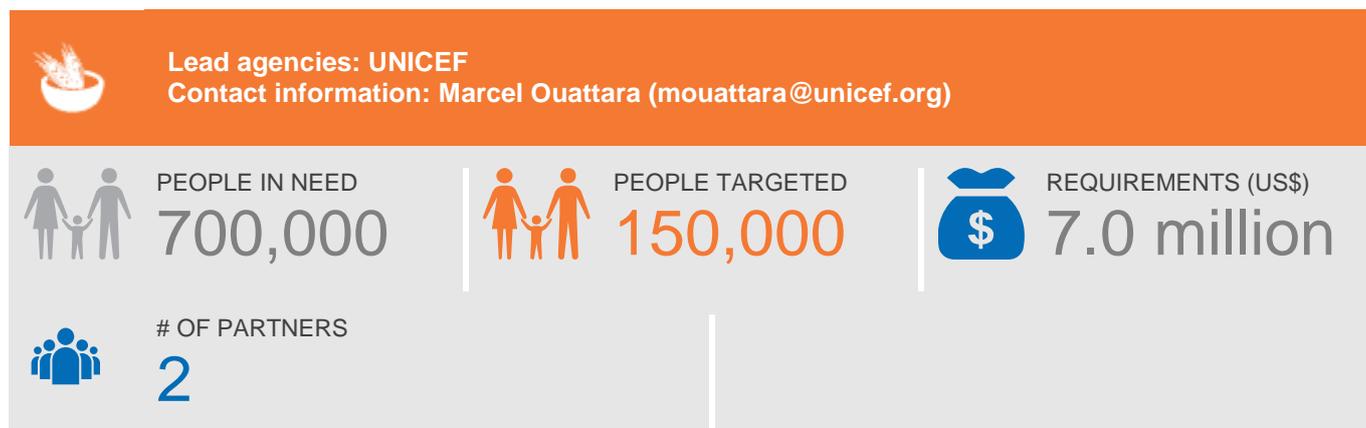
Joint Humanitarian Priority #3: Addressing the humanitarian impact of conflicts

Activity	Locations	Output Indicator	Cluster Partners	Mid-2014 target	End-2014 target
Conduct awareness campaigns in school on DRR and life skills/life-saving messages.	Area affected by conflict (Ouaddai, Sila, Wadi Fira, Logone Oriental, Moyen Chari, Ennedi Est, Salamat)	Number of boys/girls reached	MoE, SFCG, UNHCR, UNICEF,	2,100,000	2,100,000
In partnership with communities and local authorities, establish or rehabilitate inclusive, safe and protective temporary learning spaces (schools/ECD centers).	Area affected by conflict (Ouaddai, Sila, Wadi Fira, Logone Oriental, Moyen Chari, Ennedi Est, Salamat)	Number of children benefiting from the TSL	MAS, MoE, ACRA SFCG, UNHCR, UNICEF,	9,000	9,000

Joint Humanitarian Priority #5: Addressing the humanitarian impact of natural disasters

Activity	Locations	Output Indicator	Cluster Partners	Mid-2014 target	End-2014 target
Distribute learning kits.	Area affected by floods and drought (Mayo Kebi, Logone Occidental, Logone Oriental, N'Djamena, Tanjilé for floods and Sahel-belt for drought)	Number of children benefiting from the learning kit distribution (boys/girls)	MoE, UNICEF, ACRA, OPAD	9,000	9,000
Distribute recreation kits.	Area affected by floods and drought (Mayo Kebi, Logone Occidental, Logone Oriental, N'Djamena, Tanjilé for floods and Sahel-belt for drought)	Number of recreation kits distributed to boys/girls	MoE, UNICEF, ACRA, OPAD	50	50
Distribute Early Childhood Development kits.	Area affected by floods and drought (Mayo Kebi, Logone Occidental, Logone Oriental, N'Djamena, Tanjilé for floods and Sahel-belt for drought)	Number of ECD kits distributed to boys/girls	MAS, MoE, UNICEF, ACRA, OPAD	20	20
Distribute school furniture.	Area affected by floods and drought (Mayo Kebi, Logone Occidental, Logone Oriental, N'Djamena, Tanjilé for floods and Sahel-belt for drought)	Number of classroom provided with sufficient and adapted furniture	MoE, UNHCR, ACRA, OPAD UNICEF,	90	90
Build or rehabilitate adequate male and female WASH facilities in Schools/learning spaces.	Area affected by floods and drought (Mayo Kebi, Logone Occidental, Logone Oriental, N'Djamena, Tanjilé for floods and Sahel-belt for drought)	Number of adequate WASH facilities for male/females build/rehabilitated	MoE, UNHCR, OPAD, ACRA, UNICEF,	20	40

EMERGENCY SHELTER AND NON-FOOD ITEMS



Chronic instability and violence in many neighbouring countries of Chad, namely Sudan, Lybia, Nigeria and Central African Republic (CAR) are leading to recurrent displacements in Chad. In addition internal displacement also occurs due to cyclic natural disasters, such as floods.

Chad currently hosts more than 775,000 displaced persons. With the ongoing crisis in CAR and Darfur, more than 40,000 and 60,000 returnees have been registered since March 2013. The affected people do not have proper and adequate shelters. Moreover, they are exposed to harsh weather and high risk of morbidity and mortality as well as abuses and indignity, especially for children and women.

To facilitate timely and adequate response to populations affected by flooding it is expected to preposition shelter and NFI contingency stocks in regions at high risk of flooding.

STRATEGIC OBJECTIVE 1: Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming.

Joint Humanitarian Priority #5: Addressing the humanitarian impact of natural disasters

Activity	Locations	Output Indicator	Cluster Partners	Mid-2014 target	End-2014 target
Mapping of schools in areas with high potential risk of flooding	Area affected by floods	Number of schools mapped	Education, WASH	10	20
Mapping of health facilities located in areas with high potential risk of flooding	Area affected by floods	Number of health structures mapped	Health, WASH	10	20
Mapping of relocation areas of population in regions at risk of flooding	Area affected by floods	Number of relocation sites mapped		10	20

Joint Humanitarian Priority #3: Addressing the humanitarian impact of conflicts

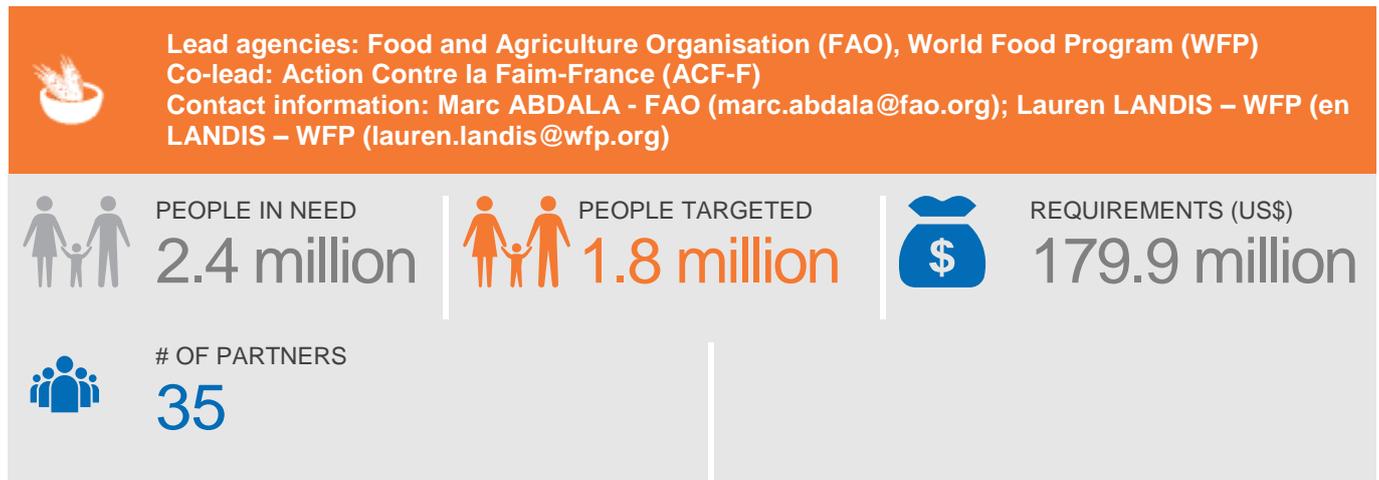
Activity	Locations	Output Indicator	Cluster Partners	Mid-2014 target	End-2014 target
Assessment of shelter rehabilitation needs for returnees and non displaced vulnerables living in conflict zones.	Area affected by conflict	Number of regions (admin level 2) evaluated		7	15

STRATEGIC OBJECTIVE 2: Support vulnerable populations to better cope with shocks by responding earlier to warning signals, by reducing post-crisis recovery times and by building capacity of national actors.

Joint Humanitarian Priority #5: Addressing the humanitarian impact of natural disasters

Activity	Locations	Output Indicator	Cluster Partners	Mid-2014 target	End-2014 target
Pre-positioning of shelter/NFI contingency stocks in regions at risk of flooding	Area affected by floods	Number of regions with a contingency plan	Education, WASH	7	15

FOOD SECURITY



As part of the 2014-2016 exercise, on one hand the Food Security Cluster will focus on general strategic objectives that will allow for i. tracking and analysing of information for better usage in programmes and projects, ii. A more systematic inclusion of resilience approaches that favour preparation, mitigation, and recovery, iii. Assistance for the most affected populations. On the other hand, it will focus on 4 priority approaches, food insecurity, malnutrition, conflicts, and natural disasters. In order to carry this out, the cluster will seek to collaborate with other sectors and transversal themes and propose better targeted and better integrated responses.

In terms of response, new thought processes and approaches will be used to support a majority of the 1.32 million people affected by food insecurity. This response will include food, cash and voucher as well as agriculture assistance targeted the most vulnerable households during the lean season, and reinforcement of individual as well as community based resilience. Challenges for the cluster and its members include the utilisation of tools and approaches best suited for short and medium terms (this would be achieved through collaboration with other sectors such as nutrition for example). They also include operational challenges such as looking for means that optimise the cost of response through the mutualisation of strengths and competences as well as using new techniques such as cash transfers, procurement at a local level, among others. As a result of its importance in finding more specific definitions of emergency responses and its strong involvement in strengthening resilience, Objective 1 will be particularly important, especially through development mechanisms, inclusive information and early warning systems but also in allowing for research and analysis of statistical and qualitative information. Objective 2 will be reflected on and researched in proposed projects to better include disaster mitigation activities (especially in the Sahel Belt) but also for a better inclusion of local communities and national institutions in emergency responses. This objective would require better linkages with new competencies as well as multisectorial approaches by cluster members. Post recovery and accompaniment aspects could thus be inserted in the cluster's response strategy. Lastly, as part of Objective 3, measures will be taken to incorporate tools and methodologies that reach larger populations in more cost effective and thus improve the rapidity and quality of the cluster's response. In this case, Household Economic Assessment and local and national market surveys will be basic to define vulnerable beneficiary profiles and what kind of response to be implemented (in kind or C&V approach). The cluster's challenges in Chad are similar to those of clusters in other Sahelian countries, namely recurrent shocks, and adaptation to climate change via collective action and community based mechanisms, through rapid and adapted responses for the most affected and the most vulnerable.

Transversal subjects such as gender and accountability will be developed by the Food Security Cluster through projects that are sensitive to these topics. All three strategic objectives will better incorporate gender specific issues through i. Informations disaggregated by sex, age, and diversity, ii. Emergency responses and strengthening resilience by proposing activities and monitoring indicators that allow for a better inclusion of beneficiaries' gender specific needs. Men, women, and the youth will have to be supported through adapted projects and technical teams trained and oriented towards gender specific needs and problematic. Between 2014 and 2016, the cluster will refine its approach to accountability. This will be done by systemising the search for post distribution informations (PDM) from beneficiaries and capitalising on these informations in the cluster to carry out an analysis of the impact and perception of projects. Complaint mechanism initiatives in different forms will be put in place and studied to sensitise cluster members to better include accountability in their actions.

The food security cluster will seek better linkages with different clusters such as nutrition and WASH to define means of common responses to child malnutrition which continues to remain a big challenge for the country as well as the Sahel Belt. Through initiatives such as REACH and SUN, the cluster will participate not only in the coordination of joint initiatives but also in the development of short and medium term projects.

STRATEGIC OBJECTIVE 1: Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming.

Joint Humanitarian Priority #1: Addressing the humanitarian impact of food insecurity

Activity	Location	Output indicator	Cluster/Sector partner	Mid-2014 Target	End- 2014 Target
Strengthening food security coordination at regional / national level and intersectoral	Chad	Number of cluster/sector meetings at national level		6	12
Strengthening the national monitoring of agricultural and food situation	Chad	Number of vulnerability surveys on food insecurity realized		2	4
Advocacy to improve the quality, quantity and harmonization of data supporting the analysis of the "Cadre Harmonisé" (CH)	Chad	Number of "cadre harmonisé" national analytical cells created and functional		1	1
Strengthening the national monitoring of agricultural and food situation	Chad	Number of annual reference surveys conducted jointly		1	3

Joint Humanitarian Priority #2: Addressing the humanitarian impact of malnutrition

Activity	Location	Output indicator	Cluster/Sector partner	Mid-2014 Target	End- 2014 Target
Strengthen coordination for multisectorality between Food Security and Nutrition	Chad	Number of FS/nutrition joint analyses	Nutrition	1	2
		Number of FS/nutrition meetings conducted	Nutrition	2	4

Joint Humanitarian Priority #3: Addressing the humanitarian impact of conflicts

Activity	Location	Output indicator	Cluster/Sector partner	Mi-2014 Target	End- 2014 Target
Analysis of the response capacity of different actors to address food insecurity in conflict affected areas	Chad	Number of analyses made		1	2
Knowledge management and capitalization of good practices to ensure food security for people affected by a conflict	Chad	Number of actions of capitalization of good food security practices in areas affected by a conflict		2	2

Joint Humanitarian Priority #5: Addressing the humanitarian impact of natural disasters

Activity	Location	Output indicator	Cluster/Sector partner	Mid-2014 Target	End- 2014 Target
Advocacy to decision makers on food insecurity faced by people affected by a natural disaster	Chad	Number of advocacy actions taken at national level		1	2
Communicate/share with partners at regional, national and local levels, analysis and early warnings on food security following a natural disaster	Chad	Number of analyses shared at national level		1	2

STRATEGIC OBJECTIVE 2: Support vulnerable populations to better cope with shocks by responding earlier to warning signals, by reducing post-crisis recovery times and by building capacity of national actors.

Joint Humanitarian Priority #1: Addressing the humanitarian impact of food insecurity

Activity	Location	Output indicator	Cluster/Sector partner	Mid-2014 Target	End- 2014 Target
Assess the sectoral and intersectoral interventions impact of food insecurity	Chad	Number of evaluations made		-	6
Protect and rehabilitate/strengthen livelihoods of food insecure households through the distribution of agricultural inputs for the main rainy season (including crops lowland)	Chad	Number of households receiving assistance in agriculture for the main / rainy season		55,000	65,000
Protect and rehabilitate/strengthen livelihoods of food insecure households through the distribution of off season agricultural inputs and recession gardening	Chad	Number of households receiving assistance in agriculture for off season vegetable gardening and season recession crops		-	20,000
Support to livestock and fisheries (restocking, animal feed, livestock treatment, fishing inputs ...)		Number of households assisted in pastoral activities		-	25,000

Joint Humanitarian Priority #2: Addressing the humanitarian impact of malnutrition

Activity	Location	Output indicator	Cluster/Sector partner	Mid-2014 Target	End- 2014 Target
Joint food security/nutrition training to promote good nutritional practices using appropriate training materials	Chad	Number of FS-nutrition training materials developed	Nutrition	-	1
		Number of people trained	Nutrition		100,000

Joint Humanitarian Priority #3: Addressing the humanitarian impact of conflicts

Activity	Location	Output indicator	Cluster/Sector partner	Mid-2014 Target	End- 2014 Target
Establishment of community / home / hospital vegetable gardens	Chad	Number of refugee households benefiting from a vegetable garden		-	8,000
Protect and rehabilitate / strengthen livelihoods of households affected by conflict through the distribution of agricultural inputs for off season vegetable gardening and season recession crops)	Chad	Number of host households receiving assistance in agriculture for off season vegetable gardening and season recession crops		10,000	10,000
Protect and rehabilitate / strengthen livelihoods of households affected by conflict through the distribution of agricultural inputs for the main / rainy season (including lowland crops)	Chad	Number of host households receiving assistance in agriculture for the main / rainy season		10,000	10,000
Protect and rehabilitate / strengthen livelihoods of households affected by conflict through the distribution of pastoral inputs (restocking , animal feed , livestock treatments ...)	Chad	Number of refugee households receiving assistance in pastoral activities		15,000	15,000

Joint Humanitarian Priority #5: Addressing the humanitarian impact of natural disasters

Activity	Location	Output indicator	Cluster/Sector partner	Mid-2014 Target	End- 2014 Target
Development of contingency plans for natural disasters to ensure food security at community, national and regional levels	Chad	Number of contingency plans made at national level		1	1
		Number of contingency plans made at community level		10	15
Protect and rehabilitate / strengthen livelihoods of vulnerable households to climate hazards through the distribution of agricultural inputs for the main / rainy season (including lowland crops)	Chad	Number of households receiving assistance in agriculture for the main / rainy season		-	10,000

STRATEGIC OBJECTIVE 3: Deliver coordinated and integrated life-saving assistance to people affected by emergencies.

Joint Humanitarian Priority #1: Addressing the humanitarian impact of food insecurity

Activity	Location	Output indicator	Cluster/Sector partner	Mid-2014 Target	End- 2014 Target
Emergency distribution of agricultural inputs for off season gardening and season recession crops	Chad	Number of households receiving assistance in agriculture for off season vegetable gardening and season recession crops		-	7,500
Emergency distribution of agricultural inputs for the main /rainy season (including lowland crops)	Chad	Number of households receiving assistance in agriculture for the main / rainy season		15,000	15,000
Distribution of livestock inputs (restocking, animal feed, zoo veterinary input...)	Chad	Number of households assisted in breeding activities		10,000	10,000
Free Food Assistance (in kind and cash transfer)	Chad	Number of women, children, girls and boys, men receiving food assistance in kind Quantity of food distributed (T)		500,000	1,200,000 60,000
Quality Control and Post Distribution Monitoring (PDM)	Chad	Number of PDM surveys conducted		-	15

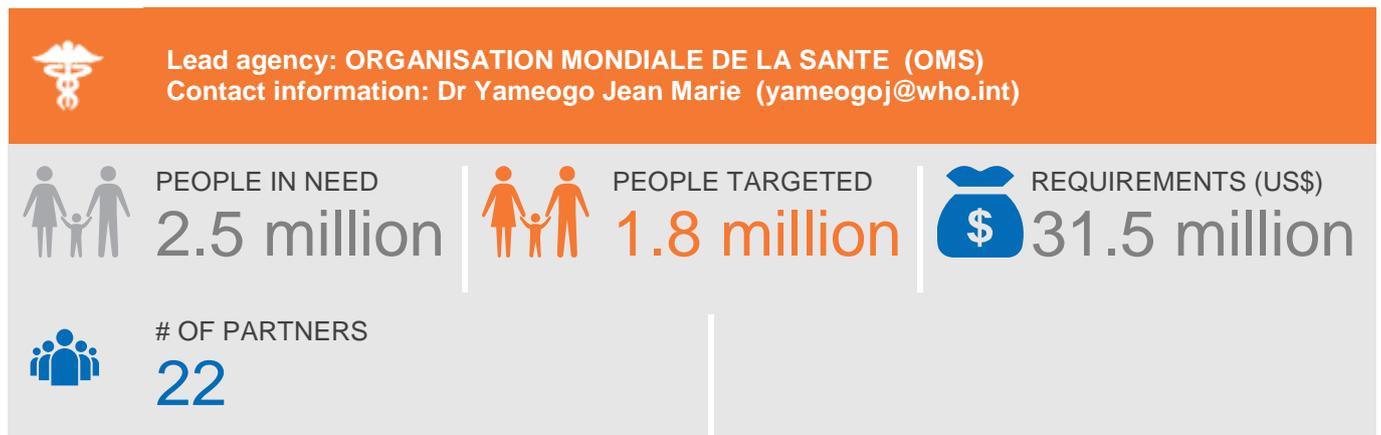
Joint Humanitarian Priority #3: Addressing the humanitarian impact of conflicts

Activity	Location	Output indicator	Cluster/Sector partner	Mid-2014 Target	End- 2014 Target
Distribution of livestock inputs (restocking, animal feed, zoo veterinary inputs...)	Chad	Number of refugee households receiving assistance in pastoral activities		-	500
		Number of host households receiving assistance in pastoral activities			500
Emergency distribution of agricultural inputs for off season gardening and season recession crops	Chad	Number of refugee households receiving assistance in agriculture for off season vegetable gardening and season recession crops		-	1,000
		Number of of host households receiving assistance in agriculture for off season vegetable gardening and season recession crops		-	1,000

Joint Humanitarian Priority #5: Addressing the humanitarian impact of natural disasters

Activity	Location	Output indicator	Cluster/Sector partner	Mid-2014 Target	End- 2014 Target
Emergency distribution of agricultural inputs for off season gardening and season recession crops	Chad	Number of households receiving assistance in agriculture for off season vegetable gardening and season recession crops		-	1,000
Emergency distribution of agricultural inputs for the main /rainy season (including lowland crops)	Chad	Number of households receiving assistance in agriculture for the main / rainy season		1,000	1,000
Emergency distribution of livestock inputs (restocking , animal feed , zoo veterinary inputs ...)	Chad	Number of households assisted in pastoral activities		-	500

HEALTH



The Chadian health system unfortunately reports poor outcomes on main indicators for health: high rates of maternal mortality (1,099 per 100,000 live births – EDSTII), infant mortality (109 per 1,000) and neonatal mortality (39 per 1,000 – MICS 2010).

Poor coverage, access, quality and utilization of health care services underpin these results. Moreover, acute shortage of skilled health personnel (doctors, pharmacists, nurses and midwives) is a characteristic of the Chadian health system. Coverage for immunization for example is hampered by insufficient amounts of staff trained in the area of management particularly, as well as limited access to vaccination centres by the population.

Secondary care (hospital settings) is unequipped for quality response to acute emergencies and needs to be urgently supported, particularly with regards to human resources and medical supplies.

Recurrent outbreaks of cholera, meningitis and measles are a salient characteristic of the epidemiological context in Chad.

The main priorities of the Health Cluster are:

- Provide access to health care for vulnerable populations affected by crisis, in particular access to vaccination, HIV/AIDS, SGBV, and reproductive health;
- In collaboration with the Nutrition Cluster provide medical management of severe acute malnutrition in areas with a rate of > 15% or > 10 % of MAG if factors present significant deterioration;
- Provide free medical care to vulnerable populations affected by crisis situations (nutritional, epidemics, natural disasters, conflict);
- Strengthen the capacity of the health system and communities to ensure resilience to epidemics and natural disasters.

These priorities of the cluster take into account the close link between health, nutrition and WASH and key cross-cutting issues such as gender, HIV/AIDS and protection, including sexual violence (SGBV).

STRATEGIC OBJECTIVE 1: Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming.

Joint Humanitarian Priority #2: Addressing the humanitarian impact of malnutrition

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Provision of necessary drugs and first-aid kits to guarantee health and nutrition care (ex : treatment of SAM hospitalizations)	Sahel-belt (Barh El-Ghazal, Batha, Guera, Hadjer-Lamis, Kanem, Lac, Ouaddai, Salamat, Sila, Wadi Fira) and N'Djamena city.	Number and percentage of Health centers out of stock for over 1 week.	Nutrition		0
Ensure guidance and link between in-hospital care for SAM and HIV/TB programs.	Sahel-belt (Barh El-Ghazal, Batha, Guera, Hadjer-Lamis, Kanem, Lac, Ouaddai, Salamat, Sila, Wadi Fira) and N'Djamena city.	Number of patients admitted for SAM tested for HIV and TB and – in case – treated.	Nutrition		200

Joint Humanitarian Priority #4: Addressing the humanitarian impact of epidemics

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Establish sentinel sites for monitoring potential epidemic diseases.	Batha, Barh El-Ghazal, Chari Baguirmi, Guera, Hadjer Lamis, Kanem, Lac, Logone Occidental, Logone Oriental, Mayo Kebi Est et Ouest, Mandoul, Ndjamen, Ouaddai, Salamat, Sila, Wadi Fira and Tandjilé.	- Number of reports completed with timely provided data and publically shared. - Number of staff trained for the task.			At least 1/month 200
Capacity analysis to respond to epidemics.	Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis, Kanem, Lac, Logone Occidental, Logone Oriental, Mayo Kebi Est et Ouest, Mandoul, Ndjamen, Ouaddai, Salamat, Sila, Wadi Fira and Tandjilé.	Number of Contingency Plans plans that include an analysis of the local and national capacity to respond to outbreaks.	WASH	5	10
Assess the coverage of epidemic response campaign.	Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis, Kanem, Lac, Logone Occidental, Logone Oriental, Mayo Kebi Est et Ouest, Mandoul, Ndjamen, Ouaddai, Salamat, Sila, Wadi Fira and Tandjilé.	Number of supported assessments		5	10
Analysis of national anti-epidemics response evaluations.	Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis, Kanem, Lac, Logone Occidental, Logone Oriental, Mayo Kebi Est et Ouest, Mandoul, Ndjamen,	Number of follow-up and evaluation reports available and percentage of epidemic outbreaks covered.		5	10

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Installation of surveillance sites for diseases with epidemic potential.	Ouaddai, Salamat, Sila, Wadi Fira and Tandjilé. Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis, Kanem, Lac, Logone Occidental, Logone Oriental, Mayo Kebi Est et Ouest, Mandoul, Ndjamenana, Ouaddai, Salamat, Sila, Wadi Fira and Tandjilé.	Number of complete reports timely available and widely distributed and percentage of coverage.		At least 1/month	At least 1/month

STRATEGIC OBJECTIVE 2: Support vulnerable populations to better cope with shocks by responding earlier to warning signals, by reducing post-crisis recovery times and by building capacity of national actors.

Joint Humanitarian Priority: All

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Routine EPI vaccination including Hib and measles.	Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis, Kanem, Lac, Logone Occidental, Logone Oriental, Mayo Kebi Est et Ouest, Mandoul, Ndjamenana, Ouaddai, Salamat, Sila, Wadi Fira and Tandjilé.	Number of vaccinated children and percentage of total.			At least 2 campaigns
Vitamin A supplementation for children under 5 to reduce the overall risk of death as well as new occurrences of diarrhoea and measles cases.	Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis, Kanem, Lac, Logone Occidental, Logone Oriental, Mayo Kebi Est et Ouest, Mandoul, Ndjamenana, Ouaddai, Salamat, Sila, Wadi Fira and Tandjilé.	Number of campaigns supported for universal Vitamin A supplementation for children under 5.	Nutrition		At least 2 campaigns.
Zinc supplementation, dietary improvements, or fortification for the prevention of pneumonia for children aged 44 to 59 months.	Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis, Kanem, Lac, Logone Occidental, Logone Oriental, Mayo Kebi Est et Ouest, Mandoul, Ndjamenana, Ouaddai, Salamat, Sila, Wadi Fira and Tandjilé.	Number of initiatives.			At least 2 initiatives.
Access to impregnated mosquito nets.	Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis, Kanem, Lac, Logone Occidental, Logone Oriental, Mayo Kebi Est et Ouest, Mandoul, Ndjamenana, Ouaddai, Salamat, Sila, Wadi Fira and Tandjilé.	Number of targeted households utilizing impregnated nets.		50,000	100,000
Preventive treatment of	Batha, Bar-Elgazel, Chari	Number of women		2,000	5,000

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
anti-malaria during pregnancy.	Baguirmi, Guera, Hadjer Lamis, Kanem, Lac, Logone Occidental, Logone Oriental, Mayo Kebi Est et Ouest, Mandoul, Ndjamenana, Ouaddai, Salamat, Sila, Wadi Fira and Tandjilé.	who received 1 dose or more of sulfadoxine-pyriméthamine (SP)			
Staff training on case management of diseases most likely to occur locally as per contingency plan.	Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis, Kanem, Lac, Logone Occidental, Logone Oriental, Mayo Kebi Est et Ouest, Mandoul, Ndjamenana, Ouaddai, Salamat, Sila, Wadi Fira and Tandjilé.	Number of total personnel trained.		100	200
Medicine pre-positioning for diseases most likely to occur locally as per contingency plan.	Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis, Kanem, Lac, Logone Occidental, Logone Oriental, Mayo Kebi Est et Ouest, Mandoul, Ndjamenana, Ouaddai, Salamat, Sila, Wadi Fira and Tandjilé.	Number of health centers in target areas having in stock essential drugs for tracing and treatment of selected diseases.		10	15
Support a functional system of disease surveillance	Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis, Kanem, Lac, Logone Occidental, Logone Oriental, Mayo Kebi Est et Ouest, Mandoul, Ndjamenana, Ouaddai, Salamat, Sila, Wadi Fira and Tandjilé.	- Number of reports with complete and available data in a timely that are publicly shared - Number of staff trained		At least 1/month	At least 1/month
				50	100
IEC/C4D taking into consideration gender and age	Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis, Kanem, Lac, Logone Occidental, Logone Oriental, Mayo Kebi Est et Ouest, Mandoul, Ndjamenana, Ouaddai, Salamat, Sila, Wadi Fira and Tandjilé.	Number of health facilities displaying IEC tools that target children, teenagers, women and men	Nutrition, WASH	At least 2/month	At least 2/month

STRATEGIC OBJECTIVE 3: Deliver coordinated and integrated life-saving assistance to people affected by emergencies.

Joint Humanitarian Priority #1: Addressing the humanitarian impact of food insecurity

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Malnourished screening	Food insecure areas	- Number of children screened in the community - Number of children screened in a health facility	Nutrition	5,000	10,000
Prevention of malnutrition	Food insecure areas	- Number of staff (F/M) trained in Infant Feeding and Young Child Feeding (IYCF)	Nutrition	50	100
		- Number of staff (F/M) formed in the distribution of Plumpy of Oz (or other evidence-based therapeutic food ready)		100	200
		- Number of staff (F/M) trained on essential family practices (EFP)		100	200
		- Number of IEC/C4D activities on essential family practices (EFP) that take into consideration gender and age		At least 2/month	At least 2/month

Joint Humanitarian Priority #2: Addressing the humanitarian impact of malnutrition

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Malnourished screening	Sahel-belt (Barh El-Ghazal, Batha, Guera, Hadjer-Lamis, Kanem, Lac, Ouaddai, Salamat, Sila, Wadi Fira)	- Number of children screened in the community	Nutrition	5,000	10,000
		- Number of children screened in a health facility		5,000	10,000
Support free of charge management of severe acute malnutrition (SAM) in ambulatory	Sahel-belt (Barh El-Ghazal, Batha, Guera, Hadjer-Lamis, Kanem, Lac, Ouaddai, Salamat, Sila, Wadi Fira)	- Number of health facilities stocked with drugs and supplies - Number of free consultations in health facilities	Nutrition	20	20
				At least 20/day	At least 20/day

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Support free of charge management of severe acute malnutrition (SAM) in hospital	Sahel-belt (Barh El-Ghazal, Batha, Guera, Hadjer-Lamis, Kanem, Lac, Ouaddai, Salamat, Sila, Wadi Fira	- Number of health facilities stocked with drugs and supplies - Number of free consultations in the structures of secondary health	Nutrition	20 At least 20/day	20 At least 20.day
Free medical care for children in non-malnourished context of nutritional crisis	Sahel-belt (Barh El-Ghazal, Batha, Guera, Hadjer-Lamis, Kanem, Lac, Ouaddai, Salamat, Sila, Wadi Fira	- Number of health facilities stocked with drugs and supplies - Number of pediatric consultations in primary and hospital level in non-malnourished children		20 40/day	20 40/day
Provide free nutrition, health drugs and other essential supplies for community primary health care facility as well as in-hospital	Sahel-belt (Barh El-Ghazal, Batha, Guera, Hadjer-Lamis, Kanem, Lac, Ouaddai, Salamat, Sila, Wadi Fira	- Number of health facilities that are out of stock of essential medicines and tracer products for more than one week	Nutrition	0	0
Advise and train health workers at the community level, primary health care centres and hospitals	Sahel-belt (Barh El-Ghazal, Batha, Guera, Hadjer-Lamis, Kanem, Lac, Ouaddai, Salamat, Sila, Wadi Fira	-Number of health facilities in which medical care protocols are in place	Nutrition	20	20

Joint Humanitarian Priority #3: Addressing the humanitarian impact of conflict

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Ensure effective and efficient coordination of humanitarian health	National/Regional	- Number of monthly health coordination meetings - Mapping of health actors (3-4W) updated regularly		At least 1/3 month	At least 1/3 month
Measles vaccination	Areas of conflict/displacement	Number of children receiveing 1 free dosis of vaccine		50,000	100,000
RETROFIT vaccine antigens routine EPI	Areas of conflict/displacement	-Number of children fully immunized -Number of structures supported with vaccines and other supplies		50,000 20	100,000 20
Medical management of sexual violence	Areas of conflict/displacement	- Number of cases of sexual violence supported by the health sector - Number of cases referred to sexual violence protection agencies	Protection	20 20	50 50

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Setting under ARV the PLWHIV	Areas of conflict/displacement	- Number of PLWHIV found temporarily out of treatment		50	100
		- Number of PLWHIV temporarily out of treatment that are now under free ARV		50	100
Free access to primary health care	Areas of conflict/displacement	- Number of health facilities stocked with drugs and supplies		20	20
		- Number of free consultations in primary health care structures		At least 10/day	At least 10/day
Free emergency care secondary health services, including surgery	Areas of conflict/displacement	- Number of health facilities stocked with drugs and supplies		20	20
		- Number of free consultations in health facilities			At least 20/day
		- Number of carried out surgery			At least 50/day
Access to clean delivery (Minimum Initial Service)	Areas of conflict/displacement	- Number of delivery kits distributed			25,000
		- Number of staff (F/M) trained in emergency obstetric care			200
Mental health (psycho-social support)	Areas of conflict/displacement	Number of health facilities assessed for their ability to support mental health (psycho-social)	Protection		10

Joint Humanitarian Priority #4: Addressing the humanitarian impact of epidemics

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Notification and investigation of epidemic alerts	Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis, kanem, Lac, Logone Accidental, Logone Oriental, Mayo Kebi Est et Ouest, Ndjamenana, Ouaddai, Salamat, Sila, Wadi Fira, la Tandjilé, Ndjamenana	- Number of samples transported to a reference laboratory			100
		- Number of alert of epidemics reported in 48h			At least 1
Treatment of cases (Mali, ARI, diarrhoea, measles, meningitis, cholera, yellow fever, polio)	Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis, kanem, Lac, Logone Accidental, Logone Oriental, Mayo Kebi Est et Ouest, Ndjamenana, Ouaddai, Salamat, Sila, Wadi Fira la Tandjilé, Ndjamenana	- Number of epidemics controlled with a fatality rate consistent with international standards			At least 1/month
IEC/C4D activities sensitive to gender and age	Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis, kanem, Lac, Logone	Number of health facilities displaying IEC tools that target childre, teenagers,			At least 2/month

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
	Accidental, Logone Oriental, Mayo Kebi Est et Ouest, Ndjamenana, Ouaddai, Salamat, Sila, Wadi Fira la Tandjilé, Ndjamenana	women and men			

Joint Humanitarian Priority #5: Addressing the humanitarian impact of natural disasters

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Ensure effective and efficient coordination of humanitarian health activities	Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis, kanem, Lac, Logone Accidental, Logone Oriental, Mayo Kebi Est et Ouest, Ndjamenana, Ouaddai, Salamat, Sila, Wadi Fira la Tandjilé, Ndjamenana	- Number of monthly health coordination meetings - Mapping of health actors (3-4Ws) updated regularly			At least 1/month At least every 3/month
Free access to primary health care	Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis, kanem, Lac, Logone Accidental, Logone Oriental, Mayo Kebi Est et Ouest, Ndjamenana, Ouaddai, Salamat, Sila, Wadi Fira la Tandjilé, Ndjamenana	- Number of health facilities stocked with drugs and supplies - Number of free consultations in primary health care structures			20 At least 10/day
Free emergency care secondary health services, including surgery	Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis, kanem, Lac, Logone Accidental, Logone Oriental, Mayo Kebi Est et Ouest, Ndjamenana, Ouaddai, Salamat, Sila, Wadi Fira la Tandjilé, Ndjamenana	- Number of health facilities stocked with drugs and supplies - Number of free consultations in health facilities - Number of carried out surgery			20 At least 20/day 100
IEC/C4D activities sensitive to gender and age coupled with distribution of water purification (aquatabs) and hygiene (soap)	Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis, kanem, Lac, Logone Accidental, Logone Oriental, Mayo Kebi Est et Ouest, Ndjamenana, Ouaddai, Salamat, Sila, Wadi Fira, la Tandjilé, Ndjamenana	- Number of health facilities displaying IEC tools that target children, teenagers, women and men - Number of households that received soap for washing the body and linens			At least 2/month 100,000
RETROFIT vaccine antigens routine EPI	Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis,	-Number of children fully immunized -Number of structures			50,000 20

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
	kanem, Lac, Logone Accidental, Logone Oriental, Mayo Kebi Est et Ouest, Ndjamena, Ouaddai, Salamat, Sila, Wadi Fira la Tandjilé, Ndjamena	supported with vaccines and other supplies			
Access to clean delivery (Minimum Initial Service)	Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis, kanem, Lac, Logone Accidental, Logone Oriental, Mayo Kebi Est et Ouest, Ndjamena, Ouaddai, Salamat, Sila, Wadi Fira la Tandjilé, Ndjamena	- Number of delivery kits distributed - Number of staff (F/M) trained in emergency obstetric care			50,000 200
Mental health (psycho-social support)	Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis, kanem, Lac, Logone Accidental, Logone Oriental, Mayo Kebi Est et Ouest, Ndjamena, Ouaddai, Salamat, Sila, Wadi Fira la Tandjilé, Ndjamena	Number of health facilities assessed for their ability to support mental health (psycho-social)	Protection		10

LOGISTICS


Lead agency: World Food Programme (WFP)
Contact information: first name surname (email)



PEOPLE IN NEED
2.8 million



PEOPLE TARGETED
2.1 million



REQUIREMENTS (US\$)
23 million



OF PARTNERS
+100

UNHAS:

WFP established its United Nations Humanitarian Air Services (UNHAS) special operation in 2004 to facilitate air transport of humanitarian personnel and light relief cargo for the United Nations agencies, NGOs and donor missions operating in Chad. Since then, UNHAS has been recognized by the entire humanitarian community in Chad as the safest and most reliable common air service, satisfying the occupational needs of the United Nations agencies, NGOs and other humanitarian actors in the country.

In 2014, UNHAS seeks to provide a safe, reliable and cost efficient air transport service to the humanitarian community providing assistance to refugees, host populations and internally displaced persons (IDPs) throughout the country.

With operational bases in N'Djamena, Abeche and Goz-Beida, UNHAS provides air services to 17 destinations within Chad with a fleet of three fixed wing aircraft. Currently, more than 100 humanitarian entities rely on UNHAS flights to implement and monitor their projects.

The operational fleet will consist of four air craft (1x50 –seat Dash 8 (300-series), 2x19 seat Let410, based strategically in N'Djamena, Abeche and Goz-Beida to respond effectively to regular demand, emergencies and evacuations.

NUTRITION



Lead agency: United Nations Children's Fund (UNICEF)
Contact information: Paola Valenti (pvalenti@unicef.org)



PEOPLE IN NEED

1.4 million



PEOPLE TARGETED

847,000



REQUIREMENTS (US\$)

42.4 million



OF PARTNERS

21

Category	People in Need			People Targeted		
	Women	Men	Total	Women	Men	Total
Children SAM	67,767	67,766	135,533	67,767	67,766	135,533
Children MAM	150,325	150,324	300,649	88,500	88,500	177,000
Blanket feeding	139,098	139,098	278,196	139,098	139,098	278,196
IYCF activities	290,930	290,930	581,860	55,639	55,639	111,278
Malnourished pregnant and lactating women	182,393	-	182,393	20,000		20,000
Training	600	1,000	1,600	600	700	1,300
Vitamin A supplementation	830,101	830,101	1,660,202	788,596	788,596	1,577,192
Deworming	737,867	737,867	1,475,734	664,080	664,080	1,328,160

During the period 2014-2016 the nutrition cluster partners aim to increase the impact of the nutrition response by: (i) improving the quality and coverage of the management of acute malnutrition to reduce morbidity and mortality among children (ii) the prevention of irreversible damages of chronic malnutrition through strengthening actions aimed at infant and young child feeding (IYCF) optimal prevention of micronutrient deficiencies and increased integration with other sectors such as WASH, food security and health, to promote an intersectoral approach acting on the underlying causes of malnutrition, (iii) the strengthening of the monitoring of activities to analyze the risks and vulnerabilities of populations and use the results to inform the humanitarian response, (iv) the reinforcement of intra and inter sectoral coordination to improve the effectiveness of nutritional response and preparedness, allowing faster post-crisis recovery and strengthening national capacities. These four sectoral objectives of the Nutrition Cluster contribute directly to the three strategic objectives of the SRP. The priority areas of is the Sahel Belt, however, the cluster will continue to closely monitor the nutritional situation in the southern regions of the country.

Long-term interventions are needed to significantly reduce malnutrition, whether acute or chronic. Within the Nutrition Cluster strategic objectives, the partners agreed to put a particular emphasis on some aspects of the nutritional response, identified as needing improvement. Over the next three years the partners wish to strengthen the implementation of IYCF interventions by a transversal approach with several entry points in order to increase the national rate of exclusive breastfeeding and early initiation of breastfeeding, which remain very low (3.3% EBF and data on early initiation are not available). This will increase the capacity of health staff and community workers for IYCF interventions, particularly for their better dissemination, documentation and monitoring of implementation activities. Nutrition cluster partners also want to put a particular emphasis on strengthening community mobilization to increase the coverage of the management of cases of severe acute malnutrition, which currently vary between

22% and 45% in the Sahel belt. Based on the experience already gained in this field, the nutrition cluster partners will strengthen community mobilization on an intersectoral and harmonized platform by aligning on government initiatives already underway. Over the period 2014-2016 the nutrition cluster partners also want to put an emphasis on the integration and strengthening of nutrition activities within the health system to promote sustainability and strengthen the resilience of health systems to nutritional crises.

In terms of inter-sectoral actions, the nutrition cluster continues to support the implementation of the WASH in NUT strategy and seek to better operationalize this strategy through a joint needs assessment approach, mapping and monitoring interventions minimum Wash in NUT package. The nutrition cluster will also strengthen coordination, information sharing and capacity building with the food security and health clusters. Opportunities for joint action, particularly in the programming food security interventions sensitive to nutrition and the role of nutrition activities in the control of childhood diseases will be explored. This intersectoral approach will be based in particular on existing national operational frameworks such as AGIR, SUN and REACH, allowing greater synergy between emergency and development interventions.

The Nutrition cluster is committed to improving the integration of gender, protection and resilience in the nutritional emergency programming. Regarding gender, the partners will emphasis on analysis and further use of sex-disaggregated data. Nutrition cluster partners will ensure that fathers and mothers of the community are also targeted by nutrition education activities and will endeavor to respect gender equality in training and capacity building.

The nutrition cluster will integrate multilevel protection activities: (i) strengthening the parent -child relationship and the integration of care practices and psychosocial support activities in support and nutrition awareness (ii) strengthening referral systems between stakeholders case of nutrition and protection for optimal management of affected populations (iii) the capitalization of the opportunities that present nutrition in terms of gateways for sensitization on the theme protection and gender-based violence (including through interventions IYCF).

The nutrition cluster wants to integrate resilience in its humanitarian programming at two levels: 1) to strengthen the capacity of individuals to respond to shocks without compromising their nutritional status and 2) to strengthen health systems to respond to crises when they occur. Enhancing individual resilience will go through prevention of malnutrition and better cross-sectoral integration, especially with food security interventions, WASH, prevention and treatment of common diseases. Since a nutritional surveillance system is in place, it is better anticipate peaks of malnutrition during the lean period and implement emergency preparedness plans that identify potential bottlenecks in the adequate care for more children.

During the period 2014-2016, the nutrition cluster aims to better integrate the transverse component of accountability to affect populations in its humanitarian programming. This will go through a phase of awareness, guidance and sharing of experiences on this topic, followed by a greater advocacy for the integration of accountability in nutrition activities. The nutrition cluster aims to develop appropriate and harmonized tools to monitor and analyze the integration of accountability and its impact on the programmatic decision making. The Nutrition cluster is aligned with operational frameworks of SUN and REACH, which includes the involvement of the civil party.

Strategies will also be applied as mentioned in emergencies such as population displacement and / or climatic disasters and kept in mind when preparing contingency plans National and Regional.

The nutrition cluster will continue to support and strengthen the capacity of the National party in the coordination of emergency activities to prepare for a possible deactivation clusters.

STRATEGIC OBJECTIVE 1: Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming.

Joint Humanitarian Priority #2: Addressing the humanitarian impact of malnutrition

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Improve the compilation of routine nutrition through training, supervision and coaching	Sahel Belt	# Nutrition reports compiled by the districts, available on a monthly basis, with performance indicators informed	MSP et CNNTA		33
		# # Of regions with base PCMA data updated monthly by the delegations Sanitary			11
		# regions with at least one staff trained on data management nutrition			11
Perform SMART surveys every 6 months (during the lean period and post weld) to monitor nutritional status	Sahel Belt	# Of surveys SMART and validated by the nutrition cluster	CNNTA /Sécurité Alimentaire/ Institut National de Statistique		1 per Region & 1 per district
Perform a coverage survey each year to monitor the nutrition programme coverage	Sahel Belt	# Of coverage surveys conducted and validated by the nutrition cluster	CNNTA/ Institut National de Statistique		1 Region
Strengthen national and regional capacities in emergency preparedness	Sahel Belt	A national contingency plan available nutritional	MSP/ CNNTA /Institut National de Statistique		1
		# Of regional nutritional contingency plan available			11
		# Of contingency stocks (inputs for PCMA) available at the regional level			11

STRATEGIC OBJECTIVE 2: Support vulnerable populations to better cope with shocks by responding earlier to warning signals, by reducing post-crisis recovery times and by building capacity of national actors.

Joint Humanitarian Priority #2: Addressing the humanitarian impact of malnutrition

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Strengthen national capacity to manage the coordination of emergency nutrition response	National	# Nutrition cluster meetings chaired by the national party	MSP/CNNTA/ WASH /Sécurité Alimentaire		4
		# Nutrition cluster meetings organized by the National Party			3
Strengthening of central and community capacity for the implementation of quality CMAM programme	Lac, Kanem, BEG, Hadjer Hamis, Batha, Guera, Salama, Sila, Ouaddai, Wadi Fira	# Of health centers in priority regions implementing CMAM activities	MSP, CNNTA		470
		# Of regional and district hospitals with an Outpatient Therapeutic Programme (OTP)			34
		# Of CMAM trainers trained (disaggregation by gender)			80 (30M, 50F)
		# Of OTP trainers trained (disaggregation by gender)			36 (15M, 21F)

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
		# Of health centers in priority areas with at least one person trained on the CMAM National Protocol			470 34
		# Of regional and district hospitals with CNT with at least one physician trained in the management of medical complications of SAM			1,300 (600M,700F) 1500 (200M, 1,300F)
		# Of health workers trained in CMAM (disaggregation by gender)			4
		# Of CHWs trained on CMAM (disaggregation by gender)			
		# Of sites established best practices (best practice websites)			
Improve intersectoral coordination and information sharing	National	# Of clusters whose strategic plan incorporates aspects of nutrition	MSP/CNNTA/ WASH /Sécurité Alimentaire		3
		# Of inter-cluster meetings and meetings of other cluster with participation of nutrition cluster			6
		# Intersectoral analyzes conducted with the participation of nutrition cluster			4

STRATEGIC OBJECTIVE 3: Deliver coordinated and integrated life-saving assistance to people affected by emergencies.

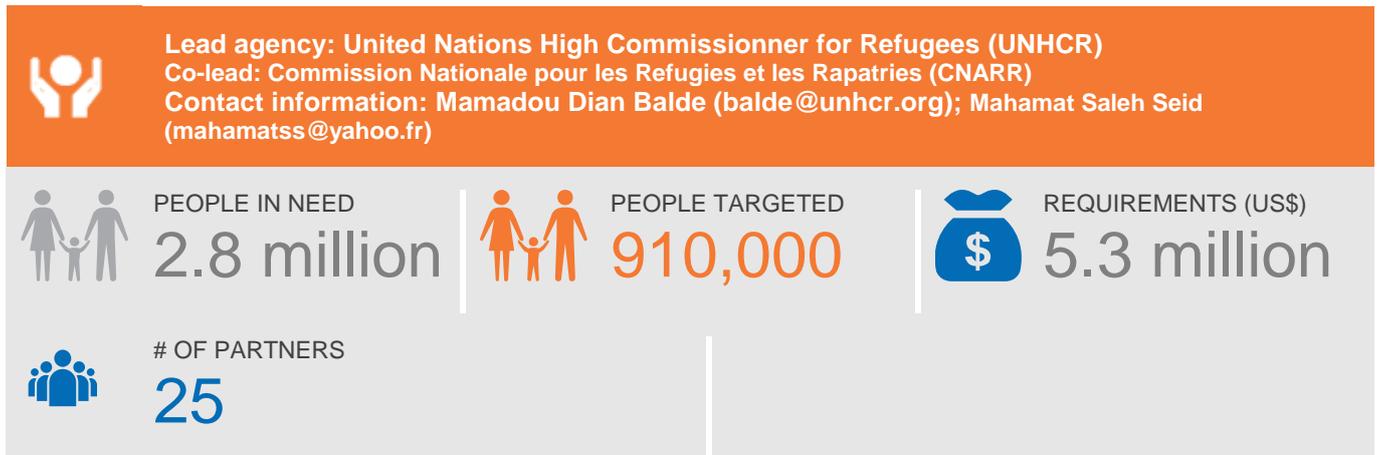
Joint Humanitarian Priority #2: Addressing the humanitarian impact of malnutrition

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Provide regular and timely CMAM supply	Lac, Kanem, BEG, Hadjer Hamis, Batha, Guera, Salama, Sila, Ouaddai, Wadi Fira	# Of Regional Supply Management Committee fully functional	MOH and CNNTA		11
		# Of days out of stock RUTF (total districts)			10
		# Of days out of stock RUSF (total districts)			20
		# Of days out of stock systematic treatment (total districts)			20
Improve community mobilization activities to increase coverage and demand for services PCMA	Lac, Kanem, BEG, Hadjer Hamis, Batha, Guera, Salama, Sila, Ouaddai, Wadi Fira	# And % of health facilities with CMAM service with community mobilization activities	MOH and CNNTA		80%
		# Of children diagnosed acute malnutrition through community mobilization activities (disaggregated by age and sex)			54,214
		% Of diagnosed acute malnourished children actually treated			100%
		% Of admissions from a Community Reference			40%
Provide CMAM services and nutritional support for PLW	Lac, Kanem, BEG, Hadjer Hamis, Batha, Guera, Salama, Sila, Ouaddai, Wadi Fira	# New SAM admissions (disaggregated by age and sex)	MSP et CNNTA		135,533
		# Ration for caregivers of SAM children distributed in CNT			20,000
		# New MAM admissions (disaggregated by age and sex)			300,000

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
		# Of pregnant and lactating women receiving nutritional support (disaggregated by age)			182,393
Enhance integration with other sectors to maximize the impact of the intervention and improve the nutritional resilience	Lac, Kanem, BEG, Hadjer Hamis, Batha, Guera, Salama, Sila, Ouaddai, Wadi Fira	% Of health centers that integrate CMAM and WASH in Nut package	MOH, CNNTA, WASH	50%	
		% Of having integrated the treatment of MAS in integrated management of diseases of childhood health centers		100%	
Strengthening health and community capacity on appropriate IYCF practices	Lac, Kanem, BEG, Hadjer Hamis, Batha, Guera, Salama, Sila, Ouaddai, Wadi Fira	# Of IYCF trainers trained on counseling (including BCC and psychosocial support)	MOH and CNNTA	20	
		# Of health workers trained on IYCF (including BCC and psychosocial support)		300	
		# Of CHWs trained on IYCF (including BCC and psychosocial support)		1,000	
		% Of health centers in priority areas of intervention with at least a counselor / advisor IYCF formed (e)		300	
		Existence of a national strategy on IYCF		1	
		Existence of a national training module on IYCF		1	
		Existence of a national awareness kit on IYCF (including a list of local foods rich in nutrients and incorporating awareness messages WASH, health, protection)		1	
Improving knowledge, attitudes and practices of caregivers of children on IYCF	Lac, Kanem, BEG, Hadjer Hamis, Batha, Guera, Salama, Sila, Ouaddai, Wadi Fira	# Of persons sensitized on IYCF (disaggregation by gender)	MOH and CNNTA	581,860	
		% Of caregivers who have received awareness training on IYCF		100,000	
		% Of mothers living with HIV who received advice on breastfeeding practices		80%	
Provide micronutrient supplementation for children <5 years and pregnant and lactating women	National	# And % of children 6-59 months by district who received vitamin A supplementation in the last 6 months	MOH and CNNTA	90%	
		# And % of children 12-59 months who received deworming during the last 6 months		90%	
		# And % of women who received postpartum vitamin A supplementation in the last 6 months		50%	
		# Of pregnant women who received iron and folic acid supplements		60%	
Implement Blanket Feeding activities to prevent deterioration of the nutritional status of children 6-23 months and lactating women during the lean season	Lac, Kanem, BEG, Hadjer Hamis, Batha, Guera, Salama, Sila, Ouaddai, Wadi Fira	# Of children 6-23 months receiving a blanket feeding # Lactating women benefiting from blanket feeding	MOH and CNNTA		60,000

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Enhance integration with other sectors to maximize the impact of the intervention and improve the nutritional resilience	Lac, Kanem, BEG, Hadjer Hamis, Batha, Guera, Salama, Sila, Ouaddai, Wadi Fira	# Of health districts with intersectoral - multipartners nutrition projects	MOH and CNNTA, WASH, Food Security	20	70,000
		# Of caregivers of SAM children receiving WASH package			
Provide regular and timely CMAM supply	Lac, Kanem, BEG, Hadjer Hamis, Batha, Guera, Salama, Sila, Ouaddai, Wadi Fira	# Of Regional Supply Management Committee fully functional	MOH and CNNTA	11	
		# Of days out of stock RUTF (total districts)		10	
		# Of days out of stock RUSF (total districts)		20	
		# Of days out of stock systematic treatment (total districts)		20	

PROTECTION



Despite progress and a relatively durable stability in the country, Chad continues to face challenges in terms of persons' access to rights and their safety. Instability in the neighbouring countries, leading a large number of displaced persons (both refugees and returnees) to seek refuge or return to the country of their ancestors are additional factors to the fragile protection situation in the country.

Members of the Protection Cluster, co-led with the Government and comprised of both UN agencies and NGOs, were in the midst of phasing down the protection cluster in 2014, following the completion of the residual needs of former IDPs in the Sila and Ouaddai regions; and the identification of a government entity to take over the cluster responsibilities. The crisis in CAR has provoked enormous protection challenges related to safety of persons, leading to the flight of thousands of women and children from CAR and Chadians with no effective ties with the country. Other protection needs relate to various populations such as internally displaced persons in the process to achieving durable solutions as well as children affected by acute malnutrition and in need of emotional and cognitive stimulation in Hadjar Lamis Region, Lac Region, Sila Region, etc.

Prevention and response to gender based violence, family separation and related risks of abuse and exploitation affecting children, issuance of documents to ensure access to rights, etc are urgent and specific needs which members of the Protection Cluster are aiming at addressing under this Plan for the Chadian returnees, vulnerable children in various regions of Chad, and some residual IDPs.

While some of the activities of the Cluster will be of emergency nature (i.e. prevention and response to GBV, family tracing and reunification, access to education and to rule of law institutions) others will require longer term engagement (i.e. documentation, prevention of statelessness or unclear nationality, reintegration and access to land, etc.).

The Protection Cluster is comprised of two sub-clusters, on child protection (co-led by UNICEF and the Ministry of Action Sociale) and gender based violence (co-led by UNFPA and the Ministry of Action Sociale). Members of the Cluster will also ensure that protection considerations are mainstreamed in humanitarian agencies' programmes and activities.

STRATEGIC OBJECTIVE 1: Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming.

Joint Humanitarian Priority #1: Addressing the humanitarian impact of food insecurity

Activity	Location	Output indicator	Cluster/Sector partner	Mid-2014 Target	End- 2014 Target
Ensure the mainstreaming of protection considerations by coordination committees	Areas affected by food insecurity	- Number of existing coordination committees with members aware of their protection responsibilities	Food security	Mainstreaming of protection dimensions in 20% of committees	Mainstreaming of protection dimensions in 50% of committees

Joint Humanitarian Priority #3: Addressing the humanitarian impact of conflicts

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Analysis of national institutional frameworks for the protection of human rights, GBV and the situation of children	Areas affected by conflict	- Number of national institutional frameworks analyzed	All	30% of national frameworks analyzed	100% of national frameworks analyzed
Joint risk analysis of conflict and how it impacts women / men / girls / boys	Areas affected by conflict	- Joint analysis conducted and report shared	All		Report shared

STRATEGIC OBJECTIVE 2: Support vulnerable populations to better cope with shocks by responding earlier to warning signals, by reducing post-crisis recovery times and by building capacity of national actors.

Joint Humanitarian Priority #1: Addressing the humanitarian impact of food insecurity

Activity	Location	Output indicator	Cluster/Sector partner	Mid-2014 Target	End- 2014 Target
Contribute to the implementation of system to protect vulnerable populations (social net)	Various regions of Chad	- The needs of women, children and other vulnerable are taken into consideration by the system	All		

Joint Humanitarian Priority #2: Addressing the humanitarian impact of malnutrition

Activity	Location	Output indicator	Cluster/Sector partner	Mid-2014 Target	End- 2014 Target
Communication for development (C4D) and behaviour change; awareness raising against harmful practices	Areas affected by malnutrition	Number of mothers aware of the negative impact of harmful practices	All	10,000 mothers sensitized	7,000 sensitized mothers contribute in the awareness raising of harmful practices

Joint Humanitarian Priority #3: Addressing the humanitarian impact of conflict

Activity	Location	Output indicator	Cluster/Sector partner	Mid-2014 Target	End- 2014 Target
Emergency preparedness, response and capacity building (training of staff, support to national authorities, etc.)	Nationwide	Contingency plan drafted and updated; and support provided to staff and authorities	All	Contingency plan drafted and plans for training and coaching of staff in place	An updated contingency plan in place; 10% of Cluster agencies trained and support provided to authorities in affected areas
Support to inter and intra community dialogue to ensure social cohesion	Areas affected by conflicts or the impact of conflicts in various parts of Chad, particularly in East, Central, South and West	Number of community dialogue for a supported, established and functioning	All	100 community dialogue mechanisms established / supported and functioning	80% of community dialogue mechanisms participating in conflict resolution / social cohesion
Advocate for voluntary returns in safe communities	Sila Region, Southern and Western Chad	Number of voluntary returns in safe communities	All	Two advocacy sessions organized for authorities and protection monitoring conducted in Southern Chad	Two additional advocacy sessions organized for authorities and other stakeholders and protection monitoring conducted in all return areas
Advocate for/support the issuance of birth certificates, ID documents to returnees	Nationwide	Percentage of birth certificates, ID documents and other relevant documents issued to those in need	All	100% of birth certificates needed are issued; and 50% of ID documents and other relevant documents are issued	100% of birth certificates needed are issued; and 80% of ID documents and other relevant documents are issued
Support the return and reintegration of Chadian nationals from unstable neighbouring countries	Nationwide, with an emphasis on Southern and Eastern Chad	Chadian nationals willing to return are supported with transportation and reintegration	All	100% of Chadians voluntarily returning are provided with return support	100% of Chadians and their host communities are provided with adequate reintegration support (legal and socio-economic)
Establish referral mechanisms to ensure access to basic social services (education, health, WASH, etc) in affected communities (returnee communities and areas of	Sila Region, South and Western Chad	Number of referral mechanisms established	All	Number of returnees provided with adequate services	Mechanisms fully functional

Activity	Location	Output indicator	Cluster/Sector partner	Mid-2014 Target	End- 2014 Target
displacement)					
Preposition protection supplies, including for the prevention and response to GBV	Areas affected by conflicts	Number protection supplies prepositioned	All	Supplies prepositioned for 1,000 persons at risk	The management system for access and use of the protection supplies in place and functioning

STRATEGIC OBJECTIVE 3: Deliver coordinated and integrated life-saving assistance to people affected by emergencies.

Joint Humanitarian Priority #1: Addressing the humanitarian impact of food insecurity

Activity	Location	Output indicator	Cluster/Sector partner	Mid-2014 Target	End- 2014 Target
Child friendly spaces	Areas affected by conflict	- Number of existing child friendly spaces	All	25 child friendly spaces existing	50 child friendly spaces functioning

Joint Humanitarian Priority #2: Addressing the humanitarian impact of malnutrition

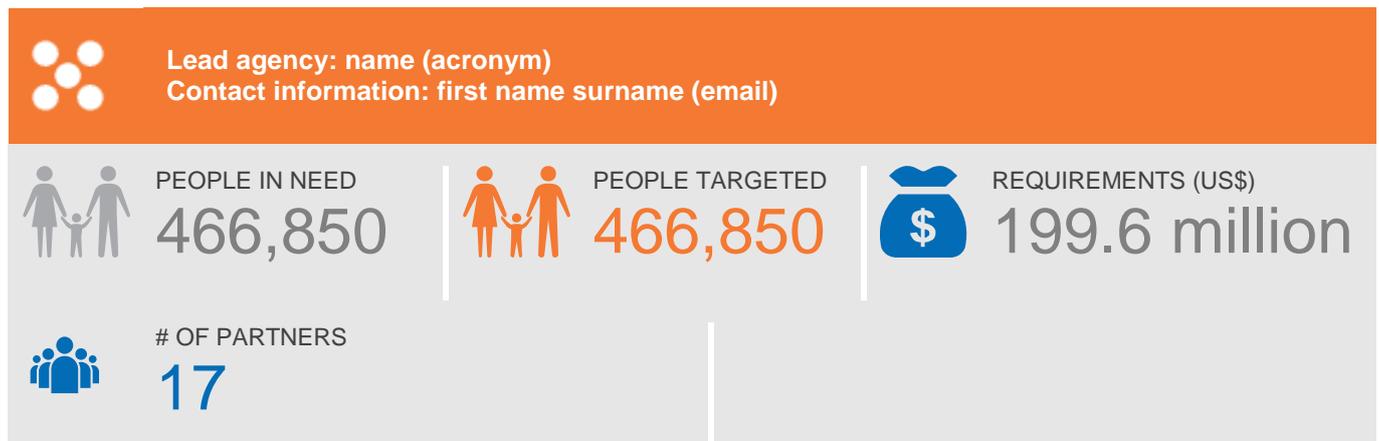
Activity	Location	Output indicator	Cluster/Sector partner	Mid-2014 Target	End- 2014 Target
Integrate psychosocial and emotional stimulation in the process of creating a regional baseline of harmonized information	Nationwide	Regional baseline contains psychosocial and emotional stimulation information	Nutrition	Tools developed	Tools are understood and they are integrated
Provide psycho-social support and emotional stimulation to persons accompanying children to nutrition centres and children themselves	Areas affected by malnutrition	Number of persons accompanying children and children benefiting from such support	Nutrition	25,000 persons benefiting from the support	50,000 persons benefiting from the support

Joint Humanitarian Priority #3: Addressing the humanitarian impact of conflict

Activity	Location	Output indicator	Cluster/Sector partner	Mid-2014 Target	End- 2014 Target
Mine Risk Education (MRE) provided	Areas affected by mines and UED	- Number of leaders, teachers, men, women and children reached by MRE - Relevance/ specificity of subject	Education	70,000 people reached	200,000 people reached
Returnees, and other displaced persons registered and profiled (child friendliness)	Nationwide and specific areas in the East, West and	Percentage of persons in need are registered, and	All	SOPs are in place; they are child	100% of persons in need of

Activity	Location	Output indicator	Cluster/Sector partner	Mid-2014 Target	End- 2014 Target
and gender sensitivity)	Southern parts of Chad	SOPs are in place and comply with child friendliness and gender sensitivity norms and standards		friendly and gender sensitive; and 70% of persons in need are registered	registration are registered, according to agreed standards
Support the national efforts to prevent and respond to GBV	Nationwide	Mechanisms to prevent and respond to GBV threats are in place and functioning	All	Advocacy events for the adoption of the National Gender Policy and GBV Strategy are in place	Policy and Strategy adopted and functioning

MULTI-SECTOR FOR REFUGEES



In 2013, conflicts in neighboring countries led to an increase of refugees being hosted in Chad. Firstly, earlier in 2013, Sudanese have fled violence in South Darfur and have crossed into Tissi area. Secondly, the conflict in Central African Republic (CAR), which emerged in December 2012, resulted in an increase of refugees in the southern part of the country. The ongoing tensions in CAR have resulted in a continuous arrival of new refugees. UNHCR and its partners therefore concentrate their work on the following target groups:

1. Sudanese refugees who fled conflict in Darfur in 2003 and the newly arrived refugees who fled inter-tribal clashes in Western Darfur in 2013, situated in the East (330,178 refugees, stand November 2013).
2. Refugees from CAR who arrived in 2003 due to political instability and refugees fleeing insecurity in CAR since the end of 2012, situated in the South (70,013 refugees, stand: November 2013)
3. Urban refugees (653) and asylum-seekers (259), mainly from the Democratic Republic of Congo (DRC), Sudan, CAR; Nigerian refugees (553) who arrived in July/August 2013 and who live among local communities in the Lake Chad area in the West. Finally, in addition to the Nigerian refugees, there are 27,277 refugees that live outside camps in the East and in the South.

Under the strategic objective (3) to deliver coordinated and integrated life-saving assistance to people affected by emergency and under the 3rd Joint Humanitarian priority, titled addressing the humanitarian impact of conflict, the following activities can be identified for 2014:

Firstly, UNHCR aims to strengthen the integration of refugees (both urban and camp-based refugees) into national programmes through collaboration with State services, local authorities, the UN family, and other humanitarian organizations. This is crucial for sectors like education and health but also for individual and civil status documentation and for registration purposes. **Refugee Status Determination (RSD)** is undergone for urban refugees and not for refugees from CAR arriving in the South or for Sudanese refugees arriving in the East as they fall under the *prima facie* regulation, and subsequently, are automatically accepted as refugees.

In addition, UNHCR and partners intend to enhance the **access to education**. Accent will be placed on the identification of out of school children and on measures to retain girls in schools, which is often a challenge. Equally important will be the training of teachers. In regard to **sexual and gender based violence (SGBV)**, UNHCR and its partners plan to enhance the support provided to SGBV survivors. One way to achieve this is the active participation of community, traditional and religious leaders and local authorities in the prevention and response to SGBV. They will be actively engaged to create a safer environment for survivors through the identification of focal persons within the community and through specifically tailored training and discussions. Hereby, groups at risk of SGBV as well as men will be involved. Lastly, 2-way communication with the community, such as sensitization and awareness campaigns, will be conducted.

Access to basic and essential services will continue to be guaranteed, especially those that respond to life-saving criteria. In the area of **health**, UNHCR aims to integrate the health services for refugees into the national health systems, notably by ensuring overall supervision of refugee health services by the Ministry of Health. UNHCR also aims at increasing the access to primary health care and at harmonizing primary health care for refugees and host communities. Regarding **WASH**, UNHCR and partners aim to enhance the water supply and to promote community participation for water management.

In order to promote **self-reliance and livelihood**, UNHCR and its partners promote agricultural and livestock activities alongside income-generating activities. In close coordination with partners, a *Household Economic Analysis* will be conducted in targeted camps in order to evaluate and recommend both the type and the level of appropriate assistance to be extended to the respective categories of refugees.

If the situation permits, UNHCR and partners make all possible efforts to integrate refugees into the local communities and villages, such as the integration of Nigerian refugees in Western Chad and the newly arrived CAR refugees in the south. Those experiences will be explored and pursued.

Crossing all priorities and activities, it is crucial to mention that UNHCR is working with partners to be prepared for an additional increase of refugees from CAR and Sudan by designing and coordinating a *Preparedness Package for Refugee Emergencies (PPRE)* to assure adequate assistance and inter-agency response.

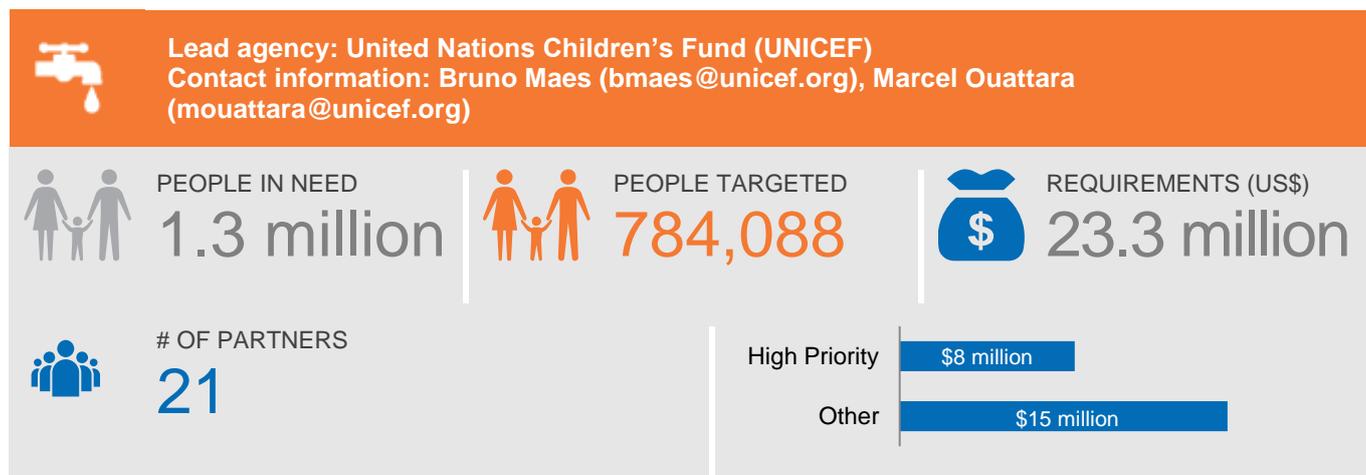
STRATEGIC OBJECTIVE 3: Deliver coordinated and integrated life-saving assistance to people affected by emergencies.

Joint Humanitarian Priority #3: Addressing the humanitarian impact of conflict

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Access to and quality of refugee status determination procedures (RSD) improved	Urban refugees and asylum seekers (653 urban refugees, 259 asylum seekers, stand: November 2013)	Extent refugee status determination procedure meets minimum procedural standards advocated by UNHCR.	Commission Nationale d'Accueil et de Réinsertion des Réfugiés et des Rapatriés (CNARR), Ministry of Justice and of Human Rights	95%	100%
Quality of registration and refugee profiling improved or maintained	Urban refugees	% of persons of concern (PoC) registered on an individual basis.	CNARR, Ministry of Justice and of Human Rights	90%	100%
	13 camps in the East	% of PoC registered on an individual basis.		100%	100%
	5 camps in the South	% of PoC registered on an individual basis.		100%	100%
Risk of sexual and gender-based violence (SGBV) reduced and quality of response improved	5 camps in the South	Extent the community is active in SGBV prevention and survivor centered protection.	Ministry of Social Action, UNFPA	30%	40%
	13 camps in the East	Extent the community is active in SGBV prevention and survivor centered protection.		30%	40%
Health status of the population improved	13 camps in East, 5 in south and south east and village hosted PoC	Extent persons of concern have access to primary health care.	Ministry of Health and its regional delegates	100%	100%
Self-reliance and livelihoods improved	5 camps in the South	% of PoC (18-59) with own business or self employed for more than 12 months.	Ministry of Agriculture, WFP, UNDP, FAO	15%	20%

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
	13 camps in the East	% of PoC (18-59) with own business or self employed for more than 12 months.		25%	36%
	Urban refugees	% of PoC (18-59) with own business or self employed for more than 12 months.		15%	20%
Supply of potable water increased or maintained	13 camps in the East	Average of litres of potable water available per person per day.	Ministries of Water Resources, UNICEF	13	15
	5 camps in the South	Average of litres of potable water available per person per day.		20	22
Population has optimal access to education	13 camps in the East	% of primary school-aged children enrolled in primary education.	Ministry of Education and its regional delegates, UNICEF	75%	80%
	5 camps in the South	% of primary school-aged children enrolled in primary education.		75%	80%

WATER SANITATION AND HYGIENE



Each year the Chad faces uncertain weather conditions and the risk of natural disaster, the population is regularly hit by floods caused over large areas or by droughts which often generate food insecurity and nutritional crisis. In 2012-2013, the floods have devastated several regions of Chad (East, South, West and Centre) causing numerous damage and sometimes loss of life. To this end, the affected people (men, women and children) floods and droughts live in very precarious living conditions due to lack of basic social services in the field of water and sanitation. This natural phenomenon is a real household public health and increases the vulnerability of the population. Given the floods, the risk of increase in diarrheal diseases oro-faecal particularly cholera, Guinea worm and malaria is likely in all affected areas. For cholera, although Chad is not reported cases of cholera in 2012 and 2013, unlike previous years (2010-2011) and neighboring countries (Niger, Nigeria and Cameroon), the uncertain trend gives no assurance for Chad. In fact, the strengthening of sectoral and intersectoral coordination (WASH and Health) for a synergy of action and the establishment of effective contingency belong essentially priority needs for the WASH sector. In addition to humanitarian emergencies, the problematic of access to safe drinking water and basic SANITATION at national level is a major challenge both at national and regional level, we note that 46% of the coverage of access to water and 12% for sanitation at the national level.

Unlike the risk of epidemics and floods in Chad and health problematic in Chad, Darfur conflict and political abuses in Central African Republic have always engenders persistent displacement and the influx of population in the South and the East of the country. At this stage, there are still 90,000 displaced people (men, women and children) in the sites and the number of returned amounted to 91,000. Note that the WASH indicators in home sites for water and sanitation show that the area is below the emergency threshold. In addition, the situation is critical in almost all regions of the south and east affected by the conflict. Indeed, it should be noted that the capacity in terms of financial resources currently are low against the technical and operational capacity is adequate to provide an effective response.

From all the foregoing, the level of vulnerability analysis shows that the level gap, challenges and needs for the WASH sector are still enormous. The package of deployment functional WASH activities adapted by vulnerability could relieve the suffering of the population on the one hand and strengthen the resilience of regional communities affected by emergencies. In the end, the general analysis of the situation shows:

- The low level of access to safe drinking water and hygiene infrastructure and basic sanitation by the standards and emergency standards (SPHERE);
- The risk of mortality related to public health in general and water and diarrheal disease in particular is relatively high in almost all emergency contexts;
- The precarious living conditions and exposure to risk to public health especially for children and women who are most affected (risk of recrudescence of cholera epidemics is likely endemic in health districts);
- Low financial and operational capacity of the government to deal with emergencies both at national and regional level (weakness in the warning system and effective response).

STRATEGIC OBJECTIVE 1: Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming.

Joint Humanitarian Priority #1: Addressing the humanitarian impact of food insecurity

Activity	Locations	Output indicator	Cluster/Sector Partner	Mid-2014 Target	End- 2014 Target
Identification of strategic mixed water points in the areas of food crisis (IPC \geq 3) and hydrological stress	Barh El-Ghazal, Batha, Guera, Hadjer-Lamis, Kanem, Lac, Ouaddai, Salamat, Sila, Wadi Fira and N'Djamena	Number of administrative areas (admin level 2) affected by food insecurity (IPC \geq 3) with strategic water points identified	Food Security/ Protection	05	11
Monitoring of water resources in areas of food insecurity (IPC \geq 3) and hydrological stress	Barh El-Ghazal, Batha, Guera, Hadjer-Lamis, Kanem, Lac, Ouaddai, Salamat, Sila, Wadi Fira and N'Djamena	Number of strategic water points regularly monitored from the source	Food Security/ Protection	01	01
Support to national authorities for data collection and analysis on access to water and sanitation	Barh El-Ghazal, Batha, Guera, Hadjer-Lamis, Kanem, Lac, Ouaddai, Salamat, Sila, Wadi Fira and N'Djamena	Number of areas with humanitarian organizations' operations with available data on access to water and sanitation, is available	Food Security/ Protection	05	11
Capitalisation / lessons learned with local and / or national		Number of areas covered by a capitalization/lessons learned exercise organized with local and / or national authorities	Food Security/ Protection	05	11
Promoting the creation of local water commission or other consultative bodies including the most vulnerable users	Barh El-Ghazal, Batha, Guera, Hadjer-Lamis, Kanem, Lac, Ouaddai, Salamat, Sila, Wadi Fira and N'Djamena	Number of consultative bodies (local water commission or committee, etc.) created that include the most vulnerable users at the decision-making level (potentially from project steering committees, maintenance committees, etc.)	Food Security/ Protection	363,000	726,000

Joint Humanitarian Priority #2: Addressing the humanitarian impact of malnutrition

Activity	Locations	Output indicator	Cluster/Sector Partner	Mid-2014 Target	End- 2014 Target
Identification of areas and the most vulnerable population to malnutrition, and joint analysis WASH/ malnutrition / aggravating factors link to the WASH sector (diarrhea)	Bande Sahelienne (Barh El-Ghazal, Batha, Guera, Hadjer-Lamis, Kanem, Lac, Ouaddai, Salamat, Sila, Wadi Fira and N'Djamena)	Number of areas with joint analysis focusing on population most at risk of malnutrition for which WASH actions can be conducted as a priority	Nutrition / Health / Protection	01	02
Contextualisation of WASH in Nut strategy at the country level and writing national advocacy documents	Sahel-belt (Barh El-Ghazal, Batha, Guera, Hadjer-Lamis, Kanem, Lac, Ouaddai, Salamat, Sila, Wadi Fira and N'Djaména)	Number of areas covered by a WASH in Nutrition strategy and advocacy [declined] at national level (contextualization)	Nutrition / Health / Protection	01	02
Appui aux autorités nationales pour la collecte et l'analyse des données relatives à l'accès à l'eau et à l'assainissement	Bande Sahelienne (Barh El-Ghazal, Batha, Guera, Hadjer-Lamis, Kanem, Lac, Ouaddai, Salamat, Sila, Wadi Fira and N'Djaména)	Number of areas with humanitarian organizations' operations with available data on access to water and sanitation, is available	Nutrition / Health / Protection	05	11
Capitalisation / lessons learned with local and / or national	Bande Sahelienne (Barh El-Ghazal, Batha, Guera, Hadjer-Lamis, Kanem, Lac, Ouaddai, Salamat, Sila, Wadi Fira and N'Djaména)	Number of areas covered by a capitalization/lessons learned exercise organized with local and / or national authorities	Nutrition / Health / Protection	05	11
Promoting the creation of local water commission or other consultative bodies including the most vulnerable users	Bande Sahelienne (Barh El-Ghazal, Batha, Guera, Hadjer-Lamis, Kanem, Lac, Ouaddai, Salamat, Sila, Wadi Fira and N'Djaména)	Number of consultative bodies (local water commission or committee, etc.) created that include the most vulnerable users at the decision-making level (potentially from project steering committees, maintenance committees, etc.)	Nutrition / Health / Protection	11	22

Joint Humanitarian Priority #3: Addressing the humanitarian impact of conflict

Activity	Locations	Output indicator	Cluster/Sector Partner	Mid-2014 Target	End- 2014 Target
Joint risk analysis of potential conflicts	Dar-Sila, Ouaddai, Wadi Fira, Moyen Chari et Logone Oriental	Number of areas with joint WASH/Protection analysis on conflict risk regularly updated	Health / Nutrition / Protection / Food Security	01	03
Support to national authorities for data collection and analysis on access to water and sanitation	Dar-Sila, Ouaddai, Wadi Fira, Moyen Chari et Logone Oriental	Number of areas with humanitarian organizations' operations with available data on access to water and sanitation, is availablehumanitaires	Health / Nutrition / Protection / Food Security	01	03

Activity	Locations	Output indicator	Cluster/Sector Partner	Mid-2014 Target	End- 2014 Target
Promoting the creation of local water commission or other consultative bodies including the most vulnerable users	Dar-Sila, Quaddai, Wadi Fira, Moyen Chari et Logone Oriental	Number of consultative bodies (local water commission or committee, etc.) created that include the most vulnerable users at the decision-making level (potentially from project steering committees, maintenance committees, etc.)	Health / Nutrition / Protection / Food Security	01	03

Joint Humanitarian Priority #4: Addressing the humanitarian impact of epidemics

Activity	Locations	Output indicator	Cluster/Sector Partner	Mid-2014 Target	End- 2014 Target
Identification and mapping of areas, populations, behaviours and high risk period for cholera transmission	Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis, kanem, Lac, Logone Accidental, Logone Oriental, Mayo Kebi East and West, Ndjamenana, Ouaddai, Salamat and la Tandjilé;	Number areas with joint WASH/Health analysis targeting the population most at-risk of cholera, for which priority WASH actions can be conducted	Health/ Protection	05	11
Identification and mapping of high risk areas of seasonal malaria transmission	Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis, kanem, Lac, Logone Accidental, Logone Oriental, Mayo Kebi Est et Ouest, Ndjamenana, Ouaddai, Salamat et la Tandjilé;;	Number of areas covered by a joint WASH/Health analysis to identify high-risk areas of seasonal malaria transmission	Health/ Protection	05	11
Support to national authorities for data collection and analysis on access to water and sanitation	Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis, kanem, Lac, Logone Accidental, Logone Oriental, Mayo Kebi Est et Ouest, Ndjamenana, Ouaddai, Salamat et la Tandjilé;	Number of areas with humanitarian organizations' operations with available data on access to water and sanitation, is available	Health/ Protection	05	11
Capitalisation / lessons learned with local and / or national	Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis, kanem, Lac, Logone Accidental, Logone Oriental, Mayo Kebi Est et Ouest, Ndjamenana, Ouaddai, Salamat et la Tandjilé;	Number of areas covered by a capitalization/lessons learned exercise organized with local and / or national authorities	Health/ Protection	05	11

Joint Humanitarian Priority #5: Addressing the humanitarian impact of natural disasters

Activity	Locations	Output indicator	Cluster/Sector Partner	Mid-2014 Target	End- 2014 Target
Identification and mapping of areas at risk for disasters (floods in the first place)	Moyen Chari, Mayo Kebbi Est, Mayo Kebbi Ouest, Tandjile, Chari Baguirmi, Salamat, Ndjamenena, Batha et le Sila;	Number Of areas covered by floodplain mapping available	Health / Nutrition / Protection / Food Security	04	09
Support to national authorities for data collection and analysis on access to water and sanitation	Moyen Chari, Mayo Kebbi Est, Mayo Kebbi Ouest, Tandjile, Chari Baguirmi, Salamat, Ndjamenena, Batha et le Sila;	Number of areas with humanitarian organizations' operations with available data on access to water and sanitation, is available	Health / Nutrition / Protection / Food Security	04	09
Capitalisation / lessons learned with local and / or national	Moyen Chari, Mayo Kebbi Est, Mayo Kebbi Ouest, Tandjile, Chari Baguirmi, Salamat, Ndjamenena, Batha et le Sila;	Number of areas covered by a capitalization/lessons learned exercise organized with local and / or national authorities	Health / Nutrition / Protection / Food Security	04	09
Promoting the creation of local water commission or other consultative bodies including the most vulnerable users	Moyen Chari, Mayo Kebbi Est, Mayo Kebbi Ouest, Tandjile, Chari Baguirmi, Salamat, Ndjamenena, Batha et le Sila;	Number of consultative bodies (local water commission or committee, etc.) created that include the most vulnerable users at the decision-making level (potentially from project steering committees, maintenance committees, etc.)	Health / Nutrition / Protection / Food Security	04	09

STRATEGIC OBJECTIVE 2: Support vulnerable populations to better cope with shocks by responding earlier to warning signals, by reducing post-crisis recovery times and by building capacity of national actors.

Joint Humanitarian Priority #1: Addressing the humanitarian impact of food insecurity

Activity	Locations	Output indicator	Cluster/Sector Partner	Mid-2014 Target	End- 2014 Target
Monitoring of the functionality of strategic water points in areas of food insecurity (IPC ≥ 3)	Barh El-Ghazal, Batha, Guera, Hadjer-Lamis, Kanem, Lac, Ouaddai, Salamat, Sila, Wadi Fira and N'Djaména	Number of strategic water points regularly monitored for its functionality	Food Security / Protection	01	01
For communities and the most vulnerable groups,systematize	Barh El-Ghazal, Batha, Guera,	Number of people benefited from a	Food Security / Prtection	01	01

Activity	Locations	Output indicator	Cluster/Sector Partner	Mid-2014 Target	End- 2014 Target
the key steps in "participatory decision " in humanitarian or development projects	Hadjer-Lamis, Kanem, Lac, Ouaddai, Salamat, Sila, Wadi Fira and N'Djaména	project's key milestones of "participatory decision-making" of communities and the most vulnerable groups			

Joint Humanitarian Priority #2: Addressing the humanitarian impact of malnutrition

Activity	Locations	Output indicator	Cluster/Sector Partner	Mid-2014 Target	End- 2014 Target
WASH activities in targeted communities based on nutrition indicators / diarrhea	Bande Sahelienne (Barh El-Ghazal, Batha, Guera, Hadjer-Lamis, Kanem, Lac, Ouaddai, Salamat, Sila, Wadi Fira and N'Djaména)	Number of men receiving improved WASH access programmes in the framework of early response/early recovery programmes	Nutrition / Health/ Protection	73,000	146,000
WASH activities in targeted communities based on nutrition indicators / diarrhea	Bande Sahelienne (Barh El-Ghazal, Batha, Guera, Hadjer-Lamis, Kanem, Lac, Ouaddai, Salamat, Sila, Wadi Fira and N'Djaména)	Number of women receiving from improved WASH access programmes in the framework of early response/early recovery programmes	Nutrition / Health/ Protection	73,000	146,000

Joint Humanitarian Priority #3: Addressing the humanitarian impact of conflict

Activity	Locations	Output indicator	Cluster/Sector Partner	Mid-2014 Target	End- 2014 Target
Contingency plan , including rapid response capabilities WASH (HR inputs)	Dar-Sila, Quaddai, Wadi Fira, Moyen Chari et Logone Oriental, Mandoul	Number of agencies involved in the development of a multisectoral contingency plan that is regularly updated and that includes simulation exercise	Nutrition / Health/ Food Security /Protection	45,000	45,000
Taking into consideration access to water and sanitation during site planning	Dar-Sila, Quaddai, Wadi Fira, Moyen Chari et Logone Oriental, Mandoul	Number of planned reception sites identified in the contingency plan explicitly taking account of access to water resources and sanitation	Nutrition / Health/ Food Security /Protection		1 2
Rehabilitation of access to WASH services (schools , health centers) in areas of displacement	Dar-Sila, Quaddai, Wadi Fira, Moyen Chari, Logone Oriental et Mandoul	Number of schools with functional WASH services in areas of displacement	Nutrition / Health/ Food Security /Protection	40	70
Rehabilitation of access to WASH services (schools , health centers) in areas of	Dar-Sila, Quaddai, Wadi Fira, Moyen Chari, Logone Oriental	Number of health centers with functional WASH services in	Nutrition / Health/ Food Security	50	75

Activity	Locations	Output indicator	Cluster/Sector Partner	Mid-2014 Target	End- 2014 Target
displacement	et Mandoul	areas of displacement	/Protection		
Rehabilitation of access to WASH services (schools , health centers) in areas of return	Dar-Sila, Quaddai, Wadi Fira, Moyen Chari Logone Oriental et Mandoul	Number of schools with functional WASH services in the areas of return	Nutrition / Health/ Food Security /Protection	40	70
Rehabilitation of access to WASH services (schools , health centers) in areas of return	Dar-Sila, Quaddai, Wadi Fira, Moyen Chari Logone Oriental et Mandoul	Number of health centers with functional WASH services in the areas of return		40	70
For communities and the most vulnerable groups,systematize the key steps in "participatory decision " in humanitarian or development projects	Dar-Sila, Quaddai, Wadi Fira, Moyen Chari Logone Oriental et Mandoul	Number of people benefited from a project's key milestones of "participatory decision-making" of communities and the most vulnerable groups	Nutrition / Health/ Food Security /Protection	175,000	350,000

Joint Humanitarian Priority #4: Addressing the humanitarian impact of epidemics

Activity	Locations	Output indicator	Cluster/Sector Partner	Mid-2014 Target	End- 2014 Target
Definition of multisectoral national strategies against cholera and malaria including WASH component	Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis, kanem, Lac, Logone Accidental, Logone Oriental, Mayo Kebi Est et Ouest, Ndjamenai, Ouaddai, Salamat et la Tandjilé;	Number of strategy and advocacy papers on WASH/cholera and/or on WASH/malaria prepared and disseminated	Health /Protection	01	02
Contingency plan for the fight against cholera / malaria , including rapid response capabilities WASH / Health (RH , inputs , seasonal reinforcement)	Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis, kanem, Lac, Logone Accidental, Logone Oriental, Mayo Kebi Est et Ouest, Ndjamenai, Ouaddai, Salamat et la Tandjilé;	Number of agencies involved in the development of a multisectoral contingency plan that is regularly updated and that includes simulation exercise	Health /Protection	06	06
In collaboration with healthcare stakeholders , gathering, investigation and analysis of WASH/epidemiology data supporting WASH response orientation	Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis, kanem, Lac, Logone Accidental, Logone Oriental, Mayo Kebi Est et Ouest, Ndjamenai, Ouaddai, Salamat et la Tandjilé;	Number of areas where, since from the outbreak beginning of the epidemic, epidemiological data on cholera is analyzed and used to guide the response of WASH actors	Health /Protection	08	15
Sustainable WASH strategies in urban and rural areas at risk of cholera	Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis, kanem, Lac, Logone Accidental, Logone Oriental, Mayo Kebi Est et Ouest, Ndjamenai, Ouaddai, Salamat et la Tandjilé;	Sustainable WASH strategies are in place in areas and for populations at risk of cholera	Health / Protection	01	02

Activity	Locations	Output indicator	Cluster/Sector Partner	Mid-2014 Target	End- 2014 Target
Specific urban and rural strategies (water and sanitation) for actions against cholera	Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis, kanem, Lac, Logone Accidental, Logone Oriental, Mayo Kebi Est et Ouest, Ndjamenana, Ouaddai, Salamat et la Tandjilé;	Number of cholera high-risk areas where specific WASH interventions are implemented according to the transmission context	Nutrition / Health/ Food Security /Protection	73,000	146,000

Joint Humanitarian Priority #5: Addressing the humanitarian impact of natural disasters

Activity	Locations	Output indicator	Cluster/Sector Partner	Mid-2014 Target	End- 2014 Target
Flooding contingency plan, including rapid response capabilities WASH (HR inputs , seasonal reinforcement)	Moyen Chari, Mayo Kebbi Est, Mayo Kebbi Ouest, Tandjile, Chari Baguirmi, Salamat, Ndjamenana, Batha, Lac et le Sila;	Number of agencies involved in the development of a multisectoral contingency plan that is regularly updated and that includes simulation exercise	Nutrition / Health/ Food Security /Protection	06	06
Taking into consideration access to water and sanitation during site planning	Moyen Chari, Mayo Kebbi Est, Mayo Kebbi Ouest, Tandjile, Chari Baguirmi, Salamat, Ndjamenana, Batha, Lac et le Sila;	Number of planned reception sites identified in the contingency plan explicitly taking account of access to water resources and sanitation	Nutrition / Health/ Food Security /Protection	01	02
For communities and the most vulnerable groups,systematize the key steps in "participatory decision " in humanitarian or development projects	Moyen Chari, Mayo Kebbi Est, Mayo Kebbi Ouest, Tandjile, Chari Baguirmi, Salamat, Ndjamenana, Batha, Lac et le Sila;	Number of people benefited from a project's key milestones of "participatory decision-making" of communities and the most vulnerable groups	Nutrition / Health/ Food Security /Protection	175000	350000

STRATEGIC OBJECTIVE 3: Deliver coordinated and integrated life-saving assistance to people affected by emergencies.

Joint Humanitarian Priority #1: Addressing the humanitarian impact of food insecurity

Activity	Locations	Output indicator	Cluster/Sector Partner	Mid-2014 Target	End- 2014 Target
Repairing strategic mixed water points in food insecurity pastoral areas (IPC ≥ 3)	Barh El-Ghazal, Batha, Guera, Hadjer-Lamis, Kanem, Lac, Ouaddai, Salamat, Sila, Wadi Fira et la ville de N'Djaména	Number of strategic water points repaired	Food Security / Protection	50	100

Activity	Locations	Output indicator	Cluster/Sector Partner	Mid-2014 Target	End- 2014 Target
Monitoring and evaluation on functionality of WASH package (residual chlorine, VIP latrines etc.) involving the most vulnerable	Barh El-Ghazal, Batha, Guera, Hadjer-Lamis, Kanem, Lac, Ouaddai, Salamat, Sila, Wadi Fira et la ville de N'Djaména	Number of people who have benefited from a project involving the most vulnerable people in the monitoring and evaluation of the functionality of a WASH package (residual chlorine, VIP latrines etc.)	Food Security / Protection	50	100

Joint Humanitarian Priority #2: Addressing the humanitarian impact of malnutrition

Activity	Locations	Output indicator	Cluster/Sector Partner	Mid-2014 Target	End- 2014 Target
Implementation of the minimum WASH package (water points, latrines and sensitization) in schools that have a school feeding program	Bande Sahelienne (Barh El-Ghazal, Batha, Guera, Hadjer-Lamis, Kanem, Lac, Ouaddai, Salamat, Sila, Wadi Fira et la ville de N'Djaména)	Number of schools with school feeding programme delivering an equitable WASH minimum package (girls and boys)	Nutrition /Protection / Health	240	485
WASH activities in targeted communities based on nutrition indicators / diarrhea	Bande Sahelienne (Barh El-Ghazal, Batha, Guera, Hadjer-Lamis, Kanem, Lac, Ouaddai, Salamat, Sila, Wadi Fira et la ville de N'Djaména)	Number of girls receiving improved WASH access programmes in the framework of early response/early recovery programmes	Nutrition /Protection / Health	73,000	146,000
Implementation of the WASH in Nut package in nutritional and health centres	Bande Sahelienne (Barh El-Ghazal, Batha, Guera, Hadjer-Lamis, Kanem, Lac, Ouaddai, Salamat, Sila, Wadi Fira et la ville de N'Djaména)	Number of nutritional centers delivering the WASH minimum package (safe drinking water with residual chlorine , disinfecting hand washing and food utensils, hygienic and secure defecation)	Nutrition /Protection / Health	73,000	146,000
Implementation of the WASH in Nut package for mothers/malnourished children (nutrition centers)	Bande Sahelienne (Barh El-Ghazal, Batha, Guera, Hadjer-Lamis, Kanem, Lac, Ouaddai, Salamat, Sila, Wadi Fira et la ville de N'Djaména)	Number of children admitted for SAM treatment benefitting using SAM hygiene kits Provided with key hygiene messages / behaviors counselled to Parents / care givers	Nutrition /Protection / Health	3,500	7,000
Implementation of the WASH in Nut package for mothers/malnourished children (communities)	Bande Sahelienne (Barh El-Ghazal, Batha, Guera, Hadjer-Lamis, Kanem, Lac, Ouaddai, Salamat, Sila, Wadi Fira et	Number of malnourished children in SAM/MAM treatment benefitting from a WASH minimum package at household level (safe drinking water and	Nutrition /Protection / Health	63,500	127,000

Activity	Locations	Output indicator	Cluster/Sector Partner	Mid-2014 Target	End- 2014 Target
	la ville de N'Djaména)	sanitation, disinfecting hand washing and food utensils, key hygiene messages/behaviors counselling)			
Monitoring and evaluation on functionality of WASH package (residual chlorine, VIP latrines etc.) involving the most vulnerable	Bande Sahelienne (Barh El-Ghazal, Batha, Guera, Hadjer-Lamis, Kanem, Lac, Ouaddai, Salamat, Sila, Wadi Fira et la ville de N'Djaména)	Number of people who have benefited from a project involving the most vulnerable people in the monitoring and evaluation of the functionality of a WASH package (residual chlorine, VIP latrines etc.)	Nutrition /Protection / Health	01	02
Establish mechanism for monitoring and evaluation of cluster/sector group performance its interaction with other sectors	Bande Sahelienne (Barh El-Ghazal, Batha, Guera, Hadjer-Lamis, Kanem, Lac, Ouaddai, Salamat, Sila, Wadi Fira et la ville de N'Djaména)	Number of WASH cluster members satisfied with the functioning of the WASH Cluster and its interaction with the other Clusters/Sectors in the preparedness for and response to crises	Nutrition/Health / Protection	02	02

Joint Humanitarian Priority #3: Addressing the humanitarian impact of conflict

Activity	Locations	Output indicator	Cluster/Sector Partner	Mid-2014 Target	End- 2014 Target
Access to water and sanitation programmes for the affected populations at community level	Dar-Sila, Quaddai, Wadi Fira, Moyen Chari et Logone Oriental	Number of affected population with access to safe drinking water (Global WASH Cluster W 2-4)	Nutrition/ Health/ Protection	175,000	350,000
Construction of sanitation facilities in emergency affected communities	Dar-Sila, Quaddai, Wadi Fira, Moyen Chari et Logone Oriental	Number of affected population (disaggregated by sex and age) using sanitary latrines	Nutrition/ Health/ Protection	175,000	350,000
"Safe access to drinking water" activities in WASH programmes in displacement sites	Dar-Sila, Quaddai, Wadi Fira, Moyen Chari et Logone Oriental	Number of drinking water sources with safe access.	Nutrition/ Health/ Protection	175,000	350,000
"Safe access to Sanitation" activities in WASH programmes in displacement sites	Dar-Sila, Ouaddai, Wadi Fira, Moyen Chari et Logone Oriental	Number of latrine doors with safe access day and night (latrines with internal lock, separated by sex in camp and in the public square blocks)	Nutrition/ Health/ Protection	250	500

Joint Humanitarian Priority #4: Addressing the humanitarian impact of epidemics

Activity	Locations	Output indicator	Cluster/Sector Partner	Mid-2014 Target	End- 2014 Target
Packages of predefined response activities implemented in the context of responses to outbreaks of malaria	Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis, kanem, Lac, Logone Accidental, Logone Oriental, Mayo Kebi Est et Ouest, Ndjamenena, Ouaddai, Salamat et la Tandjilé;	Number of affected populations having received a functional WASH minimum package against malaria;	Health / Protection	58,500	117,000
WASH package in health structures receiving cholera cases (isolation and sanitary precautionary measures)	Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis, kanem, Lac, Logone Accidental, Logone Oriental, Mayo Kebi Est et Ouest, Ndjamenena, Ouaddai, Salamat et la Tandjilé;	Pourcentage of CTC/UTC without transmission within the care structure	Health / Protection	50%	100%
Specific urban and rural strategies (water and sanitation) for actions against cholera	Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis, kanem, Lac, Logone Accidental, Logone Oriental, Mayo Kebi Est et Ouest, Ndjamenena, Ouaddai, Salamat et la Tandjilé;	Number of cholera high-risk areas where specific WASH interventions are implemented according to the transmission context	Health / Protection	58,500	117,000
Monitoring and evaluation on functionality of WASH package (residual chlorine, VIP latrines etc.) involving the most vulnerable	Batha, Bar-Elgazel, Chari Baguirmi, Guera, Hadjer Lamis, kanem, Lac, Logone Accidental, Logone Oriental, Mayo Kebi Est et Ouest, Ndjamenena, Ouaddai, Salamat et la Tandjilé;	Number of people who have benefited from a project involving the most vulnerable people in the monitoring and evaluation of the functionality of a WASH package (residual chlorine, VIP latrines etc.)	Health / Protection	58,500	117,000

Joint Humanitarian Priority #5: Addressing the humanitarian impact of natural disasters

Activity	Locations	Output indicator	Cluster/Sector Partner	Mid-2014 Target	End- 2014 Target
Access to water and sanitation programmes for the affected populations at community level	Moyen Chari, Mayo Kebbi Est, Mayo Kebbi Ouest, Tandjile, Chari Baguirmi, Salamat, Ndjamenena, Batha et le Sila;	Number of affected population with access to safe drinking water (Global WASH Cluster W 2-4)	Nutrition / Health/ Food Security /Protection	36,500	73,000
Set up sanitation and access to hygiene emergency infrastructures in affected communities	Moyen Chari, Mayo Kebbi Est, Mayo Kebbi Ouest, Tandjile, Chari Baguirmi, Salamat, Ndjamenena, Batha et le Sila;	Number of affected population (disaggregated by sex and age) using sanitary latrines	Nutrition / Health/ Food Security /Protection	36,500	73,000
WASH functional package	Moyen Chari, Mayo	Number men using	Nutrition /	73,000	146,000

Activity	Locations	Output indicator	Cluster/Sector Partner	Mid-2014 Target	End- 2014 Target
of activities in displacement sites	Kebbi Est, Mayo Kebbi Ouest, Tandjile, Chari Baguirmi, Salamat, Ndjamenana, Batha et le Sila;	minimum functional WASH package (water drunk drinking , culturally appropriate safe hygienic defecation with separation type , key inputs with hygiene promotion)	Health/ Food Security /Protection		
WASH functional package of activities in displacement sites	Moyen Chari, Mayo Kebbi Est, Mayo Kebbi Ouest, Tandjile, Chari Baguirmi, Salamat, Ndjamenana, Batha et le Sila;	Number women using minimum functional WASH package (water drunk drinking , culturally appropriate safe hygienic defecation with separation type , key inputs with hygiene promotion)	Nutrition / Health/ Food Security /Protection	30,660	61,320
WASH functional package of activities in displacement sites	Moyen Chari, Mayo Kebbi Est, Mayo Kebbi Ouest, Tandjile, Chari Baguirmi, Salamat, Ndjamenana, Batha et le Sila;	Number boys using minimum functional WASH package (water drunk drinking , culturally appropriate safe hygienic defecation with separation type , key inputs with hygiene promotion)	Nutrition / Health/ Food Security /Protection	33,580	67,160
WASH functional package of activities in displacement sites	Moyen Chari, Mayo Kebbi Est, Mayo Kebbi Ouest, Tandjile, Chari Baguirmi, Salamat, Ndjamenana, Batha et le Sila;	Number girls using minimum functional WASH package (water drunk drinking , culturally appropriate safe hygienic defecation with separation type , key inputs with hygiene promotion)	Nutrition / Health/ Food Security /Protection	39,420	78,840
Monitoring and evaluation on functionality of WASH package (residual chlorine, VIP latrines etc.) involving the most vulnerable	Moyen Chari, Mayo Kebbi Est, Mayo Kebbi Ouest, Tandjile, Chari Baguirmi, Salamat, Ndjamenana, Batha et le Sila;	Number of people who have benefited from a project involving the most vulnerable people in the monitoring and evaluation of the functionality of a WASH package (residual chlorine, VIP latrines etc.)	Nutrition / Health/ Food Security /Protection	146,000	146,000
Real-time Evaluation (RTE) based on consultation with affected women and men and on disaggregated data by sex and age	Moyen Chari, Mayo Kebbi Est, Mayo Kebbi Ouest, Tandjile, Chari Baguirmi, Salamat, Ndjamenana, Batha et le Sila;	Number of population benefiting from a project's real-time evaluation, which consultative with affected women and men	Nutrition / Health/ Food Security /Protection	146,000	146,000

ANNEX: FUNDING REQUIREMENTS

Table I: Requirements per cluster

Strategic Response Plan for Chad 2014
as of 30 January 2014

Cluster	Requirements (\$)
COORDINATION AND SUPPORT SERVICES	6,608,847
EARLY RECOVERY	4,291,788
EDUCATION	4,428,000
EMERGENCY SHELTER AND NFI	6,975,000
FOOD SECURITY	179,854,901
HEALTH	31,488,882
LOGISTICS	23,054,492
MULTI-SECTOR FOR REFUGEES	199,635,897
NUTRITION	42,351,355
PROTECTION	5,341,666
WATER AND SANITATION	23,319,554
Grand Total	527,350,382

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

Table II: Requirements per priority level

Strategic Response Plan for Chad 2014
as of 30 January 2014

Priority	Requirements (\$)
High	520,058,889
Medium	7,291,493
Grand Total	527,350,382

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

Table III: Requirements per organization

Strategic Response Plan for Chad 2014
as of 30 January 2014

Appealing Organization	Requirements (\$)
ACF - France	6,798,637
ACTED	4,791,386
ADS	347,331
ALIMA	2,448,088
BnD	374,010
CAIDEL	383,829
CARE International	1,146,339
CCO	2,639,763
CRS	1,047,234
CSSI	337,572
ESMS	259,950
FAO	9,331,920
IAS	325,000
Intermon Oxfam	4,579,863
INTERSOS	2,475,918
IOM	2,125,000
MERLIN	6,450,000
OCHA	3,969,084
OHD	1,194,000
OXFAM GB	3,700,000
PU	3,309,000
Solidarités	2,267,290
UNAD	3,485,124
UNDP	2,214,865
UNFPA	987,750
UNHCR	199,635,897
UNICEF	77,586,500
WFP	174,212,075
WHO	8,926,957
Grand Total	527,350,382

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

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

Strategic Response Plan for Chad 2014
as of 30 January 2014

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority
COORDINATION AND SUPPORT SERVICES				
CHD-14/CSS/66925/119	Strengthening Humanitarian Coordination and Advocacy in Chad	OCHA	3,969,084	High
CHD-14/CSS/67003/15019	Coordination, Plaidoyer, Sécurité et Renforcement des capacités	CCO	2,639,763	High
Sub total for COORDINATION AND SUPPORT SERVICES			6,608,847	
EARLY RECOVERY				
CHD-14/ER/65206/776	Le reboisement comme alternative de réduction des risques de conflits liés à l'utilisation des ressources naturelles dans la zone de Tissi	UNDP	1,000,000	High
CHD-14/ER/65207/776	Renforcement de la résilience des jeunes filles et garçons, des femmes et des hommes par l'appui à l'amélioration du niveau des revenus non agricoles dans les zones de retour de l'Est du Tchad	UNDP	804,000	High
CHD-14/ER/65218/5660	Améliorer la capacité de résilience des populations du canton de Koloye et Sygnar à l'Est du Tchad	INTERSOS	387,853	High
CHD-14/ER/65246/5660	Développement de la plateforme WebGIS INTERSOS à l'usage des acteurs humanitaires et bailleurs de fonds	INTERSOS	147,739	High
CHD-14/ER/65323/14439	Projet d'appui aux femmes ,enfants et hommes retournés de la RCA.	OHD	610,000	High
CHD-14/ER/65334/16441	Appuyer à la résilience des retournés et la population hôte du Département de kimiti	ADS	56,000	High
CHD-14/ER/65347/14439	Reboisement pour éviter les conflits inter utilisateurs	OHD	584,000	High
CHD-14/ER/65354/776	Reduction of vulnerability of IDPs and the inhabitant populations in the returning areas	UNDP	410,865	High
CHD-14/ER/67007/16441	Projet d'appui à l'insertion socio-économique des femmes et des jeunes défavorisés de la Région de Sila ;	ADS	291,331	High
Sub total for EARLY RECOVERY			4,291,788	
EDUCATION				
CHD-14/E/66167/124	Providing education services and protective environment for children, mainly girls, affected by crisis in Chad	UNICEF	4,428,000	High
Sub total for EDUCATION			4,428,000	
EMERGENCY SHELTER AND NFI				

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority
CHD-14/S-NF/67203/124	Providing Emergency and Transit Shelters Assistance and Basic Non Food Items to Returnees and IDPs in Chad (contingency pre-positioning)	UNICEF	5,400,000	High
CHD-14/S-NF/67203/298	Providing Emergency and Transit Shelters Assistance and Basic Non Food Items to Returnees and IDPs in Chad (contingency pre-positioning)	IOM	1,575,000	High
Sub total for EMERGENCY SHELTER AND NFI			6,975,000	
FOOD SECURITY				
CHD-14/A/65200/6027	Distribution de vivres afin de limiter l'insécurité alimentaire et les stratégies d'adaptation déstructurantes en période de soudure	PU	700,000	High
CHD-14/A/65201/6027	Amélioration de la disponibilité alimentaire et du capital des ménages par le soutien à l'élevage de ruminants dans le Ouaddai, cantons Kado et Bardé	PU	750,000	High
CHD-14/A/65202/6027	Appuyer le développement d'une filière maraîchère au travers d'une structuration communautaire dans 12 villages du canton Kado	PU	564,000	Medium
CHD-14/A/65208/5660	Enhancing food security and resilience among vulnerable communities in the Dar Sila Region-Tchad	INTERSOS	907,233	High
CHD-14/A/65215/5660	Emergency intervention to stabilise food security and livelihood among vulnerable returnees and rural communities in Fongoro Canton - Dar Sila Region	INTERSOS	1,033,093	High
CHD-14/A/65298/6458	Lutte contre l'insécurité alimentaire des ménages les plus pauvres à travers des activités de vivres contre actifs et contre formation et de coupons alimentaires	ACTED	2,380,823	High
CHD-14/A/65326/6458	Réponse à l'insécurité alimentaire sévère dans la bande sahélienne et renforcement de la résilience par l'appui au relèvement précoce des plus vulnérables	ACTED	1,559,666	High
CHD-14/A/65360/5146	Guera Emergency Food Security Program	CRS	495,577	High
CHD-14/A/65430/5271	Appui au relèvement des femmes et des hommes, des garçons et des filles vulnérables affectés par la mauvaise saison agro-pastorale 2013-2014 dans la région du Kanem	ACF - France	395,340	High
CHD-14/A/65435/5271	Développement socioéconomique des populations vulnérables dans le Bahr El Gazel	ACF - France	183,173	Medium
CHD-14/A/65460/15590	Projet d'appui à l'auto-prise en charge des réfugiés soudanais des camps de Milé et Kounoungou, et des populations des villages environnants	UNAD	1,421,351	High

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority
CHD-14/A/65472/15590	Assistance alimentaire et amélioration des techniques agricoles des ménages vulnérables du Lac, du Kanem, du Barh El Gazal, de la Tandjilé et du Logone Occidental	UNAD	1,558,649	High
CHD-14/A/65572/5633	Contribution à la protection des moyens d'existence et à l'amélioration de la sécurité alimentaire auprès des populations les plus vulnérables du département du Fitri.	Solidarités	638,400	High
CHD-14/A/65579/5633	Renforcement de la sécurité alimentaire et la résilience des populations hôtes et retournées de la zone de Tissi	Solidarités	459,000	Medium
CHD-14/A/65597/5120	Responding to the current food crisis and contributing to increased resilience among vulnerable pastoralists and agropastoralists affected by drought, in Bahr El Gazal	OXFAM GB	1,700,000	High
CHD-14/A/65630/5195	Building Food security and resilience among vulnerable populations in Hadjer Lamis Region of Chad	MERLIN	1,300,000	Medium
CHD-14/A/66001/7854	Renforcement de la Sécurité Alimentaire et des moyens d'existence dans la bande sahéenne au Tchad (Guera/Mangalme)	Intermon Oxfam	1,864,482	High
CHD-14/A/66002/7854	Renforcement de la Sécurité Alimentaire et des moyens d'existence dans la bande sahéenne au Tchad (Sila/Kimiti)	Intermon Oxfam	1,726,381	High
CHD-14/A/66242/123	Projet d'amélioration et de renforcement des activités de coordination du groupe sectoriel « Sécurité Alimentaire » au niveau national et régional	FAO	508,600	High
CHD-14/A/66244/123	Appui au renforcement de la résilience des moyens de subsistances afin d'améliorer la sécurité alimentaire et la situation nutritionnelle des communautés pastorales et agro-pastorales des zones les plus affectées de la bande sahéenne	FAO	3,498,000	High
CHD-14/A/66245/123	Projet de renforcement des moyens d'existence des populations autochtones et d'appui à l'insertion économique des réfugiés centrafricains au Sud et Sud-Est du Tchad	FAO	3,785,320	Medium
CHD-14/A/66258/123	Appui à la réhabilitation des moyens d'existence et au renforcement de la résilience des ménages affectés par les crises dans la région de Sila	FAO	1,540,000	High
CHD-14/A/66309/5271	Réponse à la mauvaise saison agropastorale et couverture des besoins pendant la période de soudure dans la Région du Kanem	ACF - France	1,652,933	High
CHD-14/A/66396/5645	Wadi Fira Emergency Food security Project	CARE International	818,550	High

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority
CHD-14/A/66609/5271	Distribution générale de vivres pour les hommes, femmes, filles et garçons vulnérables dans le Kanem	ACF - France	1,057,979	High
CHD-14/F/65561/561	PROTRACTED RELIEF AND RECOVERY OPERATION (PRRO 200289) - Targeted Food Assistance for Refugees and Vulnerable People Affected by Malnutrition and Recurrent Food Crises	WFP	147,356,351	High
Sub total for FOOD SECURITY			179,854,901	
HEALTH				
CHD-14/H/64981/122	Emergency medical intervention for saving lives of severely malnourished children and improving delivery and access to primary health care services for under five children in nomadic population and remote areas in Kanem and Bahr El Ghazal regions affected by food insecurity	WHO	789,072	High
CHD-14/H/64991/122	Emergency health interventions for life saving of flood and others natural disasters	WHO	946,950	High
CHD-14/H/64993/122	Emergency response to control meningitis, cholera, malaria, yellow fever and measles outbreaks in Chad.	WHO	6,399,135	High
CHD-14/H/64997/122	Emergency medical intervention for reduction of morbidity and mortality within the refugees, IDPs and host populations in East and South of Chad	WHO	791,800	High
CHD-14/H/64998/5271	Réponse à la crise nutritionnelle dans la Région du Kanem	ACF - France	394,925	High
CHD-14/H/65199/6027	Renforcement des capacités de prise en charge en soins materno-infantiles préventifs et curatifs sur la zone du Ouaddai.	PU	900,000	High
CHD-14/H/65253/1171	Increasing access and utilisation to Reproductive Health(RH) services to the conflict affected population in the eastern and southern Chad	UNFPA	747,000	High
CHD-14/H/66175/124	Emergency health services to Refugees, Returnees and Internally Displaced in Chad	UNICEF	7,560,000	High
CHD-14/H/66213/124	Maternal, Newborn and Child Health Care services to vulnerable population in the Sahel belt of Chad and Southern Chad	UNICEF	12,960,000	High
Sub total for HEALTH			31,488,882	
LOGISTICS				
CHD-14/CSS/66784/561	Provision of Humanitarian Air Services in Chad (UNHAS)	WFP	23,054,492	High
Sub total for LOGISTICS			23,054,492	
MULTI-SECTOR FOR REFUGEES				

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority
CHD-14/MS/66200/120	Protection and Assistance for Refugees in Chad	UNHCR	199,635,897	High
Sub total for MULTI-SECTOR FOR REFUGEES			199,635,897	
NUTRITION				
CHD-14/F/65913/561	Protracted Relief and Recovery Operation (PRRO 200289) - Targeted Food Assistance for Refugees and Vulnerable People affected by Malnutrition and recurrent Food Crisis	WFP	3,801,232	High
CHD-14/H/65167/15864	Projet de prévention et de prise en charge de la malnutrition aiguë chez les enfants de moins de 5 ans et les femmes enceintes et allaitantes dans le district sanitaire de Haraze, Région du Salamat	CSSI	337,572	High
CHD-14/H/65198/6027	Prise en charge intégrée de la malnutrition aiguë globale des groupes les plus vulnérables (enfants de moins de cinq ans et femmes enceintes et allaitantes) dans le Nord Ouest du district sanitaire d'Adré	PU	395,000	High
CHD-14/H/65408/5271	Réponse à la crise nutritionnelle dans la Région du Kanem	ACF - France	356,453	High
CHD-14/H/65517/5633	Contribuer à la réduction de la prévalence de la malnutrition dans la région du Batha. dans les zones rurales des départements du Fitri et du Batha Ouest	Solidarités	469,000	High
CHD-14/H/65531/16452	Contribuer à la réduction de la mortalité et de la morbidité infantile à travers l'amélioration de la prise en charge intégrée de la malnutrition dans la région du Lac.	BnD	374,010	High
CHD-14/H/65617/5195	Provision of integrated emergency Nutrition, WASH, Protection and Basic Health Care services for vulnerable population of Hadjer Lamis Region of Chad	MERLIN	4,300,000	High
CHD-14/H/66132/124	Addressing Malnutrition root causes in Chad	UNICEF	6,542,000	High
CHD-14/H/66534/13863	Prise en charge médio-nutritionnelle intégrée des enfants de moins de 5 ans dans le district de Ngouri, Région du Lac, TCHAD	ALIMA	1,203,575	High
CHD-14/H/66553/13863	Prise en charge médio-nutritionnelle intégrée des enfants de moins de 5 ans dans les districts Nord et Sud de N'Djamena, Région du Lac, TCHAD	ALIMA	1,244,513	High
CHD-14/H/66829/124	Sustaining quality and supply of Integrated Management of Severe Acute Malnutrition	UNICEF	23,328,000	High
Sub total for NUTRITION			42,351,355	
PROTECTION				
CHD-14/H/65594/5195	Access to psychosocial support and appropriate care in Chad in Hadjer Lamis Region of Chad	MERLIN	850,000	High

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority
CHD-14/H/66920/298	Direct Psychosocial Assistance to returnees from Central Africa	IOM	282,000	High
CHD-14/H/66930/298	Direct Psychosocial Support to returnees from Sudan	IOM	268,000	High
CHD-14/P-HR-RL/65257/1171	Renforcer les capacités des communautés des régions du Sila, de Wadifira, et du Ouaddai pour la prévention communautaire des VBG	UNFPA	240,750	High
CHD-14/P-HR-RL/65422/5146	Consolidating efforts to reduce child trafficking in Southern Chad	CRS	551,657	High
CHD-14/P-HR-RL/65558/5271	Renforcement et prévention de la détérioration des pratiques de soin infantiles dans le Kanem et Bahr el Ghazal au Tchad	ACF - France	449,259	High
CHD-14/P-HR-RL/66529/124	Protect Girls, Boys and Women affected by Crises in Chad against abuses and violence	UNICEF	2,700,000	High
Sub total for PROTECTION			5,341,666	
WATER AND SANITATION				
CHD-14/WS/65173/5582	Life saving WASH services for vulnerable communities in Eastern Chad.	IAS	325,000	High
CHD-14/WS/65333/6458	Amélioration des conditions d'hygiène, d'assainissement et de l'accès à l'eau des populations les plus vulnérables à l'insalubrité et aux maladies hydriques.	ACTED	850,897	High
CHD-14/WS/65412/5271	Préparation et réponse précoce à une épidémie de choléra au Tchad	ACF - France	371,580	High
CHD-14/WS/65414/5271	Amélioration de l'accès à l'eau, assainissement, hygiène dans les centres nutritionnels soutenus par ACF dans le Kanem et le Bahr El Gazel	ACF - France	616,913	High
CHD-14/WS/65421/5271	Amélioration de l'accès à l'eau, assainissement et hygiène pour les hommes et les femmes, les filles et les garçons vulnérables affectés par la malnutrition aiguë sévère dans le Kanem	ACF - France	1,019,832	High
CHD-14/WS/65424/5271	Benefits of a household WASH package to CMAM program	ACF - France	300,250	High
CHD-14/WS/65481/5633	Amélioration de l'accès à l'eau, l'hygiène et l'assainissement des populations hôtes et retournées de la zone de Tissi	Solidarités	396,970	High
CHD-14/WS/65498/5120	Integrated WASH programme for vulnerable communities affected by Natural disasters and conflict in Chad	OXFAM GB	1,000,000	Medium
CHD-14/WS/65523/5633	Amélioration de l'accès l'eau, l'hygiène et l'assainissement auprès des populations souffrant de malnutrition dans les départements du Fitri et du Batha Ouest.	Solidarités	303,920	High

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority
CHD-14/WS/65625/5120	Improved access to basic WASH services in Barh el Gazal, in the Sahelian belt of Chad, affected by the food and nutritional crisis	OXFAM GB	1,000,000	High
CHD-14/WS/65635/15591	Promotion de l'hygiène dans 10 écoles primaires et dans les ménages de 02 quartiers à N'Djaména et 05 écoles primaires à Mandelia	ESMS	259,950	High
CHD-14/WS/65651/15590	Amélioration de l'hygiène dans les camps de Milé et Kounougou et fourniture d'eau aux réfugiés et populations environnantes	UNAD	505,124	High
CHD-14/WS/66003/7854	Emergency WaSH assistance to CAR refugees and host populations in Southern Chad	Intermon Oxfam	989,000	High
CHD-14/WS/66156/124	Integrated water sanitation and hygiene service provision for population at risk in Eastern, southern Chad and the Sahel belt.	UNICEF	11,235,000	High
CHD-14/WS/66241/16109	Région à Indicateurs Positifs (RIP) : Projet Intégré Eau , Assainissement et Nutrition . Implication de la femme dans les processus de prise en charge de la santé communautaire dans la région de la Tandjilé.	CAIDEL	194,454	High
CHD-14/WS/66531/16109	Répondre aux besoins humanitaires essentiels des populations de la région de la Tandjilé pour prévenir l'épidémie de choléra et les autres maladies hydriques	CAIDEL	189,375	High
CHD-14/WS/66828/5645	Ensuring access to safe drinking water, basic sanitation infrastructures and hygiene promotion in the sites of returned Chadians from CAR	CARE International	327,789	High
CHD-14/WS/66878/124	Integrated water sanitation and hygiene service provision for population CAR returnees at risk in Southern Chad and Ndjamená.	UNICEF	3,433,500	High
Sub total for WATER AND SANITATION			23,319,554	
Grand Total			527,350,382	

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

Table V: Requirements per gender marker score

Strategic Response Plan for Chad 2014
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Gender marker	Requirements (\$)
2b-The principal purpose of the project is to advance gender equality	5,094,460
2a-The project is designed to contribute significantly to gender equality	470,970,233
1-The project is designed to contribute in some limited way to gender equality	24,072,738
0-No signs that gender issues were considered in project design	4,158,459
Not applicable - Only used for very small number of projects, such as "support services"	23,054,492
Grand Total	527,350,382

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