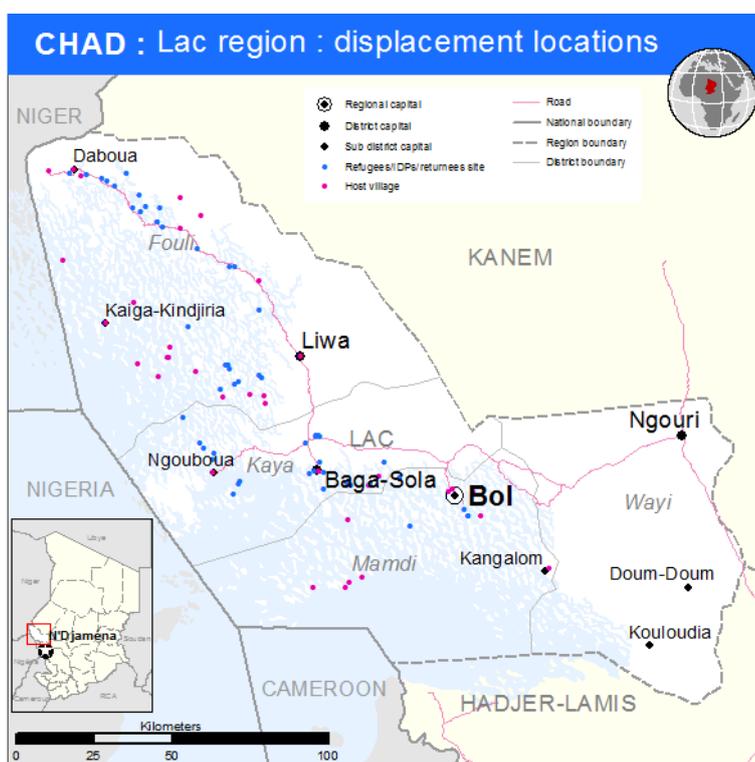




This SitRep was produced by OCHA in association with humanitarian partners and is focused on the internal displacements since 21 July 2015. It was published by OCHA Chad and covers the period from 1 to 30 April 2017. The next publication will be around 30 June 2017.

Highlights

- Ongoing military operations in Niger and Nigeria are accompanied by a resurgence of attacks and incursions of armed elements, leading to protection incidents.
- A significant increase in cases of gender-based violence (GBV) reported by partners was observed in April.
- US \$ 3.5 million were allocated by the Central Emergency Response Fund (CERF) for a rapid response to the urgent needs of 40,000 people in the island areas and villages south of Bol.
- Approximately 10 per cent of the needs of the local population are not yet covered for the next lean season due to lack of funding.



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
 Sources: OCHA, CCCM, OIM, OSM

106,045
 Displaced people registered since May 2015.

Including:

- 90,911 internally displaced people
- 14,810 Chadian returnees
- 324 third-country nationals

Source: Shelter /NFI/ CCCM cluster - IOM (Displacement Tracking Matrix 18/01/2017).

12,759
Estimated displaced people*, not yet registered.

Source: Shelter /NFI/ CCCM cluster - IOM (Displacement Tracking Matrix 18/01/2017).

8,280
 Refugees, including 5,941 residing in Dar-es-Salam camp arrived since January 2015.

Source: HCR/CNARR (30/04/2017)

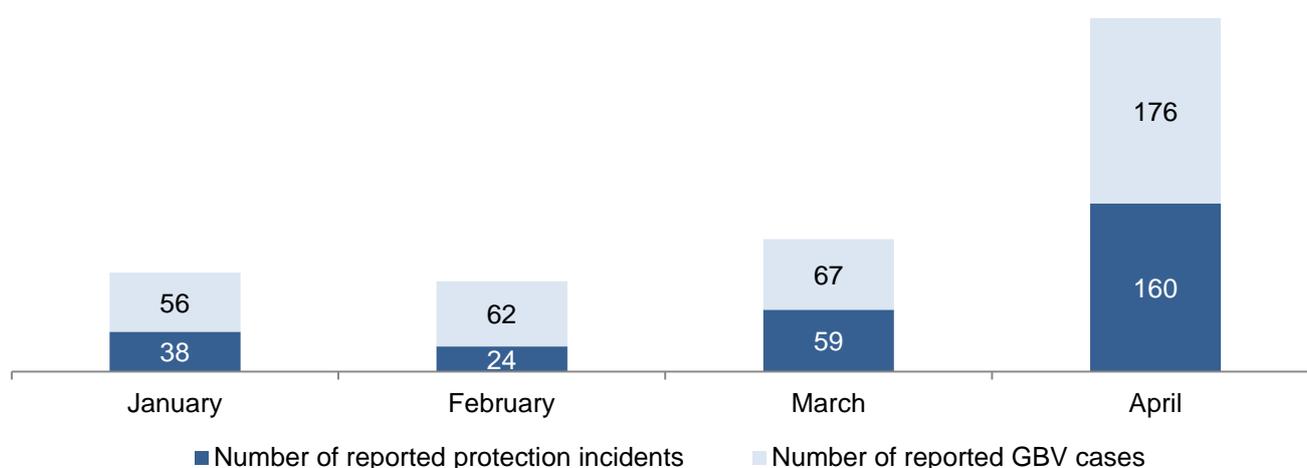
*The status of these displaced people has not yet been determined; they may be internally displaced people (IDPs), third-country nationals or asylum seekers.

Situation Overview

Ongoing military operations in Niger and Nigeria are accompanied by a resurgence of attacks and incursions of armed elements reported in the northern and southern basins of the Lac region in April and May. On May 5, an attack by an armed group on a military position in Kaiga Kindjiria reportedly resulted in the deaths of nine Chadian soldiers and about 40 alleged members of the armed group. Four civilians were reportedly killed, more than 50 houses were burned, and 700 people reportedly displaced following the incident. More recently, on 26 and 27 May, several attacks were reported in Tchoukoutalia area, in the villages of Konguia, Wangui and Kagrerom. Similar attacks have regularly been reported in recent weeks, and include the killing and kidnapping of civilians, the destruction of huts, and looting of livestock. On 13 May, elements of an armed group allegedly attempted to steal cattle in Toumou Dlea village, less than 2 km away from Boma, but failed following the intervention of the military. On 24 April, an attack by two armed persons against a village 2.5 km away from Kaiga Kindjiria was reported, allegedly causing one death and two wounded. On 7 April, incursions of armed elements were reported in three villages in Kagalom island areas, causing, in particular, the burning of a hut. On April 12, six herders and their 1,400 cattle heads were reportedly abducted near the border between Nigeria, Niger and Chad in Kaiga Kindjiria sub-prefecture. In this context, local populations have a feeling of insecurity, exacerbated by the security vacuums created by the deployments and movements of the defense and security forces to military operations areas. This context also affects the implementation of humanitarian activities and reduces humanitarian access, already poor in Tchoukoutalia and Kaiga areas.

April was marked by a significant increase in protection incidents and cases of gender-based violence (GBV) reported by partners. This is associated with the multiplication of awareness-raising sessions and the improved functioning of data collection and reporting systems, but also underlines a negative trend for the protection and safety of populations, associated with the strong militarization of displacement areas and the weak presence of the State in displacement locations.

Evolutions of the number of reported protection incidents and GBV cases since the beginning of the year



Small-scale waves of alleged surrenders are still being reported in border areas. According to local authorities, as of 30 May 2017, 1,232 people having allegedly surrendered were registered. The last wave dates back to 27 May, when 19 people including 10 children (3 girls and 7 boys) coming from Nigeria reportedly presented themselves to military actors in Kaiga Kindjiria. Currently, there is no specific site for them to transit through. Instead, they are being transferred back to their areas of origin, without systematic access by humanitarians, even though some of them may require special attention (such as psychosocial support, health, etc.). Sharing of information between military actors and humanitarian actors remains weak, both in terms of the number of people having allegedly surrendered and the conditions for their reintegration. The different assessment missions carried out in January and February 2017 by humanitarian organizations to analyze the return conditions of people having allegedly surrendered in their areas of origin have nevertheless stressed that certain cases require specific assistance. Moreover, lack of support may jeopardize their reintegration in their communities, and their subsistence. The lack of opportunities and livelihoods may push them to adopt negative survival strategies, illegal practices, or even to return to the armed group. Some sources reported that people having allegedly surrendered were moving towards Niger or Nigeria. This situation illustrates the importance to clearly define an

official status determination, reintegration and monitoring process for these persons who are potentially vulnerable but could also represent a protection risk for the communities. This is a measure the humanitarian community has been advocating for since mid-2016.

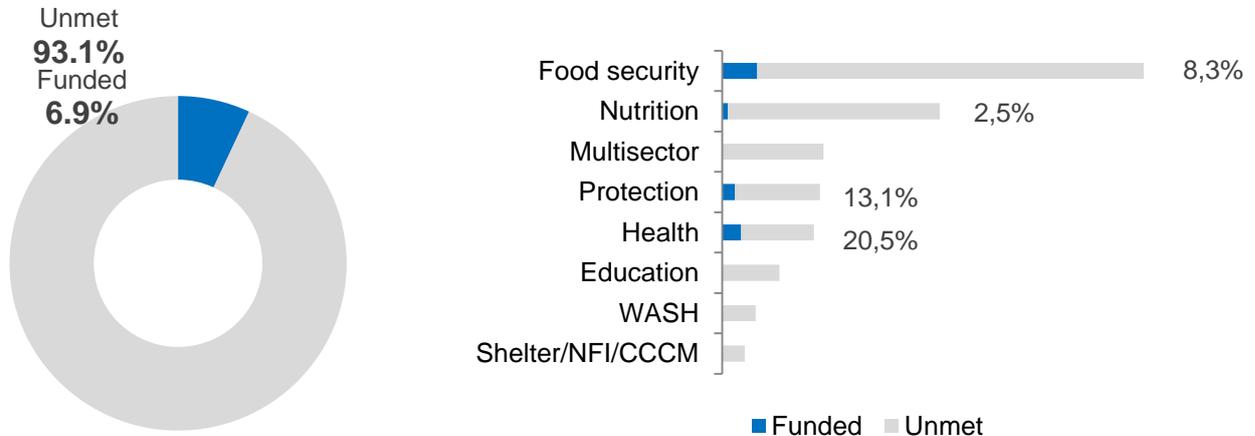
In addition, since mid-February, around 225 households who claim to have surrendered have been identified in a displacement site through an assessment carried out by humanitarian organizations. Verification by administrative authorities confirms that some of them were previously held by the Government. The main reason for their presence on this displacement site is the fear of retaliation by an armed group in their villages of origin in the island areas, where security measures to guarantee the protection of civilians are deemed insufficient because of the absence or weak presence of security forces. These people find themselves alongside other displaced people and live in similar precarious conditions. There are currently no protection or security mechanisms in displacement sites, which therefore remain exposed to protection risks.

A suspected case of hepatitis E was identified on 24 May by MSF in Diamerom site and then referred to Baga Sola hospital. The rapid test conducted by MSF was positive, but a blood sample was sent to a laboratory for confirmation. A hepatitis E epidemic, officially declared on 14 February 2017, has been ongoing since September 2016 in Salamat region, where more than 1,400 cases, including 17 deaths, have been reported. A hepatitis E epidemic was also declared on 19 April in Diffa region in Niger, where more than 700 cases have been registered. In this context, it is important to strengthen active surveillance, capacities and community sensitizations and to adopt a cross-border approach.

+ For more information, see “Background on the crisis” at the end of the report.

Funding

As of 2 June 2017, **only 6.9% of the USD 121 million required in 2017 (USD 8.4 million received) for the response to the crisis in the Lac region in Chad have been covered.** Only four sectors received funding: food security, nutrition, health and protection.



In addition, in May 2017, **US \$ 3.5 million were allocated by the Central Emergency Response Fund (CERF) for a rapid response to the urgent needs of 40,000 people in the island areas and villages south of Bol.**

These funds will help enhance food security and livelihoods, access to safe drinking water and basic sanitation and hygiene services, access to emergency healthcare, and the care of victims of protection incidents. This allocation contributes to the response plan developed by the humanitarian community following a multisector needs assessment conducted in February 2017, during which specific vulnerabilities had been identified in these areas previously considered empty. Implementing this plan requires \$ 16.6 million, of which \$ 495,400 is already mobilized, and \$ 3.5 million is now funded by CERF, leaving a funding gap of \$ 12.6 million.

All humanitarian partners, including donors and recipient agencies, are encouraged to inform OCHA's Financial Tracking Service (FTS - <http://fts.unocha.org>) of cash and in-kind contributions by e-mailing: fts@un.org

Humanitarian Response



Shelter – Non-food items – CCCM (Coordination and management of IDPs sites – spontaneous sites and host villages)

Needs:

- 10,000 displaced people with special needs require shelter.
- 60,000 displaced people are in need of non-food items.
- All displaced people need durable solutions that promote self-sufficiency and reintegration.

Response:

- 485 shelters were rehabilitated at Dar-es-Salam refugee camp by the Chadian Red Cross (CRT), out of the 500 shelters planned.

Gaps and constraints:

- 90% of the 2,300 displaced households with people with special needs have shelters in poor condition.
- The lack of information-sharing regarding the assistance provided in the sites hampers the proper functioning of the cluster.



Water, hygiene and sanitation

Needs:

- 150,000 people need access to drinking water in sufficient quantity (water points, water treatment, etc.) and to basic hygiene and sanitation infrastructures (latrines, kits, waste management system, etc.).

Response:

- In April, three boreholes were built, two of them by the NGO PADIÈSE in Kousserie 2 in Baga Sola, covering the safe drinking water needs of 2,000 newly arrived people in this site, and one by the NGO OXFAM in Toukoul site.
- 500 WASH kits were distributed to vulnerable people in sites covered by the NGO IRC, and 5 households of 26 people, victims of fire, received WASH kits by UNICEF in Baga Sola.
- 28 water point management committees were revitalized by the NGO OXFAM in Daboua sub-prefecture.

62 %

Rate of access to safe drinking water in sites in April

30 %

Hygiene and sanitation coverage in sites

Gaps and constraints:

- Water, hygiene and sanitation coverage remains low in the four zones of Kaiga Kindjiria (islands and mainland), Ngouboua (islands and mainland), Kangalom (islands and mainland) and Bol (island areas). A total of nearly 110,000 people are in need of water and sanitation, namely 70,000 in the former displacement sites and host villages, plus the estimated 40,000 people in the 14 islands and villages assessed in February 2017 in Bol sub-prefecture. The estimated needs in these four areas include the construction of 220 boreholes and 8,500 community and family latrines, water treatment, and hygiene and sanitation awareness for behavior change.
- Water quality remains a major challenge.
- The rate of open defecation is over 80%; some customs represent challenges for behavior change.

Education

Needs:

- 128,000 children are in need of emergency education in the Lac region. Among them, 92,000 are targeted by the cluster through provision of educational services (construction of temporary learning spaces, rehabilitation of classrooms) and improvement of learning conditions (school meals, distribution of school kits, psychosocial support by trained teachers).

Response:

- School meals: in April, 18,050 pupils, of whom 8,935 girls (49.5%) were supported in 93 schools through WFP's school feeding program. Cooking kits were distributed in 11 schools. Mothers, who are members of parents' associations, usually are the ones preparing the meals. 712 girls in the CM1 and CM2 grades received family rations to take away to encourage their attendance.
- As part of the education project funded by the Global Partnership for Education (GPE), kits for income-generating activities were distributed in nine schools (Bougourmi, Masilala, Albouhaira, Yakoua, Yiga, Koufoua, Ngouri Centre, Darnaim and Espoir Dar Salam 1) by UNICEF's partner, the NGO COOPI. In addition, awareness-raising campaigns on the importance of girls' schooling began in nine localities.
- 19 teachers and principals from 5 supported schools as well as 3 inspectors and 6 counselors were trained as part of the project of the NGOs COOPI and Handicap International, funded by ECHO / SDC.

Nutrition

Needs:

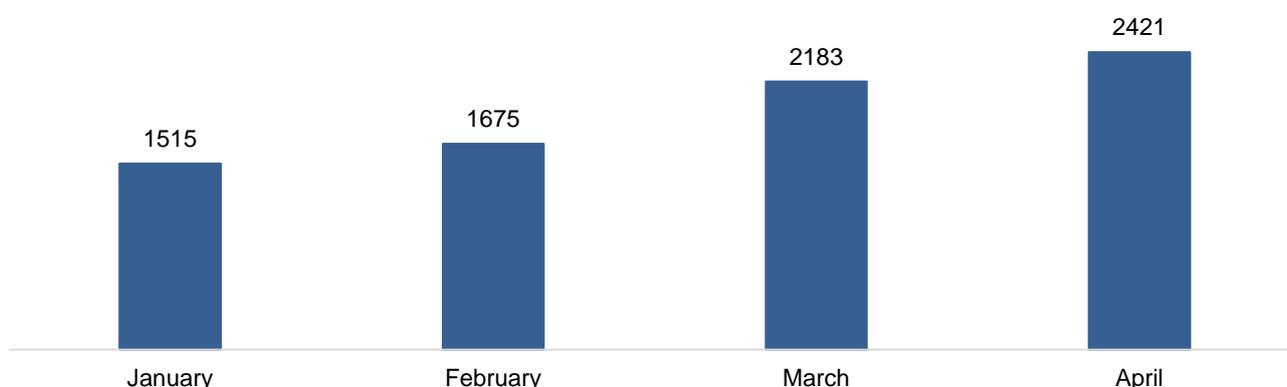
- 51,408 children under five suffer from global acute malnutrition (GAM), including 22,017 cases of severe acute malnutrition (SAM).
- There is a need to strengthen malnutrition treatment for 17,600 children from both displaced and host populations.
- There is a need to increase malnutrition screenings among 22,000 children under five.

2,421
New cases of severe acute malnutrition treated in April

Response:

- Treatment of severe acute malnutrition: in April, 2,421 SAM cases were admitted and treated in the nutritional units of the Lac region, including 1,235 girls (51%). The observed increase in cases treated each month since the beginning of the year can be associated with the incoming lean season.

Number of SAM cases treated in the Lac region, January-April 2017

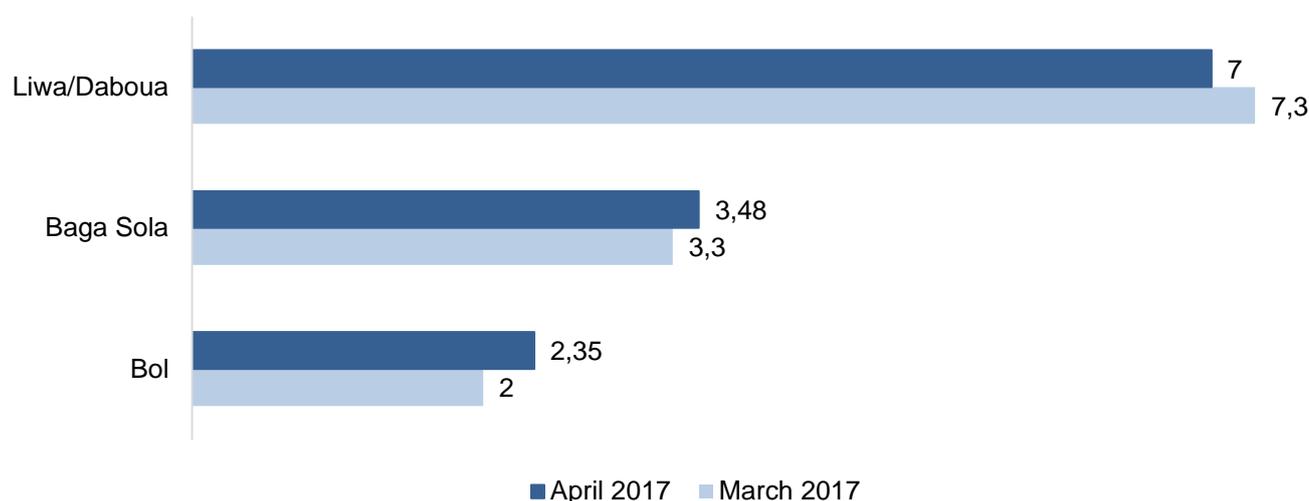


- Treatment of moderate acute malnutrition: in April, 1,059 pregnant and breastfeeding women and 4,904 children aged 6-59 months suffering from MAM were treated by the NGOs IMC, Alima-Alerte Santé, IRC and

the Health Delegation of the Lac Region in partnership with WFP in 45 health centers and 18 displacement sites. The recovery rate during this month was 98%.

- 4,800 children received nutritional supplements for malnutrition prevention.
- Among the 4,835 children aged 6-23 months screened in April by WFP and its partners, the data show that 4.74% suffer from global acute malnutrition (GAM), of which 3.79% moderate acute malnutrition (MAM) and 0.95% severe acute malnutrition (SAM). The comparison with the results of the March 2017 screenings indicates a relatively stable situation in the different areas.

Comparison of GAM rates (%) from screenings conducted in March and April 2017 by WFP and its partners



- An improved hangar was built by the NGO IMC in Kiskra health center for nutrition activities.
- WFP and the NGO Alima Alerte-santé will launch a program for the treatment of MAM targeting 7,200 children aged 6-59 months in the districts of Ngouri and Isseirom and for the prevention of chronic malnutrition targeting 4,000 children and 1,100 pregnant and lactating women in the same districts.

Gaps and constraints:

- Lack of funding has forced some partners to stop mobile clinic activities in some areas, in spite of demand.
- Community-based malnutrition prevention and feeding support activities have been suspended.
- Children suffering from MAM are not treated in displacement sites.
- The NGO IRC faces a frequent breakdown of PPN inputs (more than 15 days of break in April).

Protection / Community services

Needs:

- It is necessary to protect 65,000 displaced people through multisector referral and response mechanisms.
- 10,000 people face specific protection risks, including children and women, and are in need of enhanced community protection mechanisms.

Response:

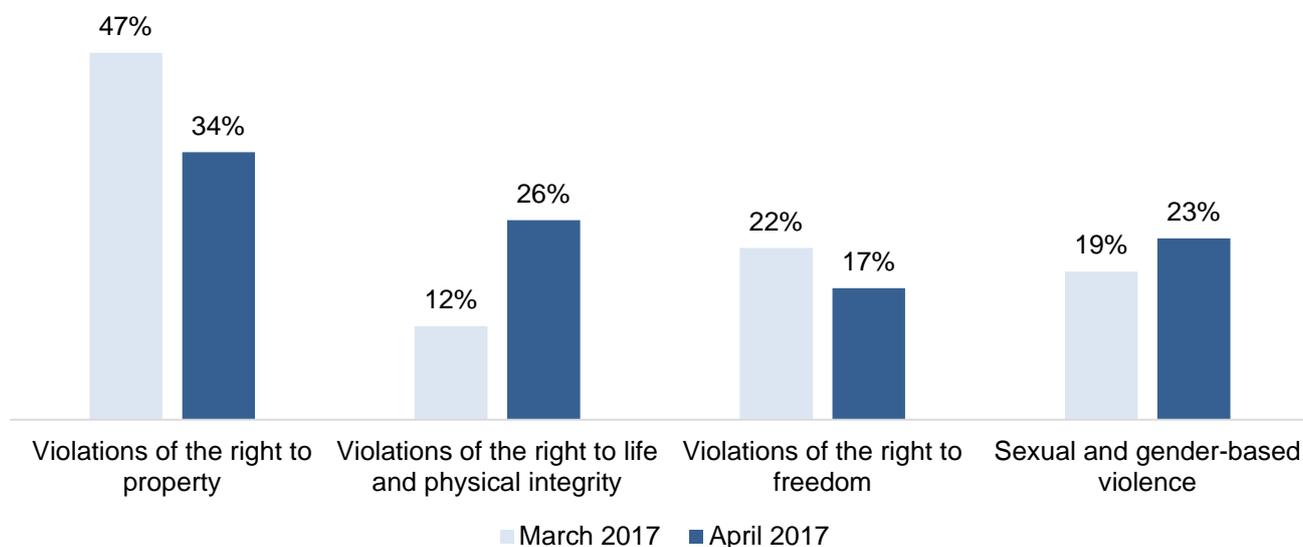
- In April, 160 protection incidents including 40 gender-based violence incidents were reported in the 38 sites covered by the protection monitoring of UNHCR and the Chadian Red Cross, compared to 59 cases in March. There is a significant increase in Tchoukoutalia site, which hosts more than 5,400 displaced persons, and where more than 20 per cent of the cases were registered in April. Violations of the right to property remain the most recurring - 34 per cent of all reported incidents. In comparison to the previous month, violations of the right to life have also significantly increased: from 12 per cent of violations reported in March to 26 per cent of violations reported in

176

Cases of gender-based violence documented in April by the GBV sub-cluster

April. More than half of the victims are IDPs, 37 per cent are host populations and 12 per cent are returnees. The majority of the victims are men, however with regard to reported cases of sexual and gender-based violence, all victims are women. In 71 per cent of the cases, presumed authors are alleged members of an armed group.

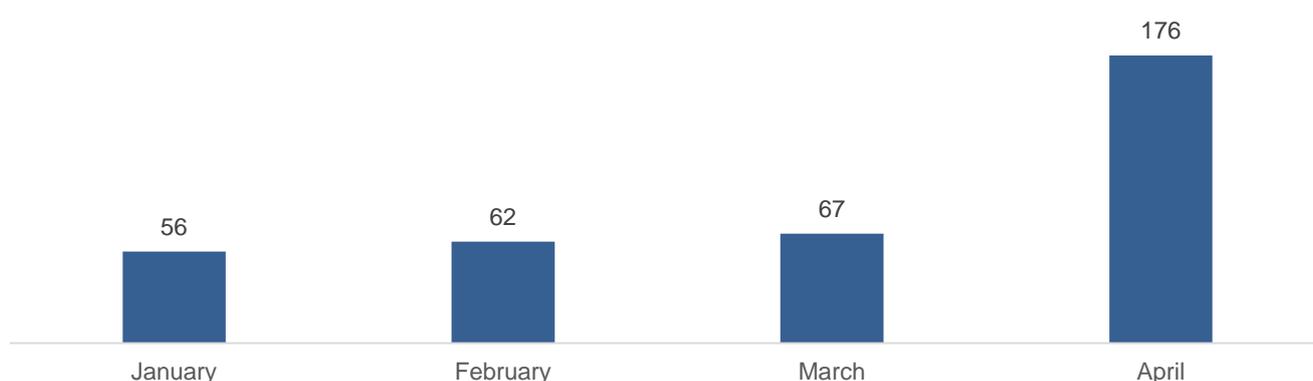
Evolution of the types of violations reported (% of the total number of reported cases), March-April 2017



Source: HCR/CRT, monthly report of protection monitoring activities, March and April 2017

- Fight against gender-based violence (GBV) :
 - 176 cases of gender-based violence were documented by the GBV sub-cluster in April, with more than one third being cases of psychological violence (64 cases), followed by 35 cases of physical assaults (20 per cent of the cases), 34 cases of denial of resources (19 per cent), 26 early marriages, 13 cases of sexual assault and 4 cases of rape. This important increase compared to previous months may be a result of awareness-raising sessions conducted by UNFPA and the NGO IRC. 91 per cent of victims are IDPs, 4 per cent are host populations and 5 per cent are refugees. In terms of care, 100 per cent of the victims received psychosocial support, 19 per cent medical support and 7 per cent legal support.

Number of reported GBV incidents per month, January-April 2017



Source: GBV sub-cluster, dashboard April 2017

- In April, 9,836 people, of whom 69 per cent were women and girls and 31 per cent were men and boys, were sensitized by the NGO IRC on the consequences of early marriage, sexual harassment and denial of resources.
- From 22 to 26 April, UNFPA organized three training sessions on protection and human rights. 80 people participated, including magistrates, Brigade commanders, sub-prefects, police officers from the region, members of the GBV working group and the military.
- Child protection:
 - In April, 14 family reunifications were organized, including 8 girls and 4 boys.

- At the end of April 2017, 101 children among the group of people having allegedly surrendered and transferred to the Transit and Orientation Center (CTO) were reunified by DRAS (Regional Department for Social Affairs), UNICEF and the NGO IHDL.
- A child-friendly space (CFS) was created by UNICEF's partner, the NGO IHDL, and is now operational in Kafila. Another CFS was set up in Salia site by the NGO World Vision.
- 1,786 people, including 34 per cent of girls, participated in awareness-raising sessions organized by the NGO IHDL on the prevention of family separations, the importance of schooling (particularly girls' schooling) and peaceful coexistence.
- 1,768 children (48 per cent of whom were girls) participated in the activities set up by the NGO COOPI and 12 children with special needs (including 5 girls) benefitted from individual support.

Gaps and constraints:

- Unmet needs remain the absence of legal care, creating a context of impunity for perpetrators, the poor medical and psychosocial care for victims, and the lack of socio-economic care for victims and persons with special needs.
- There is also a need to develop community mobilization and to expand the protection monitoring area.
- The Lac region lacks capacity for inter-communal conflict resolution activities.



Health

Needs:

- All displaced people are in need of enhanced epidemiological surveillance.
- 187,000 displaced people and host communities need improved access to primary health care through access to medicines, mobile clinics and support to health centers.

19,498

Primary healthcare consultations in April

Response:

- In April, 19,498 curative consultations were conducted by the NGOs IRC (5,101), IMC (7,415), MSF and Alerte-Santé. The predominant pathologies are respiratory infections, diarrheal diseases and malaria.
- In April, 3,857 prenatal consultations were conducted by UNFPA (353), and the NGOs IRC (604), IMC (2,116), MSF and Alerte-Santé.
- In April, 578 births were attended by partners (including 106 by IRC and 356 by IMC).
- The NGO IRC has taken over the mobile clinics in Magui, Koudouboul and Sabre Kouta sites, under UNICEF funding.
- The NGO ACF started a mental health intervention. 687 children and adults who were psychologically affected by the crisis in Magui and Yakiram sites benefitted from this intervention.
- As part of the Prevention of Mother-to-Child Transmission of HIV (PMTCT), 209 pregnant women were screened by UNFPA, 11 of whom were HIV-positive and started antiretroviral treatment (ARV). Six children born to HIV-positive women automatically started ARV treatment.

Gaps and constraints:

- Access to health care by populations living in island areas remains a challenge and support for island health centers is a priority.
- Major constraints remain physical access to island areas as well as insecurity limiting some activities. For instance, security constraints prevented the resumption of activities in Boma site by the NGO IRC whereas the need there is considerable.



Food security / Livelihoods

Needs:

- 123,275 people are severely food insecure and in need of food assistance, as well as refugees, returnees and third-country nationals. This encompasses the 32,000 people targeted south of Bol in February 2017.
- 36,000 households need support during the next agricultural season through the

108,061

Beneficiaries of food assistance in April

provision of seeds and equipment as well as livestock support.

Response:

- Food distributions and cash transfers:
 - In April, 92,072 people benefited from food distributions by WFP and its implementing partners, including 772 refugees in Kaiga and Mboma sites.
 - In April, 14,989 internally displaced people, including 5,663 refugees from Dar-es-Salam refugee camp, benefited from cash transfers.
 - On 8 April, approximately 1,000 people from 200 displaced households who arrived in Kousserie site in February 2017 received food assistance from the NGO PADIESE (Partnership for the Support and Development of Innovations in Education, Health and Environment).
- Livelihoods:
 - 16 livelihoods projects for IDPs and host communities through the food for assets modality are underway thanks to WFP's support, in partnership with the NGOs SOS Sahel and IHDL. Current activities include the creation of nurseries, dykes for irrigation, and the development of fields for agricultural production. This approach will soon be extended to more sites in partnership with the NGO COOPI.
 - 150 households in Baga Sola benefit from the cash for work activities of the NGO OXFAM (sanitation of public places in Baga Sola).
 - 378,325 ruminants belonging to 8,975 households (53,850 people) in Kaya, Mamdi and Fouli departments were reached during the first round of the International Committee of the Red Cross (ICRC) vaccination campaign.
 - 200 female heads of households without access to land were integrated into associations as part of the PARET project (Project to Support the Economic Recovery in Chad) of the NGOs COOPI and CARE. Two community forage monitoring systems were set up, and 436 people received small ruminants.

Gaps and constraints:

- Approximately 10% of the needs (about US \$ 550,000) of the local population are not yet covered for the next lean season due to lack of funding.
- Wayi department was not targeted by ICRC's extensive vaccination campaign; herders in this area need similar assistance to preserve their animals during the pastoral lean season.
- Livelihood support needs remain unmet for 26,500 households due to lack of funding.

Background on the crisis

Since early 2015, the Lac region has been severely affected by the impact of the Nigerian crisis. Ongoing military operations and security incidents (attacks on villages, cattle thefts, mines and UXOs), particularly in border areas with Nigeria and Niger, resulted in the displacement of nearly 130,000 people and affected already vulnerable local communities. The closure of borders with Nigeria, the establishment and prolongation of the state of emergency and the resulting movement restrictions have had a negative impact on livelihoods, increasing food insecurity and malnutrition. In a context of poor access to essential basic services (health, education, water), displacements increase pressure on existing structures.

For further information, please contact:

Mr. Florent Méhaule, Head of Office, mehaule@un.org, +235 68 85 10 04

Mr. Abdoulaye Sawadogo, Deputy Head of Office, sawadogoa@un.org, +235 68 85 10 05

Ms. Naomi Frerotte, Public Information Officer, frerotte@un.org, +235 66 90 16 33

Ms. Clara Laire, Reporting and Advocacy Officer, clara@un.org, + 235 66 90 17 14

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