



Reporting Period: 1 September to 31 October 2020

Chad

Humanitarian Situation Report No. 06

for every child

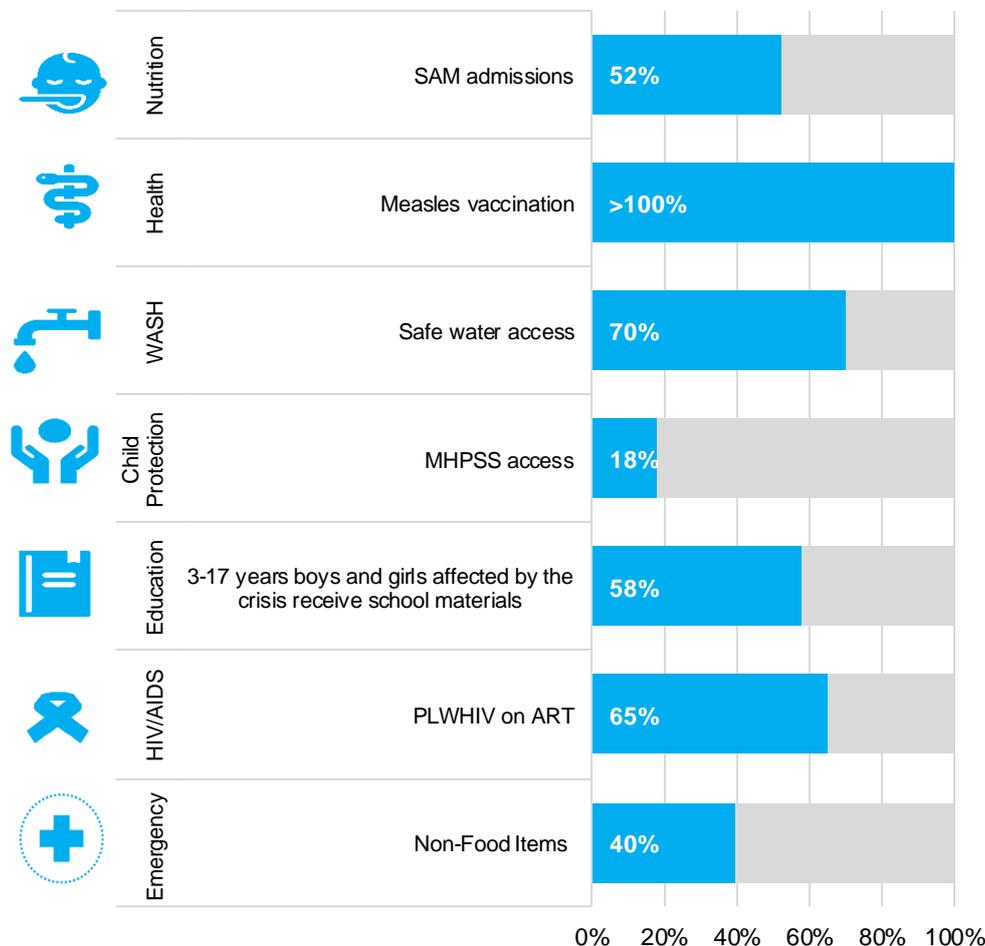
Highlights

- During the reporting period, 71,188 malnourished children were admitted and treated in the supported health centres, bringing the year-to-date total to 217,393 in the targeted provinces, representing 73.6% of expected cases, with a cure rate of 94.4 per cent.
- 3,151 children received psychosocial support, including in child-friendly spaces, bringing the year-to-date total to 7,695 children.
- 5,000 people received access to safe clean drinking water using water-purifying sachets for household water treatment and building of 17 new boreholes, bringing the year-to-date total to 49,947 people.
- In support of the National Contingency Plan for Preparedness and Response to the COVID-19 pandemic, UNICEF focused on limiting human-to-human transmission to protect individuals from exposure to COVID-19 and minimising morbidity and mortality due to COVID-19. 30,000 protective face shields along with other PPE items were distributed in September and October to 10 provincial hospitals, 5 district hospitals and 246 health centers supported by UNICEF.

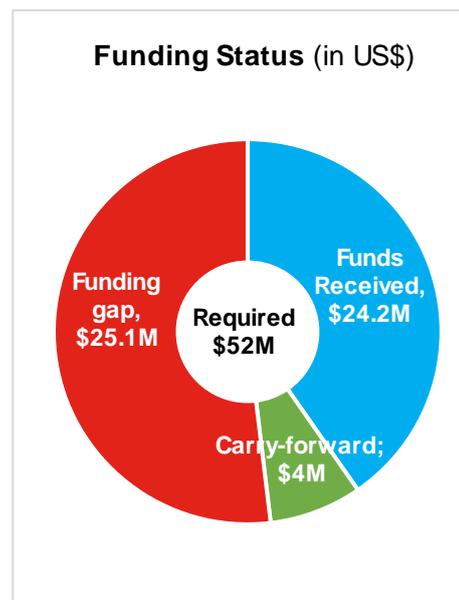
UNICEF's Response (as of October 2020)

Situation in Numbers

- 2,860,000** children in need of humanitarian assistance
- 6,400,000** people in need (revised OCHA HRP 2020)
- 414,301** under 5 children with SAM (revised OCHA HRP 2020)
- 236,426** internally displaced people (revised OCHA HRP 2020)



UNICEF Appeal 2020
US\$ 52 million



Humanitarian Action for Children: Funding Overview and Partnerships

For 2020, UNICEF is requesting US\$ 52,180,000 to assist 478,400 people including 448,600 children in humanitarian emergencies in Chad through the Humanitarian Action for Children (HAC) appeal*. Since the beginning of the year, UNICEF Chad has received US\$ 23.2 million (44% of the needs) from the European Commission, the United Kingdom, the United States of America, the Central Emergency Response Fund (CERF), Japan and Sweden. Global thematic humanitarian funds of US\$ 500,000 from the UNICEF National Committees of Norway, Denmark and the United States is also supporting flexible allocation of funds. Carried over funds from the previous year is providing an additional US\$ 4 million, from the European Commission, the United Kingdom, the United States, and global humanitarian thematic funds.

UNICEF will continue to adapt and respond to critical humanitarian needs as they evolve and will advocate for flexible thematic and multi-year funding to reach the most vulnerable children and families with life-saving support. UNICEF is grateful to all partners for their continued support and collaboration and appeals for further assistance to children whose needs have increased due to the impact of the COVID-19 pandemic.

**HAC 2020 does not include the funding requirements for the COVID-19 pandemic, for which the office issued a separate HAC appeal.*

Situation Overview & Humanitarian Needs

Chad is facing multiple humanitarian crises in 2020. According to an analysis conducted in August 2020 by the Nutrition Cluster, with support from UNICEF and the World Food Programme, food insecurity, combined with the impact of COVID-19, has increased the number of children aged 6 to 59 with acute malnutrition from 1,711,090 to 1,893,199 including 526,984 children with severe acute malnutrition. UNICEF is targeting 414,301 of these children aged 6-59 months, as per the revised Chad 2020 Humanitarian Response Plan¹.

A measles outbreak has been persisting since April 2018, despite the various response campaigns conducted in epidemic districts. Since the beginning of 2020, as of epidemiological week 43 (25 October), the country has reported 8,601 measles cases including 39 deaths registered. However, a decreasing trend of reported cases has been noted since epidemiological week 14 (5 April), likely due to the onset of the rainy season. 37 children were newly infected in September and 65 in October. As of 25 October, there are no districts suspected of being in epidemic.

As of the same epidemiological period, 432 cases of meningitis were reported in 43 districts, including 43 deaths (10%), with most of the cases in the Mandoul province. Due to seasonality, the number of meningitis cases is decreasing with 14 cases in September and 11 cases in October.

As of 23 October, 38,140 cases of chikungunya including one death have been confirmed in the Eastern part of Chad (30,700 in the Ouaddai province, which accounts for 80% of the total cases and one death; 7,439 in the Wadi Fira province; and 1 case in the Guera Province). With a steep increase marked over several weeks, this outbreak added pressure on an already fragile health system.

The country has also been affected by an outbreak of cVDPV2 (circulating vaccine-derived polioviruses) since 2019. The temporary deferral in the outbreak response due to COVID-19 has seen continued cases of cVDPV2 across the country. Since the end of August, 13 new cases of cVDPV2 have been confirmed positive, bringing the total confirmed cases to 83 as of epidemiological week 43 (25 October), which includes 80 Acute Flaccid Paralysis (AFP) cases with an onset date in 2020 and three environmental cases with collection date in 2020.

Against this backdrop, the March 2020 outbreak of COVID-19 further exacerbated the weakness of the health system. As of 31 October 2020, 1,498 cases were reported in 17 provinces. 186 new cases were reported in September and 295 new cases in October. More than 33,565 people have been quarantined since the beginning of the pandemic, of which 1,817 were still under surveillance as of 31 October 2020. Health personnel represent 10.2% of the total reported cases.

The COVID-19 curve of confirmed cases has accelerated since the beginning of the reporting period, especially in Moyen Chari and Mayo Kebbi Est, bordering areas with entry points, which are the most affected with respectively 160 and 111 reported cases on 31 October.

¹ The target was increased from 345,000 under-five children in the revision of the Chad 2020 Humanitarian Response Plan

The Chadian authorities lifted the international travel ban on 1 August 2020, yet passengers are required to present COVID-19 negative results followed by a seven-day quarantine and a negative control test before any movement. Given the country's limited health structures and capacity, key challenges remain, and the spread of the virus is still of great concern. The procurement and provision of protective equipment and essential supplies has improved but remains limited. Other challenges include limited capacity for surveillance, tracing, case management, isolation of contacts, laboratory testing capacity especially at land borders, inadequate sanitation facilities in quarantine sites and public spaces, and limitations in provincial-level preparedness. The pandemic is expected to further strain the resources already insufficient to deliver essential health programmes. Vulnerable groups include the elderly, women and children, people with pre-existing conditions, urban populations dependent on daily earnings, and displaced persons.

Overall, it is estimated that by the end of 2020, some 6.4 million people², more than a third of the population of Chad, will require humanitarian assistance. The needs have increased from 5.3 million people³. As a result of insecurity in the Lake Chad basin and neighbouring countries, Chad is hosting over 469,606 refugees⁴, mainly from the Central African Republic and Sudan, and 236,426⁵ people are internally displaced. Humanitarian needs are increasing due to new population displacements in the Lac province which are exacerbated by the COVID-19 pandemic. The country is also extremely vulnerable to the effects of climate change and natural disasters⁶. Following heavy rains in August and September, over 32,000 people (or 5,812 households) were initially affected by the flooding in N'Djaména. Many of the victims, who lost their homes to the floods, have been hosted by family members and friends in less affected areas of the capital.⁷

UN agencies and NGOs are assisting the Government in responding to these needs, in accordance with the revised 2020 Humanitarian Response Plan (HRP) and the National Contingency Plan for Preparedness and Response to the COVID-19 pandemic. UNICEF is contributing to the response also in line with the 2020 WHO global Strategic Preparedness and Response Plan and the 2020 UNICEF COVID-19 Humanitarian Action for Children (HAC) appeal.

Summary Analysis of Programme Response

Nutrition

During the reporting period, 71,188 malnourished children were admitted and treated in the supported health centres, bringing the year-to-date total to 217,393 in the targeted provinces. There is a slight decrease in the trend of admission since the month of August. More than half of total admissions were in N'Djaména, Lac, Guera, Kanem. As part of the COVID-19 response, 6,569 additional children were admitted and treated in the provinces Mandoul, Mayo Kebbi Est, Mayo Kebbi Ouest, Moyen Chari by the end of September.

For the last quarter of 2020 and the first quarter of 2021, UNICEF estimates that 172,205 children suffering from severe acute malnutrition (108,205 in quarter 4 of 2020 and 64,000 in the first quarter of 2021 - adjusted towards the higher 2021 target of 403,437 children) will require treatment. The stock of RUTF supply is insufficient with 34,379 boxes and 88,877 boxes in transit, resulting in a shortfall of 48,949 RUTF boxes for the period from October 2020 to March 2021. Some donors offered to fill in some of the gap (an additional 31,000 RUTF boxes have been requested to reduce this gap to 17,949 RUTF boxes for the period). It should be noted that the period up to the end of 2021 faces a shortfall of 357,386 RUTF boxes in total.

To ensure access to quality service, 195 health workers were trained on the integrated management of acute malnutrition (IMAM) protocol in three provinces (33 in Barh El Gazal, 12 in Hadjer Lamis, 150 in Guera). In addition, 21 health staff from the district management team received training on the collection and analysis of nutrition data. In the Lac province, three health districts (Isseïrom, Ngouri and Kouloudia) received technical support from a joint monitoring IASC mission from the regional health and nutrition sub-cluster which identified needs for additional training of health workers and supervisory visits from the district management to strengthen the capacity of implementation of community management of acute malnutrition (CMAM), integrated management of childhood illness (IMCI) and COVID-19 response. Moreover, a joint monitoring mission was organised by the nutrition cluster which visited IDP sites and the Dar es Salaam refugee camp in Baga Sola health district providing support for sub-cluster coordination and emergency response.

² Revised Chad 2020 Humanitarian Response Plan, June 2020, United Nations Office for the Coordination of Humanitarian Affairs

³ Chad 2020 Humanitarian Response Plan, Office for the Coordination of Humanitarian Affairs

⁴ Revised Chad 2020 Humanitarian Response Plan, OCHA Table: Personnes en situation de déplacement, page 9.

⁵ *Ibid.*

⁶ In 2019, Chad scored 7.8 on the INFORM Risk Index, which measures the risk of humanitarian crises and disasters, and how the conditions that lead to them affect sustainable development.

⁷ OCHA, Situation report, last updated 10 November 2020, <https://reports.unocha.org/en/country/chad/>

UNICEF continues its effort to strengthen the nutrition coordination mechanism. At national level, a task force was setup to analyze the humanitarian situation, identify the populations in need and those who will be targeted in the Humanitarian Response Plan. In order to assess the nutritional status of children under five years of age, a national SMART nutrition survey will be conducted in November across the country. Due to the context of COVID-19, the indicators to be collected will focus on anthropometry, morbidity, mortality and key indicators of infant and child feeding practices. A strategic option has been taken to integrate some indicators related to COVID-19 and nutrition service delivery.

Health

In the context of COVID-19 pandemic, a measles outbreak response campaign funded by the Measles and Rubella Initiative initially planned in March 2020, targeting 667,303 children aged 6-59 months in 22 districts and put on hold until further notice following WHO and UNICEF global recommendations to limit the spread of the virus is now scheduled to be conducted in 2 blocks starting in mid-January 2021. This measles response campaign will be conducted along with the national measles follow-up vaccination campaign funded by GAVI and targeting 3,282,521 children aged 9-59 months. In the meantime, the Ministry of Health (MoH) and partners are focused on maintaining and strengthening routine immunization, measles case management and epidemic surveillance. The Center for Disease Control and Prevention (CDC), WHO and UNICEF have conducted a risk analysis of measles in Chad, which predicts a large-scale epidemic starting in the fourth quarter of 2020 if the national measles follow-up campaign is not undertaken on time and if the performance of routine immunization does not improve. In view of the measles outbreak response and the national measles follow-up vaccination campaign, the MoH and partners conducted microplanning workshops from 1 to 12 October in all provinces and districts. The microplans have been consolidated at national level and the campaign will integrated supplementation of Vitamin A and deworming.

All the mOPV2 immunization activities have been delayed. Preventive National Immunisation Days (NIDs) targeting more than 4 million children under the age of five, with mOPV2, were planned for March 2020 and were postponed due to the COVID-19 pandemic in the country. Regarding the evolving cVDPV2 transmission, a response covering 91 districts of 16 provinces and targeting 3,490,212 under-five children will be implemented in 2 rounds from 13 to 15 November and from 27 to 29 November. UNICEF is supporting mainly communication and vaccine management activities and will deploy its staff and consultants to monitor field activities.

UNICEF continues supporting the Government with various measures such as capacity building, cold chain and vaccines supply deployment, as well as communication for development activities to ensure continuity of routine immunization services.

UNICEF contributed to the implementation of the National Contingency Plan for Preparedness and Response to the COVID-19 pandemic by focusing on two critical strategic approaches: (i) Limit human-to-human transmission and protect individuals from exposure to COVID-19; and (ii) Minimise morbidity and mortality due to COVID-19. During the reporting period, an international order of masks and other personal protective materials and equipment was received in Chad and subsequently distributed in multiple sites to protect more than 20,000 health personnel. 30,000 protective face shields along with other PPE items have been distributed in September and October to 10 provincial hospitals, 5 district hospitals and 246 health centers supported by UNICEF. In addition, UNICEF purchased 35 oxygen cylinders to support the main health structure in charge of COVID-19 cases (Farcha Provincial Hospital). Since the beginning of the outbreak UNICEF has provided the MoH with 14 rental vehicles (10 from April to October; and 4 from October to December), 30 internet connection kits and 10 laptops to facilitate the operations of the response teams, including data collection and analysis, as well as virtual meetings.

Previously in May, UNICEF, in collaboration with the MoH and WHO, trained 34 laboratory technicians from N'Djamena, Logone Occidental, Moyen Chari, Lac, Guera, Ouaddai, Borkou, Ennedi and Tibesti with the aim of decentralising COVID-19 screening with GeneXpert devices. As of current, lab testing using GeneXpert screening is available one site in N'Djamena and in Abeche, Sahr, Mongo, Bol, Mao, Moundou and Doba.

In September and October, UNICEF provided to the MoH 1,000 kits of 10 lab test Xpert Xpress SARS-CoV-2 tests and 2,500 viral transport medium (VTM) with nasopharyngeal (NP) and oropharyngeal (OP) swabs to improve lab diagnostic capacity.

Training of health staff is ongoing with UNICEF technical and financial support. As of the end of the reporting period, 76 staff out of 394 planned have been trained on case management and disease surveillance.

WASH

During the reporting period of September and October, water, hygiene and sanitation interventions have predominantly focused on responding to health emergencies such as floods, support to the displaced populations and assistance to malnourished children in the provinces most at risk. 5,000 people received access to safe clean drinking water using water-purifying sachets for household water treatment and building of 17 new boreholes, bringing the year-to-date total to 49,947 people.

UNICEF continued to provide assistance to the population affected by floods, providing NFI kits to a total of 2,648 households in N'Djamena and 1,080 households in Oum-Hadjer in Batha provinces. In N'Djamena, UNICEF with its partner CAIDEL constructed three boreholes equipped with handpumps benefiting 2,700 displaced people from the recent floods.

In the Lac province, the completion of ten boreholes equipped with hand pumps has enabled improved access to safe drinking water for 5,000 new internally displaced persons in Kousseri, Amma, Fourkoulom North and Diamérom sites. To ensure the sustainability of the structures built, 30 water point management committees have been formed by the Ministry in charge of Water. At the Diamérom displacement site, 931 households were provided with NFI kits to promote good hygiene practices. At the Amma site, the construction of 24 emergency latrines enabled 480 people to stop the practice of open defecation.

UNICEF continued its preventive interventions against COVID-19 pandemic in collaboration with national and international partners. During the reporting period, 259 people were trained on IPC/WASH. 62,455 people including 17,065 men and 45,390 women were sensitized on the preventive measures against COVID-19 in N'Djamena, and 25,402 people in the provinces of Lac, Logone Occidental and Logone Oriental. To date, a total of 4,400 WASH kits were distributed in Lac province, 1,358 in Logon Occidental and 1,493 in Logon Oriental.

In support to the National Contingency Plan for Preparedness and Response to the COVID-19 pandemic, the training of trainers in hygiene promotion and preventive measures against COVID-19 continued in all the provinces affected by the pandemic. During the reporting period, 209 trainers and community leaders' capacities were strengthened, bringing the total to 1,486 since the beginning of the pandemic.

UNICEF continued to support the prevention and treatment of children with severe acute malnutrition, through the implementation of WASH in Nut activities. During the reporting period, 89,770 children, of which 41,784 boys and 47,987 girls, benefited from the distribution of WASH kits and their mothers/caregivers were sensitised on good hygiene practices.

Education

After the nationwide closing of schools following the COVID-19 breakout in Chad in March 2020, classes resumed briefly in October 2020 allowing for the official conclusion of the 2019-2020 academic year. Before and during the resumption of classes, UNICEF continuously supported campaigns in Logone Occidental, Logone Oriental, Guera and Wadi Fira provinces to raise awareness of school communities on key preventive measures against COVID-19 such as mask-wearing, handwashing with soap and avoiding handshakes. In Guera and Wadi Fira, UNICEF further provided 13 primary schools with 93 handwashing stations, 93 boxes of soap, and 25 boxes of liquid bleach to ensure that 17,040 students (7,063 girls) and 287 teachers (46 women) could safely return to school. UNICEF is also preparing to provide handwashing kits and soap to schools in Maro in Moyen Chari province, which closed due to an increasing number of COVID-19 cases, to ensure a safe reopening.

In parallel, UNICEF and its partner TECHNIDEV continued with the implementation of distance learning programmes. As a result, 5,405 secondary school students, 842 girls and 4,563 boys in N'Djamena, Logone Oriental, Moyen Chari and Lac provinces benefited from distance learning. UNICEF in collaboration with the Ministry of Education (MoE) distributed school supplies for 5,448 refugees, internally displaced and host communities' students of which 2,586 girls and 2,902 boys in the department of Kaya in the Lac province to provide access to education in an improved learning environment programme. Additionally, UNICEF conducted training on psychosocial support for 64 teachers supervising these students.

The distribution of school materials brings the year-to-date total of children provided with school materials to 27,893 in Lac province, and to 59,209 across all target provinces.

Also, in the southeast of Chad, intense floods have made some schools inaccessible, preventing the return to school after the COVID-19 restrictions for more than 37,772 primary school students in Salamat, Sila and Mandoul provinces. More than 200 schools have been reported damaged. UNICEF is in the process of supporting the MoE with the distribution of 2,000 tarpaulins.

Child Protection

In September and October, 3,151 children received psychosocial support, including in child-friendly spaces. A total of 192 boys and girls were reunified with their families or provided with appropriate alternative care arrangements in the Lac province (156 children including 73 girls) and 14 in N'Djamena.

The Rapid Response Mechanism enabled UNICEF's partner INTERSOS to identify and reunite 83 boys and 73 girls who were separated from their families during the large-scale internal displacement movement (families relocating to settlements (camps) from their villages that are close to the water after being attacked by Boko Haram) that is still ongoing in the Lac province. Through the community-based psychosocial support approach UNICEF partners INTERSOS, COOPI and DPAS have been providing psychosocial support to vulnerable children, including 1,456 boys and 1,477 girls targeted in 4 IDP camps in the Lac province, and 196 displaced children, victims of exploitation in the gold mines in Abéché.

In October, UNICEF conducted a four-day training for NGO partners including INTERSOS and UNHCR, as well as the Government (Direction de l'Enfance and DPAS Lac) in Baga Sola (Lac province). Twenty participants including 16 men and 4 women were trained on child protection in emergencies core concepts, psychosocial support, birth registration and family tracing and reunification. This training is part of the capacity building and coaching plan that UNICEF has set up to reinforce capacity for child protection interventions in response to emergencies.

Since the beginning of the year, 7,695 children (4,254 boys and 3,441 girls) have been reached with psychosocial support in mobile and static child friendly spaces, while 969 children (765 boys and 204 girls) without parental and family care were provided with family reunification services or alternative care arrangements.

As part of the prevention and response to the COVID-19 pandemic, UNICEF in partnership with the Provincial Delegations of Social Action (DPAS) and the Ministry of Defence in Sahr, UNICEF continued to sensitize local communities including vulnerable children on the preventive measures against COVID-19 and key child protection messages. During the reporting period, 1,408 people including 708 children in Sarh and 700 soldiers in the military training centre of Moussoro, Bahr El Ghazel province, were reached with prevention messages against COVID-19 and child protection.

HIV/AIDS

During September and October, in order to ensure the continuity of HIV/AIDS services, UNICEF conducted training for 1,978 community organizers in order to sensitize and inform communities with prevention messages against COVID-19 and modes of transmission. A total of 252,678 people have been reached in all 23 provinces.

During the reporting period there were no cases of stock-out of antiretroviral drugs reported. In order to anticipate disruptions and maintain services, the provincial departments are working together on an appropriate reallocation, optimizing the availability of ART.

Humanitarian Leadership, Coordination, and Strategy

UNICEF continued to lead the Nutrition, Education and Water, Sanitation and Hygiene Clusters, as well as the Child Protection Sub-Cluster, at national and subnational levels, in line with the inter-agency humanitarian strategy to save lives and protect affected populations. UNICEF and its partners persevere to respond to the urgent needs of the most vulnerable populations and strengthen the links between humanitarian action and development efforts. UNICEF supported the prioritisation of community-based approaches while continuing to build the capacity of line ministries and the National Directorate of Civil Protection to better plan, coordinate and implement preparedness and response activities.

In response to COVID-19, all UNICEF-led clusters have actively participated in inter-agency efforts on the revision and integration of the COVID-19 response into the Humanitarian Response Plan 2020 for Chad. Indicators, targets and funding needs were adjusted in consultation with partners and based on response capacities and identified sectoral priorities.

The coordination activities of the Health Cluster, led by WHO, are being strengthened with the participation of UNICEF. The main activities carried out over the past two months included regular monitoring of the epidemiological situation and response to ongoing outbreaks, particularly COVID-19, preparations for the vaccine-derived polio and measles campaigns. They also entailed mapping of partners and their response to the COVID-19 pandemic in districts and provinces to monitor supplies of COVID-19, and their deployment in the field, to train providers and community health workers in epidemiological surveillance, case management and laboratory testing, and take advantage of the opportunities offered by the COVID-19 inter-agency supply chain coordination mechanism.

In October, the WASH Cluster and UNICEF participated in an evaluation conducted by the Humanitarian Country Team to assess the situation in Mayo Kebbi Est, which was severely affected by the recent floods, and the impact on the affected population.

During September and October, the clusters WASH, Nutrition, Education and sub-Cluster Child Protection for which UNICEF is the lead agency, participated in the development of the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP) 2021, following the timeline shared by the Humanitarian Country Team, reviewing and updating the multisectoral strategies in response to emergencies.

The Child Protection sub-cluster in collaboration with UNHCR, UNFPA and UNDP trained the municipal authorities of the 9th district of N'Djamena on child protection identification and referral as part of the response to the massive population relocation due to the recent floods.

UNICEF will continue to coordinate with donors, other UN agencies, NGOs, and local authorities to strengthen the national health and nutrition systems to deliver emergency services. In addition, further efforts will be invested to improve the provision of water and sanitation packages, the management of SAM cases, polio and measles vaccination, and the provision of psychosocial support.

UNICEF will reinforce the Monitoring and Reporting Mechanism, advocate for the release of children from armed forces and groups and support female survivors of gender-based violence (GBV) with community care and socio-economic reintegration. Furthermore, UNICEF will continue to promote inclusive education through community mobilisation, community learning centres, and the provision of school supplies.

Efforts to strengthen the complementarity of humanitarian response and development programming are integrated in all these interventions. This is done through the Rapid Response Mechanism (RRM), which reinforces community-based programming. The principle of the RRM is to provide a rapid multi-sectoral response package to IDPs and affected host communities, based on a vulnerability approach. UNICEF's RRM strategy is based on a collective approach of complementarity with the NGO consortium to establish a rapid response mechanism governed by a common framework. UNICEF hosts and coordinates the RRM in the Lac province, while the RRM Coordinator is a member of the Inter-Cluster Coordination Team (ICC), allowing for an effective relationship between the RRM programme and the humanitarian community.

Next SitRep: 31 December 2020

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Summary of Programme Result

Sector	Overall needs	Cluster/Sector Response			UNICEF and IPs		
		2020 target	Total results*	Change since the last report ▲▼	2020 target	Total results*	Change since the last report ▲▼
Nutrition							
Number and % of children 6-59 months with Severe Acute Malnutrition (SAM) admitted for therapeutic care	461,000	414,301	217,393	71,188▲	414,301	217,393	71,188▲
Number of children aged 6-59 months who received vitamin A supplements	268,537	268,537	356,514	0	268,537	356,514	0
Health							
Number of children in humanitarian situations aged 6 months to 14 years vaccinated against measles					160,000	370,103	1,140▲
WASH							
Number of crisis affected people who have access to basic sanitation facilities (latrines) in accordance with the WASH Cluster standards and norms	169,272	169,272	5,580	1,480▲	7,000	1,480	1,480*▲
Number of crisis affected people who have access to quantity potable water in line with the standards (15L/per/Day)	487,500	219,272	49,947	5,000▲	71,000	49,947	5,000▲
Child Protection							
Number of children with access to psychosocial support, including in child-friendly spaces					42,200	7,695	3,151▲
Number of reported cases of children who have experienced sexual violence received an age- and gender-appropriate response					200	0	0
Education							
Number of out-of-school boys and girls (aged 3 to 17) affected by crisis accessing education	315 740	193,196	2,526	2,526▲	14,800	2,526	2,526▲
Number of school aged boys and girls (aged 3 to 17) affected by crisis receiving learning materials	527,121	386,384	59,209	5,448▲	102,600	59,209	5,448▲
HIV/AIDS							
Number of pregnant women that have access to HIV and AIDS screening services and prevention of mother-to-child transmission services					51,000	30,821	7,224
Non-Food Items							
Number of girls and boys reached through cash transfer programmes					6,000	500	0

*adjusted to correct error in last reporting

UNICEF and partners' response in the Lac Province

Sector	Overall needs	Cluster/Sector Response			UNICEF and IPs		
		2020 target	Total results*	Change since the last report ▲▼	2020 target	Total results*	Change since the last report ▲▼
Nutrition							
Number and % of children 6-59 months with Severe Acute	22,186	22,186	30,705	14,661▲	22,186	30,705	14,661▲

Malnutrition (SAM) admitted for therapeutic care								
Children aged 6 to 59 months who received vitamin A supplements	102,044	102,044	0	0	102,044	0	0	
Health								
Number of children in humanitarian situations aged 6 months to 14 years vaccinated against measles					52,688	1,491	0	
WASH								
Number of crisis affected people who have access to basic sanitation facilities (latrines) in accordance with the WASH Cluster standards and norms	67,708	67,708	4,400	0	7,000	5,880	1,480*▲	
Number of crisis affected people who have access to quantity potable water in line with the standards (15L/per/Day)	126,560	75,640	44,947	0	47,000	44,947	5,000▲	
Child Protection								
Number of children with access to psychosocial support, including in child-friendly spaces					20,000	6,104	2,933▲	
Number of reported cases of children who have experienced sexual violence received an age- and gender-appropriate response					120	0	0	
Education								
Number of out-of-school boys and girls (aged 3 to 17) affected by crisis accessing education	126,234	91,515	2,526	2,526▲	2,058	2,526	2,526▲	
Number of school aged boys and girls (aged 3 to 17) affected by crisis receiving learning materials	196,612	183,989	27,893	5,448▲	26,829	27,893	5,448▲	
HIV/AIDS								
Number of pregnant women that have access to HIV and AIDS screening services and prevention of mother-to-child transmission services					13,250	8,390	3,546▲	
Non-Food Items								
Number of girls and boys reached through cash transfer programmes					5,000	0	0	

*adjusted to correct error in last reporting

Annex B

Funding Status

Sector	Requirements	Funds available		Funding gap	
		Received Current Year	Carry-Over	\$	%
Nutrition	32,300,000	16,183,700	2,755,902	13,360,398	41%
Health/ HIV/AIDS	1,680,000	0	0	1,680,000	100%
WASH	4,800,000	3,314,998	383,679	1,101,323	23%
Child Protection	3,000,000	914,796	401,617	1,683,587	56%
Education	6,000,000	1,083,436	0	4,916,564	82%

Emergency Preparedness	2,000,000	2,666,130	547,395	0	0%
Cash transfer programming	2,400,000	0	0	2,400,000	100%
Total	52,180,000	24,163,060	4,088,593	25,141,872	48%

LCB Funding

Sector	Requirements	Funds available		Funding gap	
		Received Current Year	Carry-Over	\$	%
Nutrition	5,183,998	2,210,560	-	2,973,438	57%
Health/ HIV/AIDS	366,995		-	366,995	100%
WASH	1,489,800	1,395,466	342,645	-	-
Child Protection	1,551,085	633,185	263,435	654,465	42%
Education	1,403,000	1,083,436	-	319,564	23%
Emergency Preparedness	1,300,000	295,785	165,621	838,594	65%
Cash transfer programming	2,000,000	-	-	2,000,000	100%
Total	13,294,878	5,618,431	771,701	7,591,241	54%