

Humanitarian Dashboard – Chad

(as of 18 November)

SITUATION OVERVIEW

Outlook: Chad continues to face challenges related to protection and assistance for refugees, the repatriation and reintegration of migrants from Libya, and assistance to people affected by malnutrition, food insecurity, epidemics and natural disasters. Eastern Chad is further stabilizing, allowing an increased emphasis on early recovery.

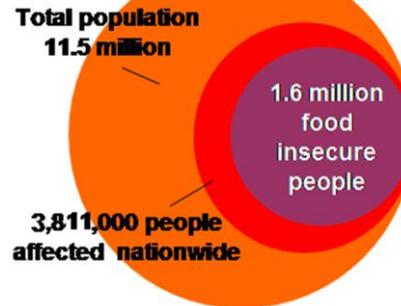
Most-affected groups: People affected by conflict including refugees and IDPs, migrants returning from Libya.

Most-affected areas:

- **West and centre:** Large-scale severe malnutrition and food insecurity.
- **Border areas in south and east:** High levels of insecurity due to banditry and organised crime.

Main drivers of the crisis: Insecurity from rebel groups and bandits operating around and across borders with Sudan and Central African Republic. Erratic climate conditions with frequent natural disasters such as floods or droughts affecting vulnerable populations.

PEOPLE IN NEED



KEY FIGURES

- **1.6 million people at risk of food insecurity**
- **83,000 Chadian workers returned from Libya** with a further 40,000 expected in the near future.
- **363,400 refugees** (288,000 from Sudan, 75,000 from CAR, 400 urban)
- 131,000 IDPs and 50,000 returnees

PRIORITY NEEDS

Cross-sectoral priorities: Access to water, health and education services, especially in areas destabilized by years of conflict.

- 1. Protection:** Insecurity and fear of banditry prevents many IDPs from returning to their homes.
- 2. Health:** Poor performance of the health system places populations at high risk of recurrent diseases and epidemics (meningitis 5,856 cases/264 deaths; measles: 7,507/97 deaths; cholera: 17,030/455 deaths; polio 116 cases – figures as of September 2011)
- 3. Food Security:** High rates of food insecurity (69% refugees, 47% IDPs, 25% returnees, 30% host population affected), lack of livelihood opportunities and eroded coping capacities of host communities. 2011 harvest is expected to be below average due to erratic rainfall.
- 4. WASH:** Most IDP return sites lack potable water sources and improved sanitation. Risk of cholera epidemics due to poor hygiene and sanitation.
- 5. Nutrition:** global acute malnutrition (GAM) levels are above threshold: 15.2% to 24.9% of the population in six regions is acutely malnourished.
- 6. Returnees:** Returnees face limited access to basic services and livelihood opportunities, insecurity and the absence of the rule of law

RESPONSE OVERVIEW

- **Early Recovery:** Support to self-reliance of beneficiaries, capacity-building of national actors and local communities to prevent and manage crisis situations.
- **Protection:** Setting-up of a legal and operational framework in conformity with international standards; monitoring and continuous improvement of basic services (especially for people with special needs); and access to durable solutions and sustainable (re)integration.
- **Camp Management:** Continue activities in IDP and refugee sites.
- **Health:** Continued support to health authorities for deployment of qualified personnel in remote health facilities in return areas. Monitoring of epidemiology situation for rapid response, reduction of crude fatality rate during epidemics (<10% for meningitis and < 1% for cholera).
- **Food Security:** strengthen livelihoods and reinforce households and communities self-sufficiency and resilience.
- **WASH:** Focus on return area for water supply and continue hygiene/sanitation activities to improve social mobilization against cholera and water-borne diseases
- **Nutrition:** Reduce GAM in critical Sahel regions and improve data collection for a better analysis.
- **Refugees:** Focus on protection and civilian character of refugees' camps; continue transitional approach to increase self-sufficiency to gradually reduce refugee's dependence on aid
- **Education:** Continued education interventions, including return areas and with special attention to girls, early childhood development activities and development at the community level.

(CAP 2012)

Number of People in Need and Targeted - Planning Figures 2012

