The Republic of Chad

Executive Summary

In 2014, Chad was politically stable. However, on-going conflicts in neighbouring countries led to influxes of refugees and Chadian returnees from the Central African Republic (CAR), the Federal Republic of Nigeria and the Republic of Sudan (Darfur region) and negatively impacted the country’s development efforts. Chad maintained higher visibility at the regional level through its involvement in the peacekeeping operation and conflict resolution.

In this context, the key achievements included:

Circulation of the wild poliovirus and circulating vaccine-derived polioviruses (cVDPVs) was halted, with no cases reported since June 2012. The country remains vigilant, however. More than 3.8 million children under 5 were immunized during five national immunization days (NIDs) and sub-NIDs, for a more than 95 per cent coverage rate. Polio assets were used to strengthen the routine immunization programme by supporting the Reach Every District (RED) approach in 18 high priority districts and reducing the immunization dropout rate.

In terms of emergency preparedness and response, UNICEF Chad contributed to the treatment of more than 144,475 children suffering from severe malnutrition in the Sahel belt as of the end of October 2014, and ensured multi-sector and large-scale support for the 150,000 persons, mainly women and children located in the southern regions, who fled the violence in CAR.

Following effective advocacy by UNICEF Chad, the Government of Chad worked towards full compliance with the Action Plan on children associated with armed forces and armed groups, signed in June 2011. As a result, the country was delisted in July 2014.

A comprehensive report on the education system in Chad was produced using bottleneck and vulnerability conflict analyses. The Government validated a roadmap for accelerating decisions and measures (i.e. policy decisions, governance reforms) to address key bottlenecks and barriers to equitable access to quality education. The roadmap has been monitored monthly through a joint meeting chaired by the Government and including key partners.

The shortfalls experienced in 2014 included:

Limited progress was made towards the implementation of A Promise Renewed (APR) due to various factors, including high turnover of key decision makers. Meanwhile, the Ministry of Health (MoH) launched an initiative to revitalize health centres, mainly in the urban areas of the country’s largest cities.

The Child Protection Code was constrained due to religious concerns regarding children born out of wedlock.

Recurring emergency and humanitarian situations limited development assistance interventions.
In 2014, UNICEF Chad strengthened the following partnerships and alliances:

Partnerships were strengthened with United Nations agencies, including the World Health Organization (WHO) (the RED approach, including polio eradication, and nutrition); the United Nations Development Programme (UNDP) (planning and malaria prevention); the World Food Programme (WFP); the Food and Agriculture Organization (FAO); the United Nations High Commissioner for Refugees (UNHCR) (on the response to the crises in CAR, Nigeria and Darfur); and the United Nations Educational, Scientific and Cultural Organization (UNESCO) (implementation of the Project for Revitalizing Basic Education in Chad (Projet de Revitalisation de l'Education au Tchad or PREBAT) within the framework of the Local Education Group led by UNICEF; UNICEF is the Managing Entity of the Global Partnership for Education (GPE) and the Educate a Child co-funded PREBAT).

Relationships were also strengthened with donors, including the European Union (EU), the World Bank and the French Agency for Development (Agence Française de Développement or AFD).

Partnerships were strengthened with approximately 500 civil society organisations covering almost the entire country, religious leaders and 40 community radio stations. All of these partners were involved in partnership agreements related to delivering effective communication for development (C4D) interventions throughout the country.

Strategic alliances on corporate social responsibility (CSR) were established in 2014 with key Chad-based corporate groups. This work facilitated the organisation of an advocacy roundtable on business principles and children’s rights. As a result, hundreds of chief executive officers and representatives of private companies were regrouped under the leadership of the ministers in charge of the economy and social affairs.

In addition, in a joint UNICEF-government effort to promote children’s rights, the collaboration with the mobile company Airtel Chad was reinforced and millions of people were reached.

The Country Programme took advantage of the 2014 mid-term review to fully align planned results, interventions and strategies with the UNICEF Strategic Plan 2014-2017. The reviewed programme results structure, which covers 2015-2016, highlights barriers and bottlenecks identified during the participatory review process.

**Humanitarian Assistance**

Chad hosts 95,550 refugees from CAR, 368,290 refugees from Sudan and an increasing number of Nigerian refugees. At the beginning of 2014, humanitarian organizations were overwhelmed by the flows of primarily Chadian returnees and refugees. But in an effective partnership with the Government, sites were identified in southern Chad, including Doyaba, Sido, Doba, Gore, Moundou and Mbitoye, and refugees were relocated in semi-permanent locations. In addition, the first waves of people fleeing the violence in Nigeria took refuge in the Lake Chad islands and region.

UNICEF Chad supported the Government to strengthen the protective environment for children and women in health care, water, sanitation and hygiene (WASH), HIV prevention, education and protection against various forms of violence, especially during the humanitarian response to the influx of returnees from CAR. To improve health and hygiene standards at refugee/returnee sites, 15,000 latrines were constructed and access to clean water was increased from 34 per
cent to 92 per cent. In addition, about 33,000 children aged 6 months to 15 years were vaccinated against measles (out of a total 37,000 children); and 16,000 children affected by severe acute malnutrition (SAM) received psychosocial services, which contributed to improving their physical, cognitive and social development. Education-related interventions included the construction of child-friendly temporary learning spaces, catch-up classes for preparing children to resume schooling, teacher training, as well as pedagogical support and follow-up. This has contributed to providing about 21,299 students, with access to basic pre-primary and primary education. Awareness-raising campaigns for the enrolment and retention of children in school were jointly conducted in communities with Ministry of Education (MoE) officials at decentralized levels and national non-governmental organizations (NGOs).

UNICEF Chad and partners continued to strengthen government and community response capacity by fostering community resilience to cyclical and predictable shocks. UNICEF enhanced its readiness to provide adequate life-saving interventions by building strong partnerships and coordination mechanisms through its cluster leadership roles. Therefore, despite funding constraints, UNICEF Chad and partners’ response focused on delivering programming while building capacity at the local level. The country programme continued to respond to the recurrent malnutrition situation in the Sahel belt. More than 144,475 children suffering from severe malnutrition received the required care in 2014, compared with 140,000 in 2013. In response to the measles outbreak, UNICEF Chad, WHO and the Government jointly supported a measles campaign in February 2014. The number of children aged 6 to 59 months immunized, 789,709, exceeded the number targeted, 633,971, for a more than 100 per cent coverage rate. A nationwide campaign against measles targeting children aged 6 months to 9 years, supported by UNICEF, WHO, GAVI Alliance and the Measles and Rubella Initiative (MRI), took place in two phases in June and October and achieved 103 per cent coverage. About 2 million women aged 15 to 49 years in nine at-risk regions received a first round of tetanus toxoid (TT) vaccine. In addition, UNICEF Chad responded to a nationwide malaria outbreak with supplies and mosquito nets, covering the needs of 1.2 million affected persons.

More than 8,000 people affected by heavy flooding in the Salamat region, specifically in Am-Timan health district, were reached through a multi-sector response. In addition, significant support was provided in response to cholera outbreaks in two health districts (Lere and Bagassola). The UNICEF response to the cholera outbreaks was made more effective by the contingency stocks pre-positioned in at-risk areas. In total, 172 cholera cases were recorded, with a 5.8 per cent case fatality rate. The outbreak was contained in both districts. To prevent the spread of water-borne diseases in general and cholera in particular, UNICEF built community partnerships to promote safe hygiene practices and other essential family practices.

The UNICEF-funded programme response to recurrent emergency situations is to include all interventions under the umbrella of a broader resilience strategy that includes prevention and management of chronic and acute malnutrition; prevention and management of epidemics (those that regularly affect the country); implementation of the national social protection strategy; and effective coverage of basic social services, including in remote areas.

In partnership with a major telephone company in Chad, UNICEF-funded interventions benefitted from the use of new technologies with SMS/text message support. It was confirmed that cell phone users read a total of 2,155,934 messages that generated awareness and demand for UNICEF-supported projects and campaigns. In particular, vaccination efforts were bolstered with 1,135,208 messages received by users encouraging routine vaccination and active participation in tetanus, measles and polio campaigns.
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<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>AFD</td>
<td>French Agency for Development (Agence Française de Développement)</td>
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<td>AGIR</td>
<td>Global Alliance for Resilience Initiative</td>
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<td>AGT</td>
<td>Association des Guides du Tchad</td>
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<td>AMP</td>
<td>Annual Management Plan</td>
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<td>APR</td>
<td>A Promise Renewed</td>
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<td>AST</td>
<td>Action Sociale Tchadienne</td>
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<td>ASTBEF</td>
<td>Chadian Association of Youth Family Welfare (Association Tchadienne pour le Bien-Être Familial)</td>
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<td>AWP</td>
<td>Annual Work Plan</td>
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<td>BCG</td>
<td>Bacille Calmette-Guerin</td>
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<td>BCP</td>
<td>Business Continuity Plan</td>
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<td>C4D</td>
<td>Communication for Development</td>
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<td>CAR</td>
<td>Central African Republic</td>
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<td>CCC</td>
<td>Core Commitments for Children</td>
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<td>CCTV</td>
<td>closed circuit television</td>
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<td>CLAC</td>
<td>Centre for Reading and Cultural Expression</td>
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<td>CLTS</td>
<td>Community-Led Total Sanitation</td>
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<td>CMT</td>
<td>Country Management Team</td>
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<td>CSJEFOD</td>
<td>Centre de Solidarité des Jeunes pour la Formation et le Développement</td>
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<td>CSR</td>
<td>corporate social responsibility</td>
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<td>cVDPV</td>
<td>circulating vaccine-derived poliovirus</td>
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<td>DCT</td>
<td>Direct Cash Transfer</td>
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<td>DHS</td>
<td>Demographic and Health Survey</td>
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<td>EAC</td>
<td>Educate a Child</td>
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<td>ECD</td>
<td>Early Childhood Development</td>
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<td>ECHO</td>
<td>European Commission Humanitarian Office</td>
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<td>EMC</td>
<td>Emerging Markets Communications</td>
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<td>EMIS</td>
<td>Education Management Information System</td>
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<td>EMTCT</td>
<td>elimination of mother-to-child transmission of HIV</td>
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<td>EPI</td>
<td>Expanded Program on Immunization</td>
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<td>ERM</td>
<td>Emergency Risk Management</td>
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<td>ESD</td>
<td>education sector diagnosis</td>
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<td>EU</td>
<td>European Union</td>
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<td>EWEA</td>
<td>Early Warning Early Action</td>
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<td>funding authorization and certificate of expenditure</td>
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<td>Food and Agriculture Organization</td>
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<td>GAM</td>
<td>global acute malnutrition</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>GPE</td>
<td>Global Partnership for Education</td>
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<td>HACT</td>
<td>harmonized approach to cash transfers</td>
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<td>HCT</td>
<td>Humanitarian Country Team</td>
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<td>HMIS</td>
<td>Health Management Information System</td>
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<td>HRBAP</td>
<td>human rights-based approach to programming</td>
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<td>ICT</td>
<td>information and communications technology</td>
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<td>IDP</td>
<td>Internally Displaced Persons</td>
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<td>INSEED</td>
<td>National Institute of Statistics, Economic and Demographic Studies or Institut National de la Statistique, des Etudes Economiques et Démographiques.</td>
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<td>LLC</td>
<td>Local Learning Committee</td>
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<td>LLITN</td>
<td>long lasting insecticide treated mosquito nets</td>
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<td>LTA</td>
<td>long term agreement</td>
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Evidence Generation, Policy Dialogue and Advocacy

Drawing on strong technical and financial support from UNICEF, the National Social Protection Strategy (NSPS) was validated in 2014. This was a strong strategic action aimed at positioning Chad as an emerging country in 2030. The strategy addresses the need to reduce social inequalities and eradicate poverty and social exclusion in Chad. The NSPS was elaborated based on data and evidence taken from household surveys that shed light on various forms of vulnerability and poverty in Chad. The strategy provides for an integrated social protection system that will improve the population’s living conditions and livelihoods and enable universal access to basic services. The NSPS is expected to streamline all social protection initiatives towards a long-term vision of ensuring decent and dignified livelihoods for the population by 2030. UNICEF Chad is partnering with other key social protection players, in particular the World Bank, to generate new evidence on poverty and vulnerabilities to reinforce the policy dialogue on improving social safety nets in Chad.
UNICEF Chad also provided technical and financial support for the development of strategic documents, such as the National Strategy for Community Health, which includes the National Malaria Policy. Similar support was provided for the development of the National Nutrition Policy 2014-2025. The UNICEF-developed a strategic nutrition intervention plan, which articulates an integrated approach to nutrition that includes WASH, education, protection and HIV-related activities, will further the realization of children's rights in Chad.

At the national level, progress was made towards the development of strategic HIV and AIDS documents, such as an accelerated response plan and the revised treatment guide in line with WHO recommendations, as well as the implementation of the plan to eliminate mother-to-child transmission, the extension of the approach to delegation of tasks and the mentoring programme. Furthermore, UNICEF Chad conducted bottleneck analyses in the health, HIV, protection and education sectors that helped to define effective strategies for achieving better results.

**Partnerships**

Partnerships with a wide range of national and international NGOs enabled a rapid respond to the impacts of the CAR crisis in the areas of health, nutrition, protection and water and sanitation. As the lead agency for three clusters, UNICEF played an active role in the coordination of the humanitarian response and in diversifying its partnerships with NGOs and regional government authorities.

For the Polio Eradication Initiative, partnerships helped the country maintain its zero wild poliovirus cases status in 2014. In close collaboration with WHO, all components of polio eradication efforts were intensified. This included organizing quality vaccination campaigns, strengthening epidemiological surveillance, strengthening routine immunization and responses to epidemics, overhauling the cold chain system and deploying communication personnel to increase community awareness and vaccine demand, and improve data collection and analysis systems. Close work with community and religious leaders was equally important, as was the implementation of specific strategies and local partnerships for reaching underserved populations (i.e. nomadic, insular or displaced populations) for enhanced immunization coverage.

In the area of nutrition, partnerships around the Scaling Up Nutrition Movement and Renewed Efforts Against Child Hunger (REACH) facilitated UNICEF efforts to integrate nutrition into the Government’s national priorities. A national forum on nutrition will be held early in 2015.

UNICEF Chad enhanced its internal capacity to ensure a direct, proactive and strategic approach to partnership and CSR with multinational organisations and national private sector enterprises interested in local alliances. Strategic alliances on CSR were established in 2014 with the main Chad-based corporate groups, facilitating the organisation of an advocacy roundtable on business principles and children’s rights and the regrouping hundreds of chief executive officers and representatives of private companies. The UNICEF approach on CSR was endorsed by the Government and the National Agency of Investment and Export publicly committed to supporting UNICEF in the elaboration of an ethical chart on children’s rights and business principles in 2015. UNICEF also strengthened its partnership with the mobile company Airtel Chad in its efforts to promote children’s rights through C4D programmes, and as a result reached millions of people.
External Communication and Public Advocacy

UNICEF Chad participated in various international public advocacy initiatives to raise the country’s global profile, including the EU campaign, The Voice of Children in Emergencies, and organized visits of goodwill ambassadors from Greece and Slovenia. Within this framework, a series of communication and advocacy materials were produced and widely disseminated at the global level. UNICEF Chad also participated in two other EU communication initiatives launched during the celebration of International Day of Peace, Dance4Peace and Children of Peace, to raise awareness on the issue of children in armed conflict and in emergencies.

With the support of the French Committee for UNICEF, UNICEF Chad led an international media campaign to support its resource mobilization efforts, targeting French audiences and involving the main France-based media outlets. In addition to this campaign, international media visits were organized with BBC Africa, Al-Jazeera, IRIN, CCTV Africa and UN Radio to highlight the impact of the CAR crisis in Chad and voice critical issues facing Chadian children.

As part of its digital communications strategy, and in close collaboration with the UNICEF Department of Communications, UNICEF Chad intensified its media production activities in order to reach global audiences and donors. Multimedia packages were used during global and regional communication initiatives like #WorldAidsDay, #CARCrisis and #EndChildMarriage. UNICEF Chad also reinforced its social media presence. The total number of UNICEF Chad Facebook fans increased from 2,000 in 2013 to 14,500 in 2014 and reached 30,000 people per week.

UNICEF Chad enhanced its youth-led advocacy efforts in 2014. With the support of the Government, youth advocates were nominated to raise awareness on children’s rights issues and HIV prevention. UNICEF Chad created various platforms aimed at promoting children’s expression by producing a magazine dedicated to youth, strengthening the children’s parliament and promoting debate among young people on the Convention on the Rights of the Child. UNICEF Chad also participated to the OneMinutes Jr. video and EyeSee photo workshop international initiatives with the aim of raising the voice of Chadian children at the national and global levels.

Human Rights-Based Approach to Cooperation

UNICEF Chad applied the human rights-based approach to programming (HRBAP) in its various programme components in 2014. Several government and NGO partners involved in the promotion of child rights increased knowledge on the principles of a HRBAP though trainings. In particular, this work was carried out successfully during elaboration of two municipal development plans and a regional development plan in the Benoye and Moundou communes and the Logone Occidental region.

To promote compliance with the Palermo Protocol and the Convention on the Rights of the Child regarding the trafficking and exploitation of children, UNICEF Chad strengthened the capacity of the media. Eighty young reporters and 35 community radio and regional branches of the ONRTV were trained. A strategic workshop targeting key actors, including magistrates, judges, police and gendarmerie, was organized to develop training modules on the protection of children in contact with justice. Within the mid-term review process, the capacities of implementing partners were strengthened on HRBAP.

The on-going situation analysis of children in Chad is based on a HRBAP, with more emphasis on identification and causal analysis of bottlenecks impeding the realization of child rights. In addition, the HIV/AIDS Section increased the capacity of 19 Centres 918 peer educators and
five information centres, as well as the orientation of the Chadian Association of Youth Family Welfare (Association Tchadienne pour le Bien-Être Familial or ASTBEF). This has strengthened the capacity of adolescents to participate actively in peer information campaigns on life skills. The technical capacities of community teachers were strengthened, enabling the provision of access to quality education. However, much remains to be done to strengthen capacities of children, parents and civil society organizations to hold government structures accountable at multiple levels, as well as parents, for the non-fulfilment of child rights.

**Gender Mainstreaming and Equality**

During the 2014 mid-term review, UNICEF Chad envisaged a gender review of the country programme and a move towards better gender mainstreaming in the programming process. Some major actions were undertaken: UNICEF Chad participated significantly in the United Nations Gender Working Group and briefed staff on a gender-based approach to programming and the UNICEF Gender Action Plan 2014-2017. The gender review will be completed in 2015 and will inform a new country programming elaboration process that will begin in 2015.

**Environmental Sustainability**

Chad faces recurrent and cyclical natural disasters, which, depending on the season and the bioclimatic zone, may take the form of droughts or devastating floods. One of the main environmental projection objectives in the National Development Plan (Plan National de Développement or PND) 2013-2015 is the preservation and management of natural resources to contribute to improving the living conditions of the population, and one of the four priority areas is disaster prevention and management. In this particular area, through clusters and other consultative bodies, UNICEF has supported the process of strengthening the coordinated national preparedness system and response to humanitarian situations.

One issue is the climate-induced degradation of water resources (i.e. the reduction of surface water points, more and deeper underground water). Therefore, WASH-related interventions are designed to build community resilience through sustained service provision. This resilience-based approach has included: construction of durable facilities (i.e. water points), followed by building the capacities of communities to take ownership of and maintain infrastructures; community-based approaches such as Community-Led Total Sanitation (CLTS), household water treatments and safe storage; and use of low cost manual drilling strategies.

The study on the environmental impacts of school construction is on-going. The findings will guide further construction activities in the sector.

**Effective Leadership**

The 2014 Annual Management Plan (AMP), which provides a roadmap for the implementation and monitoring of the office’s programme and management priorities, was prepared based on lessons and recommendations from the 2013 Annual Management Review and the office retreat. The UNICEF Chad key oversight structures included the Senior Management Team meeting, which was held twice a week to monitor progress toward the achievement of office priorities and provide overall guidance on subsequent priority actions stipulated in the AMP and annual work plans (AWPs).

The Country Management Team (CMT) made recommendations to the country representative on management issues. Programme coordination meetings were held twice a month for close oversight of AWPs and various programmatic reviews. The Operations Team identified key bottlenecks that constrained the achievement of results and also supported the United Nations Operations Management Team. These two entities helped to review management and
programme indicators while identifying critical or strategic issues to be addressed by the CMT, which remained the main office management body.

The CMT met 12 times to validate decisions and track progress in the areas of audit recommendation, risk management, the harmonized approach to cash transfers (HACT) implementation process, fundraising, budget monitoring, direct cash transfers (DCTs), human resources and supply. Regular human resources review was established to ensure that UNICEF Chad had permanent adequate human capacity and related funding to achieve the expected results. The specific supply dashboard ensured weekly tracking of supply and logistic bottlenecks.

The Business Continuity Plan (BCP), Early Warning Early Action (EWEA) system, Emergency Risk Management (ERM) Action Plan, and risk control and self-assessment documents were all updated in 2014, resulting in a redefinition of management and programme priorities.

The ERM Action Plan, which focuses on high risks, was developed and reviewed twice using a participatory approach. The plan was integrated into the AMP and reflected in the AWP through relevant activities and after open discussion with implementing partners.

Efforts are on-going to improve office risk management through a systematic and systemic integration of risk management into the planning process. This would require additional staff capacity building and the greater involvement of national partners in the risk management process. This is particularly important following the introduction of HACT in Chad in 2014. With the volume of transactions, financial throughout, risks and logistical challenges, the CMT has established a VISION Hub to accelerate the transaction process, improve accuracy and consistency, document verification and strengthen work processes.

Following the internal audit conducted in 2013, UNICEF Chad carried out significant reviews of work processes and operations management.

With the help of the CMT, which validated the audit implementation monitoring plan, UNICEF Chad succeeded in closing all of the audit’s 20 recommendations in 2014. Furthermore, the 2014 country programme mid-term review involved a significant change in programme structure. A mid-term management review (MTMR) has been planned to review the office structure in order to better align to the new results framework. Within this MTMR framework, emphasis will be placed on the development of effective mechanisms and practices for risk management (identification and mitigation).

Financial Resources Management

Systems are in place to safeguard the organization’s financial and other assets. Financial control systems, including office committees, are in place. UNICEF Chad has reviewed and updated the Table of Authority using a participatory approached and with the CMT’s endorsement. This revised Table of Authority clearly articulates staff responsibilities, ensuring segregation of duties among team members and control mechanisms and indicating officers in charge where required. This is in line with office work processes.

Key management indicators were closely monitored by the CMT, highlighting staff accountabilities for delivering results. These indicators were also systematically analysed during section and programme coordination meetings and remedial actions were taken as required. The monthly programme implementation report is shared with all staff for reference and used
during meetings. Financial control mechanisms were reinforced through the establishment of the VISION Hub.

While DCT management remains an issue within the complex programmatic environment, UNICEF Chad received US$ 134,709,968 in 2014 (US$ 134,709,968 in regular resources (RR); US$ 75,643,019 in other resources (OR); and US$ 42,266,942 in other resources emergency (ORE)), and reached an implementation rate of 85 per cent.

As chair of the inter-agency HACT committee, UNICEF worked with a consultant and a specialized audit firm to spearhead the macro-evaluation, micro-evaluation and risk rating exercises. In total, 80 implementing partners were assessed and reports validated by the committee and endorsed by the United Nations Country Team (UNCT). Only 14 per cent of assessed partners were rated low risk, 28 per cent were rated moderate risk, 51 per cent were rated significant risk and 7 per cent were rated high risk. Based on these findings, an assurance plan was prepared, validated and endorsed by the UNCT. Working jointly with the Ministry of Economy and Planning, five agencies (UNDP, UNICEF, WFP, the United Nations Population Fund (UNFPA) and the Joint United Nations Programme on HIV/AIDS (UNAIDS)) agreed to begin implementing the full HACT in 2014 following a refresher training on HACT and funding authorization and certificate of expenditure (FACE) form utilisation.

**Fund-raising and Donor Relations**

In 2014, evidence-based advocacy and effective management of donor relations led to a substantial increase in the financial resources available to support the implementation of the Country Programme (as noted above, a total of US$ 134,709,968).

Additional funds received by UNICEF Chad were mainly related to emergency responses, with the influx of people from CAR and the chronic issue of malnutrition in the Sahel belt. Interagency collaboration enabled UNICEF to receive additional funds from the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA). The management of donor relations was critical to maintaining UNICEF as a recipient and sub-recipient of the next round of funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria for the malaria prevention and prevention of mother-to-child transmission (PMTCT) programmes in 2015.

UNICEF Chad strengthened its partnership with the Private Fundraising and Partnership (PFP) Division, and collaborated to create advocacy packages of funding proposals and media materials. UNICEF Chad participated in various global public advocacy initiatives and was part of the EU campaigns, The Voice of Children in Emergencies and Children of Peace. Goodwill ambassador visits from Greece and Slovenia were organised within this framework.

UNICEF Chad also participated in a high level visit by a delegation from the Organisation for Islamic Cooperation (OIC) in November, and submitted funding proposals geared towards subject areas in which the delegates expressed interest. With the support of the French Committee for UNICEF, UNICEF Chad led an international media campaign targeting French audiences and involving main France-based media outlets to raise awareness around key humanitarian issues in Chad and support resource mobilisation efforts.

Fifty-seven reports were due in 2014. Of the 51 reports due through 16 December 214, 28 (54 per cent) were submitted on time. UNICEF Chad strengthened its internal capacity to carry out this function.
Evaluation
Throughout 2014, UNICEF and the Ministry of Planning and International Cooperation supported the development of government institution capacity in results-based management, including strengthening data collection, analysis and dissemination. Capacity building activities included the participation of two government monitoring and evaluation officers from the Ministry of Planning in an evaluation training. The training was expected to strengthen the national evaluation association currently being set up with UNICEF support. UNICEF Chad launched the evaluation of the child survival programme in 2014 and findings are expected in the first semester of 2015. A government-chaired steering committee is leading the overall process, which also includes building the capacity of staff to carry out evaluations. UNICEF Chad provided effective technical and financial support for the design and the launch of data collection for the Demographic and Health Survey (DHS) and Multiple Indicator Cluster Survey (MICS). Findings from these surveys will allow the Government and partners to update all Millennium Development Goal (MDG)-related indicators and guide the preparation of a long-term vision of Chad (Chad 2030) as well as the five-year national development plan. UNICEF support of these processes is designed to ensure that children’s issues are on the top of the development agenda.

In 2014, UNICEF supported the implementation of two nutrition surveys using Standardized Monitoring and Assessment of Relief and Transition (SMART) methodology to survey recurrent malnutrition in the Sahel belt region, including in N’djamena City. The findings are helping key stakeholders and UNICEF better target nutrition interventions in the country.

Efficiency Gains and Cost Savings
Two memoranda of understanding were signed with WHO and one was signed with UNOCHA for workspace sharing in Mao, Abeche and Moundou, respectively, allowing US$ 11,848 in annual savings of on rent, VSAT connection, security and cleaning costs. The extension of the existing Memorandum of Understanding with UNAIDS in N’Djamena allowed for total savings of US$ 17,227.96.

The signing of long term agreements (LTAs) with travel agencies contributed to greater efficiency and costs savings. These covered cleaning, vehicle rental, maintenance and repair of office vehicles and generators, fuel supply, maintenance of air conditioners, maintenance and repair of copiers, security and safety of premises and property, catering services, and improvement of electrical circuits in the main office and the four zonal offices.

The office work environment was improved with a cafeteria, painting in the annex building in N’Djamena, and installation of air conditioners and generators in the new transit warehouse in N’Djamena. Significant effort was made with the reduction of 2,883 uncertified TAs to 40 and the full clearing of US$ 580,648.76 in prepaid rent in 2013 and 2014, which contributed to the optimal management of resources.

Supply Management
Supply management was a key priority in the AMP. The consolidated supply plan completed in March was used as a tool for ensuring timely ordering, delivery and monitoring of supply and logistics performance.

The supply component for 2014 was US$ 46,694,809. Programme supplies totalled US$ 27,024,185, operational supplies totalled US$ 1,193,739, and services totalled US$ 18,476,885, including US$ 10,845,800 for construction works.
UNICEF Chad also identified new suppliers and service providers. Thirty LTAs were signed, which allowed for the decentralization of procurement and distribution operations for the efficient, effective and timely delivery of goods and services valued at US$ 32,751,055 and cost savings. Printing materials were ordered through the Pretoria Office for US$ 30,291.

UNICEF provided support to government and other partners (Gavi Alliance, global funds and COOPI) for procurement services for a total amount of US$ 10,912,825, out of which US$ 5,049,970 was for GAVI Alliance. Support was also provided to the Government for the mass bed net distribution campaign.

Partnerships included piggy backing on UNHCR LTAs for fuel, vehicles and generators maintenance, and on shared storage space with WFP. Joint needs assessments and movement of goods were undertaken with UNHCR, UNOCHA and WFP. In November the office benefited from support from the Supply Division on the Chad logistics capacity assessment document.

A contribution was made to the Douala regional hub for contingency stocks. Ready-to-Use Therapeutic Food (RUTF) was borrowed from UNICEF Cameroon and UNICEF Niger to reduce stock-outs. A strategy matrix was developed to strengthen the RUTF supply chain, focusing on deliveries from regional warehouses to health centres, undertaken with UNICEF support for transport contracting and tracking tools to reduce losses and enable timely delivery to health centres.

Two physical inventory counts were undertaken in 2014. The value of supplies in all warehouses was US$ 5,549,717, of which US$ 230,550 represented emergency pre-positioned stocks. Supplies managed throughout the year amounted to US$ 21,813,924, out of which US$ 16,504,685 was received in 2014. US$ 16,431,138 of supplies was issued from locally controlled warehouses.

**Security for Staff and Premises**

Despite the insecurity in the region (Nigeria, CAR, Sudan and Libya), the security situation in Chad was calm. However, recent events in neighbouring Nigeria involving Boko Haram led UNICEF Chad to review its procedures for enhancing operational security.

**Human Resources**

The UNICEF Chad Human Resources Unit continued its significant efforts to support the implementation of the Country Programme with a strategic focus on equipping staff to deliver for children and women, while realigning human resources management processes for increased efficiency and development sustainability.

Although Chad is a hardship duty station and UNICEF is operating in a complex programming environment involving recurrent multi-dimensional emergencies, the Human Resources Unit handled 53 recruitments in 2014, representing about 25 per cent of the entire UNICEF Chad workforce as of the end of the year.

Staff departures due to the Ebola response and the UNICEF hiring freeze decision/Global Shared Services Centre process slowed down the speed of recruitment for several posts (including support function) for most of 2014. A plan to fill all funded posts by March 2015 is currently being implemented.

The Human Resources Unit implemented the second Group Orientation Programme, which reinforced staff capacity, especially for new recruits who joined the office between January and
early October 2014. The agenda included the UNICEF values and mandate, critical policy information, ethics, performance management, and programme directions for each of the cooperation sectors between UNICEF Chad and the Government.

The functioning Local Learning Committee (LLC) reviewed all staff training needs in line with regional guidelines. The Human Resources Unit played a key role in the process as secretary.

The Performance Appraisal System (PAS)/electronic PAS (ePAS) cycle continued to improve in 2014 through training, small group discussion, guidance to complete the steps and mediation input in performance disagreement issues.

Following the global survey and the staff morale survey organised at UNICEF Chad by the regional staff counsellor, a retreat and plan of action on recommendations were developed and implemented.

UN Cares activities and the implementation of the 10 minimum standards on HIV in the workplace are effective in Chad. Management is committed to and has supported initiatives to combat HIV/AIDS in workplace. The office has had no cases of discrimination based on HIV status or other diseases.

Regarding gender, efforts made to recruit female staff members resulted in improved gender ratios. Notwithstanding this success, UNICEF Chad is committed to continuing to close the gender gap and is actively looking for options to recruit other qualified female staff members, including through headhunting.

**Effective Use of Information and Communication Technology**

The main challenges related to information and communications technology (ICT) include the need to improve existing ICT services, the implementation of local projects necessary for additional ICT services that can help operations and programme delivery in good conditions and finally the implementation of all global projects as they come.

The main achievements for improving existing services were:

- Upgrading the main office VSAT Link from 3/1 megabytes (MB) to 4/2 MB with changes in the setting with Emerging Market Communications (EMC). These changes allowed for effective connectivity and improved the connection speed for applications requiring internet connectivity.
- A new private branch exchange (PBX) was acquired and installed. All offices are now linked with an IP telephone system. This new telephone system is a collaboration tool for office activities. A reduction in telephone costs was noted in all offices. The system provides value-added services such as easy telephone conferences, efficient recruitment interviews and allowed activation for OneNet voice over internet protocol (VoIP) on all extensions for official or personal usage. With this project each BCP alternate site has one telephone extension.
- The installed BCP alternate sites system was improved. The omnidirectional antennas that were place have been replaced by directional antennas for each site leading to significant improvements in internet connection speeds.
- A new video conference unit was installed following the destruction of the previous system in last year’s fire.
- Implementation of local projects:
The four zone offices of Abeche, Mao, Mongo, and Moundou were equipped with internal telephone networks.

Programme Components from RAM

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 Development Effectiveness

Analytical Statement of Progress:
At the upstream level, the UNICEF-supported programme provided technical and financial support to develop strategic documents such as the National Community Health Strategy, the Expanded Programme on Immunization (EPI) Multi-Year Plan 2015-2017, and the National Food and Nutrition Policy 2014-2025. Regarding the latter, one important change has been the Government’s commitment to a multi-sectorial approach to realizing nutrition objectives, implicating a variety of ministries and partners for better coordination and cooperation. For example, the newly created National Council on Food and Nutrition, which oversees the implementation of the National Food and Nutrition Policy 2014-2025, includes members of 10 ministries. In addition, in an effort to increase cross-sectorial collaboration, the Action Committee for Food Security and the Management of Risks was strengthened by incorporating the Global Alliance for Resilience Initiative (AGIR). The Scaling Up Nutrition movement has also gained momentum in Chad; an auto-evaluation showed significant progress in the movement’s capacity to bring different stakeholders together and ensure a coherent policy and legal framework. Furthermore, the monthly presidential meeting with key health sector stakeholders (including UNICEF) has continued to be used as a high level forum for advocacy on maternal and child mortality. Results of the continued advocacy efforts of UNICEF include the Government’s decision to create an inter-ministerial committee, chaired by the Minister of Health, for the organisation of a National Forum on Nutrition and Food to be held in 2015.

Efforts towards polio eradication continued and no case of wild poliovirus was reported in 2014 (compared to 5 cases in 2012 and 132 cases in 2011). Financial support was provided for the procurement of polio vaccines and technical assistance and financial support were provided for social mobilization activities for four national and two sub-national polio campaigns in 2014.

In partnership with WHO, UNICEF Chad continued to support the MoH to improve the performance of the immunization programme in 50 selected districts (40 districts in 2013) through implementation of the RED approach, which boosted immunization with equity in 18 districts in 2014, compared to 15 districts in 2013. Through the provision of technical support, supervision and monitoring of activities improved in the 18 districts; and outreach activities for vaccination are now organized on a regular basis in the most disadvantaged areas. Progress is monitored monthly with a dashboard including indicators on supply availability (vaccines, cold chain), service delivery (outreach activities), and number of additional targets reached. Performance improved and 10 out of the 18 districts (56 per cent) supported by UNICEF reached 80 per cent coverage (compared to 8 out of 15 in 2013).

UNICEF Chad continued to support the revitalization of the health system through financial support, provision of essential drugs and medical equipment to 558 health facilities and 35 district hospitals, enabling them to provide an integrated package of preventive and curative nutrition and health services (including basic emergency obstetric care).
The programme responded effectively and in a timely way to the emergency and humanitarian situations, including refugees and returnees from CAR, refugees from Sudan and Nigeria, as well as populations affected by recurrent malnutrition in the Sahel belt of Chad.

**OUTPUT 1** Prevention and management of childhood diseases (and maternal and neonatal health improved in targeted populations and the most vulnerable groups).

**Analytical Statement of Progress:**
Jointly with WHO, UNICEF Chad provided technical and financial support to implement four national and two sub-national polio campaigns, reaching more than 95 per cent of the 3,847,526 targeted children under 5. In response to the measles outbreak in the country, UNICEF supported a measles campaign jointly with WHO and the Government in February 2014. Out of the target of 633,971 children aged 6-59 months, a total of 780,709 children were immunized, with more than 100 per cent coverage. In addition, a nationwide campaign against measles targeting children aged 6 months to 9 years took place in two phases (June and October 2014) with the support of UNICEF, WHO, GAVI Alliance and MRI. Overall, 103 per cent of children aged 6 months to 9 years were vaccinated (out of the target of 2,465,865) in June 2014. In October, out of the 2,311,968 children aged 6 months to 9 years targeted, 2,349,620 were immunized, with a 102 per cent coverage rate. UNICEF supported the implementation of the first round of the TT vaccination campaign for women of child-bearing age (15-49 years) in nine targeted regions, with coverage as high as 103 per cent (some 2 million women vaccinated).

UNICEF supported the implementation of the RED approach to boost immunization with equity in 18 priority districts. Overall, 10 out of the 18 districts reached 80 per cent coverage (against 5 out of 15 in 2013) and no district reported coverage below 50 per cent. With technical and financial support from UNICEF and WHO, the MoH developed micro-plans for the 50 districts, with the participation of stakeholders at district and facility levels. These micro-plans were permitted to have baseline data of each health district, as well as a budget for addressing both demand and supply.

UNICEF continued its technical support to the MoH, including through the provision of technical assistance to support the regular staff in the supervision and monitoring of activities in the 18 districts. UNICEF also closely continued monitoring progress towards results using a dashboard including indicators on supply availability (vaccines, cold chain), service delivery (outreach activities), and number of additional targets reached. Rehabilitation of the cold chain system (funded by UNICEF) continued with technical support from the Government and UNICEF. More than 80 per cent of 739 functional health facilities have a functional cold chain system for receiving and safely storing vaccines. UNICEF supported the Government and partners to procure routine vaccines and consumables with funding from the national budget. However, due to the Government’s delay in transferring funds to the UNICEF Supply Division, the country had a shortage of some vaccines (mainly Bacille Calmette-Guerin (BCG)) at the central level.

**OUTPUT 2** Prevention and management of childhood diseases, and maternal and neonatal health improved in the targeted populations and the most vulnerable groups.

**Analytical Statement of Progress:**
UNICEF continued to support the reduction of maternal, newborn and infant morbidity by paying the salaries of 160 paramedics to support 210 health facilities. This enabled the paramedics to provide an integrated package of preventive and curative nutrition and high impact health interventions in 12 regions, benefiting some 6.6 million people. UNICEF continued to support 35 district hospitals, enabling them to provide emergency obstetric and neonatal care.
UNICEF continued to support the National Malaria Control Programme by providing technical assistance through the hiring of 43 paramedics and five medical doctors in 43 health districts of 12 regions, improving regular data collection and monthly reporting. UNICEF played a critical role in the organization and implementation of the mass distribution campaign of long lasting insecticide treated mosquito nets (LLITNs) in 13 regions. UNICEF ensured procurement and transport of the LLITNs from the suppliers to the distribution sites. As a result, 5,631,922 nets were distributed to 2,123,400 households, reaching 95 per cent of the target.

UNICEF supported seasonal malaria chemoprevention – an effective intervention for the control of malaria in areas where transmission of malaria is highly seasonal – in one district; and conducted two rounds of distribution of antimalarial drugs. Overall, 98 per cent of the 29,838 children aged 3-59 months received preventive antimalarial drugs during each round (29,242 and 29,480, respectively, out of the targeted 29,906 children).

**OUTPUT 3** Access and utilization of quality treatment services are improved for children less than 5 years suffering from severe acute malnutrition in the intervention areas

**Analytical Statement of Progress:**

UNICEF and partners continued to support the scale up of service provision in response to the nutrition crisis, which allowed for the treatment of an increasing number of malnourished children. The number of treatment centres/units was expanded from 241 in 2011 to 482 in 2014. During the year, the UNICEF-supported programme treated 144,475 (out of 152,043 expected) children under 5 with SAM, as of the end of November (compared to 136,299 during the same period in 2013).

UNICEF also continued to support the strengthening of the surveillance system by conducting two SMART surveys. The latest survey was conducted for the first time at district level, which allowed the Government and its partners to get a more detailed picture of the distribution of malnutrition. Important intra-regional differences were revealed: global acute malnutrition (GAM) and SAM rates are 12.4 per cent and 2.2 per cent, respectively, and 15 out of 33 districts are in a nutrition crisis situation (GAM rates above 15 per cent and/or SAM rates above 2 per cent). The programme also ensured the provision of nutrition supplies and essential drugs to nutrition centres across the Sahel belt, benefiting about 152,043 SAM children, as of the end of November 2014. The treatment of SAM cases met the Sphere Standards for cure, default, and death rates, with the cure rate of 83 per cent (standard >75 per cent); death rate of 0.3 per cent (standard < 10 per cent); and default rate of 7.7 per cent (standard <15 per cent).

Furthermore, UNICEF contributed to the revision of the Integrated Protocol for the Management of Acute Malnutrition and the distribution of management tools to nutrition centres. The capacity of nutrition centre staff in the management of malnutrition was also strengthened through formative supervisions.

**OUTPUT 4** Access and utilization of quality of malnutrition prevention services are improved for children under 5 years and pregnant and lactating women living in areas of intervention

**Analytical Statement of Progress:**

UNICEF contributed to the elaboration of the National Food and Nutrition Policy 2014-2025, which will allow the Government to effectively implement measures to prevent malnutrition and increase multi-sectorial coordination. Through the REACH partnership, UNICEF also provided input to the EU’s planned programme to support the local production of complementary foods.
Furthermore, thanks to UNICEF advocacy, vaccination campaigns were used as opportunities to provide two rounds of vitamin A supplementation and deworming for children under 5, with an average coverage of 96 per cent and 83 per cent, respectively. In addition, nutrition centre staff, community health workers and women’s groups were trained on infant and young child feeding in four districts (Abougoudam, Biltine, Moudo, Guelendena).

**OUTPUT 5** An appropriate response by, and implementation of Health and Nutrition programmes for all emergency situations

**Analytical Statement of Progress:**
UNICEF provided support at the various sites for refugees and returnees from CAR, Sudan, and Nigeria. This support included the provision of vaccines, drugs and obstetric kits and the setting-up of feeding units for the treatment of malnourished children.

UNICEF also supported inter-agency collaboration and partnerships by sharing information with the Humanitarian Country Team (HCT) and the thematic clusters (UNICEF leads the WASH, education and nutrition clusters).

**OUTCOME 2** Improved access and use of quality HIV/AIDS prevention, care and treatment services for children, youth and women, especially the most vulnerable (people living with HIV/AIDS, and/or in emergency situations, orphans)

**Analytical Statement of Progress:**
At the national level, progress was achieved in decentralizing access to care services, developing strategic documents to fight HIV and AIDS, such as the accelerated response plan, revising the treatment guide according to the WHO recommendations, and implementing the plan to eliminate mother-to-child transmission (EMTCT).

All of these advances positively affected the indicators: the proportion of health facilities offering PMTCT services increased to 46 per cent at the national level, compared to 16 per cent in 2012, and increased to 75 per cent in the 10 UNICEF intervention regions; and HIV testing among pregnant women increased from 14 per cent in 2012 to 38 per cent as of September 2014. As for treatment, the proportion of pregnant women with access to antiretroviral prophylaxis increased from 14 per cent in 2012 to 24 per cent as of the end of September 2014. The promotion of early diagnosis among children born to HIV-positive mothers continued.

Regarding community health, 57 per cent of young people have correct knowledge of HIV prevention, compared to 26.6 per cent in 2012. Young people also have increasing access to condoms due to the rise in sales points.

UNICEF contributed to increasing access to prevention, care and quality treatment for children, youth and women by supporting the implementation of partner activities in the HIV response. UNICEF provided inputs (i.e. reagents, consumables, ARVs, drugs against opportunistic infections) and communications support in its 10 regions of intervention.

UNICEF also strengthened the capacity of care providers and community actors in the areas of tutoring, PMTCT/paediatric treatment, blood sample collection using filter paper, education based on life-skills and C4D. These interventions not only improved the quality of services for screening and treatment of pregnant women, children and young people but also stimulated demand.
In addition, UNICEF promoted an enabling environment for access to and utilization of services by supporting the scale up of the delegation-of-tasks approach to health workers at all levels; participating in the elaboration of Global Fund concept note for resource mobilization; and supporting the monitoring and review of micro-plans for the implementation of the elimination of mother-to-child transmission (EMTCT) plan at the district level.

The involvement of psychosocial counsellors in support and protection activities for people living with HIV (i.e. reception, orientation, counselling, testing, psychological assistance and therapeutic education) improved the treatment and monitoring of people living with HIV.

OUTPUT 1. Adolescents and young people aged 10-24 especially girls and other young people at most risk, have access and use friendly prevention services adapted to their needs in the areas of intervention.

Analytical Statement of Progress:
UNICEF Chad contributed to increasing the access of youth and adolescents to prevention services by strengthening the technical, logistical and operational governmental structures in charge of youth (e.g. Centres for Reading and Cultural Expression (Centres de Lecture et d'Animation Culturelle or CLACS)) and civil society organizations (e.g. ASTBEF, GARLIC, Centre de Solidarité des Jeunes pour la Formation et le Développement (CSJEFO), Action Sociale Tchadienne (AST), Association des Guides du Tchad (AGT)). This support strengthened the capacities of youth coaches and peer educators for community mobilization and awareness raising in 17 structures and partner organizations. In total, 335,670 young people were reached. Of the 42,310 tested, 436 were HIV-positive and referred to treatment structures.

However, according to reports from community-based partner organizations, only 36 per cent (177,835/500,000) of most-at-risk young people aged 15-24 in the 10 intervention regions have correct knowledge about the transmission and prevention of HIV. Thanks to advocacy efforts with partners the Office of the First Lady appointed a spokesman for teenagers living with HIV, which will support the fight against discrimination and stigma among youth.

OUTPUT 2 Women of childbearing age and children born to HIV-positive mothers have access to a package of integrated services of prevention, treatment, care and support in twelve areas of intervention.

Analytical Statement of Progress:
In supporting the Government to implement the EMTCT strategy, the UNICEF-supported programme provided inputs to health structures (i.e. antiretroviral therapy, reagent and consumables) and capacity building of health workers for effective care and treatment of pregnant women and their children. The establishment of a national multidisciplinary technical team for EMTCT has strengthened the capacity of managers and district health delegation teams to supervise and collect data on a quarterly basis. Data were organised and disseminated to guide decision-making. As a result, the following progress was recorded: counselling and testing of 38 per cent of pregnant women, antiretroviral treatment of 24 per cent of HIV-positive pregnant women, and paediatric antiretroviral treatment of 10 per cent of HIV-positive children. Thanks to collaboration and UNICEF support, 75 per cent of health facilities that offer quality post-natal care (with at least one trained staff) routinely offer HIV testing to pregnant women in the 10 regions of intervention. However, the prescription of antiretroviral treatment is not effective in all health facilities because of the incomplete implementation of the delegation-of-tasks approach. Efforts are continuing in that regard for compliance.
The establishment of a telephone fleet that connects all key stakeholders at district, regional and central levels has enabled continuous communication on the implementation status of district micro-plans and regular checks of stocks, inputs and programme data.

**OUTCOME 3** Enhanced and equitable availability and use of drinking water, sanitation services and good hygiene practices, especially in identified vulnerable communities for reduced morbidity and mortality among under-five children and women

**Analytical Statement of Progress:**
The water and sanitation sector made progress in 2014, increasing safe drinking water coverage from 44 per cent to 52 per cent and increasing sanitation coverage from 12 per cent to 19 per cent. This progress can be attributed to key WASH interventions funded by government partners, such as the EU, AFD, the African Development Bank and UNICEF, all in support of PND implementation and achievement of the MDGs.

So far, UNICEF has been the largest contributor to achievements in the water and sanitation sector in Chad.

Adoption of CLTS by major WASH actors in Chad, including the Government, was instrumental to the progress made in sanitation (although far from the 35 per cent MDG target). In terms of UNICEF support, the strong funding stream in 2014 and the progressive professionalization of small manual drilling enterprises were instrumental in the progress made towards improving coverage of safe drinking water.

Despite this progress, the water and sanitation sector in Chad continues to face a number of challenges related to government funding and leadership, coordination, sector review mechanisms, the sector investment plan and the slow pace of adoption of the sector policy document. UNICEF collaborated with the Government and sector partners to address these challenges. Policy and strategy documents such as the National Sanitation Policy and WASH compact are now undergoing the Government’s validation process following a coordinated advocacy effort with national civil society organizations, supported by UNICEF.

The WASH compact is expected to improve institutional capacity, quality and equitable service provision, and coordination among stakeholders.

**OUTPUT 1** Equitable access to drinking water for communities, in particular for identified vulnerable groups, is improved in 12 regions of intervention and in the humanitarian response

**Analytical Statement of Progress:**
UNICEF-supported WASH interventions contributed to increased water coverage at the national level, from 44 per cent to 52 per cent. In 2014, the programme provided 157,200 additional people with access to safe drinking water (1.3 per cent increase) through 294 newly constructed boreholes fitted with hand pumps and two water supply networks. In addition, 35,600 others benefitted from the rehabilitation of 80 boreholes and three water supply networks and more than 166,000 persons were reached with household water treatment and safe water storage. Efforts have been made in ensuring that all newly constructed water points are functional and managed by communities.

As part of the humanitarian response, the programme extended activities in all CAR returnee/refugee sites. As a result, 90 per cent of the population affected by the emergency
situation gained access to potable water through 88 newly-created boreholes and 17 small water supply systems.

In order to improve and sustain the quality of water supply services in the country, the programme also focused on capacity building of service providers. Thus, 30 technicians from the Ministry of Environment and Water Resources acquired skills and competencies in the control and monitoring of borehole construction; 35 additional small and middle size enterprises acquired capabilities in manual drilling methods; and three NGOs gained skills in the CLTS approach. The programme also supported three international exchanges and trainings targeting the Government and partners (i.e. in cholera prevention, and Sanitation and Water for All), four capacity building workshops on the Monitoring Results for Equity System (MoRES), and the celebration of World Water Day in Chad.

**OUTPUT 2** Sanitation and good hygiene practices are known and practiced by selected communities, including vulnerable groups and marginalized, in 12 areas of intervention and in humanitarian response situations

**Analytical Statement of Progress:**
The programme also contributed to increasing national access to sanitation from 12 per cent to 19 per cent. In 2014, the UNICEF contribution to this overall progress was a 1.2 per cent increase in national access to sanitation, representing 138,550 latrines and 10,250 family latrines constructed at the household level; and 1,494 emergency latrines and 200 institutional blocks latrines in 38 primary schools and 56 health centres. Overall, 264 villages were activated for CLTS, and 205 of these are now certified as open defecation free, totalling more than 66,000 persons now living in clean and healthy environments.

The programme has continued to support hygiene promotion sensitization campaigns in areas covered by WASH interventions. In 2014, 150,000 people received hygiene awareness training including during emergencies. In addition, 15,000 persons, including 10,950 students from six localities, were reached by the Global Hand washing Day campaign and more than 600,000 persons received key WASH messages through mass media communication, using local community radios. As a result, the likely large-scale cholera outbreak did not happen and noted cases were rapidly contained.

At the school and health centre level, 39,000 students and 5,600 patients per day have been using newly constructed water and sanitation facilities in 39 primary schools and 56 health centres. Though no formal studies were done, it is expected that this achievement in health centres and schools will enhance the quality of health care services, as well as school attendance, especially for girls.

Regarding emergency preparedness and response, UNICEF played a lead role in WASH promotion for returnees hosted in southern Chad. Overall, 115,000 returnees/refugees from CAR and Nigeria benefited from access to safe drinking water, sanitation facilities and hygiene sanitation. The UNICEF-supported WASH programme also responded quickly to the flood-affected region of Salamat, reaching 20,000 people with WASH interventions. In addition, about 40,032 mother/child couples affected by malnutrition in the Sahel belt received a WASH package (non-food items and water treatment products) in accordance with the UNICEF WASH in Nut strategy. Although gaps still persist in coverage, it is notable that no disease outbreaks occurred in returnee sites.
As WASH cluster lead, UNICEF ensured regular WASH cluster coordination meetings are held monthly at the national level. This has reinforced the quality of WASH programing in emergencies and the confidence and involvement of partners, including the Government.

OUTCOME 4 Improved availability and access of quality primary education, especially for girls and children of identified vulnerable groups (people living in areas affected by armed conflicts and or emergency situation, nomads, orphans disabled)

Analytical Statement of Progress:
The Government of Chad has renewed its commitment to the revitalisation of the education system. This was demonstrated through a government workshop organised in May 2014 that resulted in the development of a roadmap. The Office of the Prime Minister has rigorously followed up on the implementation of the roadmap on a monthly basis, with the participation of all stakeholders. UNICEF is highly involved in the process with a view to influencing it to advance the children’s agenda in the country. Thanks to evidence-based advocacy, about 5,000 qualified teachers were contracted and deployed in the least served geographic areas.

Within the framework of the Local Education Group, UNICEF continued to play the key role of Coordinating Agency and to manage the GPE and Educate a Child (EAC) co-funded PREBAT, implemented by UNICEF and UNESCO. The improvement of education service supply, through the construction of 493 additional classrooms and the provision of educational supplies, combined with mass communication campaigns to increase demand, contributed to improved access to education, especially for children in rural areas. Those interventions also contributed to offering the full cycle of primary education (Grade 1 to 6) in rural schools.

However, despite increased government funding for the sector (6 per cent of GDP), progress towards universal primary education is still low as per the education sector diagnosis (ESD) conducted in 2014. Completion rates remain very low: 39 per cent for primary, 22 per cent for lower secondary and 12 per cent for higher secondary education. In order to assess the extent of disparities in schooling for each child according to various criteria (in the distribution of public expenditure on education to different segments), UNICEF advocated for and supported the integration of a chapter on equity in the diagnosis to inform the 10-year education plan (2016-2025) currently under development. Likewise, in the context of post-conflict programming, another innovation of the 2014 ESD was on the integration of the analysis of the influence of disasters and conflicts on the education system. This allowed for further analysis of: 1) the impact of crises on the functioning of primary schools; 2) the impact of crises on the performance of the education system in terms of access and quality, and 3) the existing measures for reducing the impact of disaster risk and conflict on the education system.

With regard to the CAR crisis affecting the southern regions of the country, some 260 teachers were hired and deployed by the Government to deliver basic education in favour of returnees, refugees and children from host communities. In addition, UNICEF, along with education cluster members, provided technical and in-kind support to the provincial and local structures of the MoE to ensure the continuity of quality education services with conflict-sensitive lenses using a child-friendly approach.

Following the mid-term review and in line with the UNICEF Strategic Plan 2014-2017 and national priorities, the programme will renew its focus on Early Childhood Development (ECD) and become more involved in secondary education targeting girls.
OUTPUT 1

School-age children, in particular girls and children from vulnerable groups, are enrolled in school and complete the primary cycle in the regions targeted for low enrolment rates.

Analytical Statement of Progress:

In 2014, within the 26 inspectorates targeted by the UNICEF-supported programme, 857 primary schools received pedagogical support, benefiting 244,787 pupils (45 per cent girls), and 4,620 teachers (including headmasters). Out of the total number of enrolled pupils, 82 per cent are aged 6-11, 16 per cent are over-aged and 2 per cent are under 6. Overall, 24 ECD spaces were set up, enabling about 2,160 children to benefit from better preparation for primary school.

Using GPE and EAC funding, UNICEF built 493 additional classrooms in existing schools, mainly in rural areas, which enhanced the student classroom ratio for Grades 1 and 2 in targeted areas. These newly built and equipped school infrastructures, which complied with environment and child-friendly standards, benefitted some 32,000 students who were given the opportunity to complete primary cycle schooling. Along with classroom construction, 22 boreholes were built, providing access to potable water for thousands of pupils, and 90 gender-sensitive latrines were constructed to benefit at least 8,100 pupils (boys and girls) as well as their teachers (male and female).

In partnership with WFP, approximately 10,000 primary school aged children from the Sahel belt region, mainly girls in Grades 5 and 6, were provided with dry rations, education kits and incentives that contributed to increased demand for education and improved the school attendance of about 22,000 children, including 6,110 out-of-school children, through school canteen support.

These interventions were accompanied by awareness raising campaigns to maintain children’s enrolment for the full academic year. Parent teacher associations and pupils mothers’ associations played a key role in improving community participation in education activities such as planting trees, school gardens and the attendance of vulnerable children, including nomadic children in host community schools. Learning opportunities were also offered to about 4,650 children of nomadic communities in the southern part of the country.

OUTPUT 2

The learning environment is improved and educational resources are available to ensure a quality primary education in the areas of intervention, in particular for girls, vulnerable and marginalized children.

Analytical Statement of Progress:

The learning environments of one third of UNICEF-supported schools were improved with the construction of 90 separated child-friendly latrines equipped with hand washing facilities. Furthermore, 22 boreholes were drilled, providing safe drinking water to about 8,000 pupils and their teachers.

In addition to the regular distribution of school supplies, 1,636,946 reading and math textbooks were made available to students in Grade 1 and 2, nationwide. Similarly 40,526 teaching guides were distributed to primary school teachers, thus improving the delivery of better quality teaching conducive to learning and the acquisition of life skills. UNICEF continued to support community teachers’ training (in-service) in order to improve their pedagogical capacities, thus improving children’s learning achievements and completion rates.
Based on the combined agreed norms for schools (trained teachers, classroom construction and equipment with table benches, provision of teaching and learning materials, separate latrines with hand washing facilities, boreholes, etc.), 37 per cent of 857 primary schools supported by UNICEF are currently considered child-friendly.

OUTPUT 3 School-age children affected by the benefit of an outlet that supports educational and psychosocial emergencies adapted and continue their schooling

Analytical Statement of Progress:
During emergency response in the southern and eastern parts of the country, education opportunities were provided to children, in accordance with the Core Commitments for Children (CCC), and working with key stakeholders. UNICEF supported the MoE to respond to the educational needs of school-aged children affected by the CAR crisis. These interventions for returnees, refugees and host community children included the construction of 24 child-friendly temporary learning spaces, the training of 150 teachers, including 10 per cent women, and the provision of pedagogical support and follow-up. This contributed to enabling access to basic pre-primary and primary education for about 21,299 students. Portions of the population affected by the CAR crisis were also received in host communities, increasing pressure on local communities with very limited resources.

Awareness-raising campaigns for the enrolment and retention of children in school were jointly conducted in communities with the MoE and national NGOs, at decentralized levels. UNICEF partnership with the European Commission Humanitarian Office (ECHO) and relevant authorities ensured the continuity of education for about 2,000 students (including 852 girls) affected by the Darfur crisis in the sub prefecture of Tissi.

Peace building education and sensitization played a key role in peaceful coexistence for inclusive education mainstreaming in communities hosting affected populations from CAR. In that regard, the programme conducted sensitization campaigns in three refugee camps and host communities that improved the awareness of 1,515 people. In addition, 3,886 people from host communities, refugees, returnees and nomads, were successfully targeted to increase their awareness of conflict prevention and management in schools and communities and on the role of women in peace building and child rights.

In the areas of preparedness and resilience-building, the programme advocated for the inclusion of conflict-sensitive and disaster risk reduction approaches into regional education plans. Thus, 45 civil servants from the MoE, regional delegations, education inspectors and planners used acquired skills on mainstreaming conflict and disaster issues into education planning processes, based on identified conflict drivers, to improve four regional education plans. Sixty of these demonstrated that they were able to handle peace education curricula. In order to ensure a comprehensive sensitisation strategy at different levels, 167 members of parent associations were empowered to support inclusive education.

In terms of emergency preparedness, education kits were prepositioned in the four sub-offices for prompt education responses in case of emergency situations.

OUTCOME 5 Strengthened assistance and protection mechanisms against violence, exploitation and abuse, including gender-based violence, for children especially the most vulnerable ones in conformity with the stated national priorities and international norms and standards
Analytical Statement of Progress:
In order to strengthen child protection mechanisms, the programme focused investment and resources on selected priority actions and interventions such as addressing social norms, particularly harmful traditional practices such as female genital mutilation and cutting and child marriage; birth registration within the broader framework of civil registration and vital statistics; and responding effectively to child protection in emergencies in line with the Core Commitments for Children. UNICEF supported the Government to develop baselines and models that have the highest potential for scaling up and accelerating the delivery of equitable results for child rights, including creating favourable protection environments.

For the purpose of behavioural changes with regards to domestic violence, a sexual and gender-based violence mapping and assessment process was conducted. That process has raised awareness among national authorities around the urgent need to adopt the National Policy on Gender and the National Strategy to Fight against Sexual and Gender Based Violence. In addition, the Government’s political willingness to work towards full compliance with the Action Plan on children associated with armed forces and armed groups, signed on June 2011, led to the delisting of Chad on July 2014.

However, despite the adoption of the new law on civil registration (2013), the acceleration of universal and free birth registration remains constrained by the reluctance of the Government to delete mention of ‘legitimate spouse’ from the birth certificate form.

OUTPUT 1 The Protection component is supported efficiently

Analytical Statement of Progress:
Access to a minimum package of child protection services depends on a strong coordination mechanism. In addition, effective coordination is critical to system management, development or reform. After consultation with all stakeholders, it came out that important actors are developing consensus around the potential benefits of a system approach that seeks to revise the national child protection system fundamentally rather than continue with top-down, vertical interventions. The participation and contribution of ministries and agencies in the mapping exercise demonstrated essential buy-in, and the research process itself was informed by the oversight of both a steering committee composed of core participants in the systems reform process and the involvement of working groups (i.e. justice for children, social protection for orphaned and vulnerable children, birth registration). However, weak coordination in Chad poses a real challenge to any efforts to strengthen the child protection system.

OUTPUT 2 Girls and women, including in affected emergency zones, benefit from significantly reduced levels of violence, exploitation and abuse

Analytical Statement of Progress:
The workload for child protection in emergencies has been challenging due to the CAR crisis. Under the leadership of the child protection sub-cluster, efforts were made to establish common principles among those working in child protection, to strengthen coordination between them and improve the quality of child protection programming and its impact for children. As such, four sub-clusters and one unaccompanied and separated children sub-cluster were established. Overall, 1,101 unaccompanied and separated children benefited from transitional care, protection and family tracing and reunification activities; 622 children were reunified with their families; and 50 children are with host families. It is worth noting that further to the mid-term review process, this output was changed to cover child protection in emergencies, and used indicators in line with the minimum standards for child protection in humanitarian action.
Among returnees and refugees from CAR, 100 per cent of children gained access to psychosocial support in child-friendly spaces in N’Djamena, Doba, Gore, Doyaba, Danamadja, Bitoye, Mbaibokoum, Kobiteye and Diako; 100 per cent of children affected by malnutrition in nutrition therapeutic centres in Abougoudam, Adre and Abhouta have access to emotional stimulation and psychosocial support; and 100 per cent of children in the 14 targeted locations in northern Chad have access to mine risk education.

A functioning Monitoring and Reporting Mechanism Country Task Force is in place and Chad has been delisted from the annexes of the report of the United Nations Secretary-General on children in armed conflict.

OUTCOME 6 Enhanced advocacy and support for improved knowledge, attitude and practice on part of individuals, parents and care givers on set of key survival and development family practices

Analytical Statement of Progress:
The visibility of children's rights issues and UNICEF-funded programme responses increased due to: 1) UNICEF Chad participation in global communication campaigns and initiatives; 2) intensive international and national media outreach (media campaigns and visits); 3) intensive media production designed for global audiences and donors; 4) the effective use of social networking tools and social media; 5) partnerships with media at the national level; 6) strengthened youth-led advocacy programmes; and 7) partnerships with private sector companies.

UNICEF Chad participated in various international and national public advocacy initiatives to raise the profile of the country at the global level. At the national level, UNICEF Chad strengthened its partnerships with national media through the creation of networks of journalists and the facilitation of regular media field visits and formal partnerships with community radio to provide strong nationwide messaging on children’s rights.

C4D interventions mainly focused on the promotion of essential family practices with the view to improving mother and child health. Through partnership agreements signed with regional health delegations, local NGOs and community radios, behaviour change messages on key life-saving practices, including exclusive breastfeeding, proper hand washing, immunization and the use of mosquito bed nets, reached millions of people across the country.

Ndjamena and other cholera prone areas have been the main targets of hygiene and sanitation interventions emphasizing proper hand washing. Although 2014 witnessed a cholera outbreak after a two-year respite, significant efforts were made to prevent the spread of the disease to other regions of the country. As of now, the virus has been confined to the areas bordering emergency-affected neighbouring countries, the Republic of Cameroon and Nigeria. The promotion of proper hand washing in returnees’ camps in southern Chad also contributed to preventing a cholera outbreak and cases of diarrhoea.

In terms of support to emergency interventions, over 80,000 Chadian returnees, including the most vulnerable, received messages on proper hygiene and sanitation, immunization, children’s nutrition and other key issues such as peaceful coexistence in transit camps. All of these interventions were carried out through partnerships with local NGOs and other civil society organizations.
OUTPUT 1 The visibility of actions in favour of children, particularly the most vulnerable and marginalized, as well as the mobilization of resources are enhanced through participatory approaches, involvement of the media and diversified partnerships.

Analytical Statement of Progress:
UNICEF Chad participated in various international public advocacy initiatives to raise the profile of Chad at global level. UNICEF Chad was part of EU global campaigns, including The Voice of Children in Emergencies, Dance4Peace and Children of Peace, and organized the visits of two goodwill ambassadors from Greece and Slovenia to raise awareness on the issue of children in armed conflict and in emergencies. With the support of the French Committee for UNICEF, UNICEF Chad led an international media campaign involving the main French Media outlets, to support resource mobilization efforts, and facilitated international media visits to highlight the impact of the CAR crisis in Chad (BBC Africa, Al-Jazeera, IRIN, CCTV Africa and UN Radio). As part of the Digital Communication Strategy, in close collaboration with the Division of Communications, UNICEF Chad intensified its media production activities to reach global audiences and donors. UNICEF Chad also reinforced its social media presence. At the national level, UNICEF Chad strengthened its partnerships with national media through the creation of networks of journalists, the facilitation of regular media field visits and the development of formal partnerships with community radio, to reach a nationwide audience with strong messages on children’s rights. UNICEF Chad also strengthened its youth-led advocacy programmes with the nomination of youth advocates, creation of various platforms of expression and participation (youth-dedicated magazine, children’s parliament and promotion of debates on the Convention on the Rights of the Child) and the participation in international initiatives like OneMinutesJr and EyeSee Photo workshops.

Communications and visibility materials were produced and disseminated to raise the profile of Chad and the UNICEF response at global level. In close collaboration with the Division of Communications, a multimedia package (including four video materials) was produced and widely disseminated at the global level, reaching donors in particular. In addition, a three-part series of e-newsletters was designed for global audiences and a three-part series of printed newsletters supporting national advocacy activities was produced. UNICEF Chad also reinforced its presence online and on social media, especially on Facebook, and now has 13,500 fans (compared to 2,000 fans in 2013) and is reaching a total of 30,000 people every week. In 2014, UNICEF Chad also developed strategic partnerships with mobile phone companies to spread key UNICEF messages on the Convention on the Rights of the Child, reaching a total of 1 million persons via text messages. A series of advocacy materials (panel exhibitions, printed advocacy booklets) were produced and widely disseminated to highlight challenging issues in Chad related to emergencies and social cohesion. Those initiatives were part of the youth-led advocacy and communication programme.

Based on the CSR strategic framework elaborated in 2013, UNICEF Chad strengthened its capacity to ensure a direct, proactive and strategic approach with Chad-based companies interested in local alliances. A strategic alliance was created with the main Corporations Group, a roundtable on CSR was organised and a toolkit on CSR and business principles was produced and widely disseminated among the main private sector stakeholders. Thanks to those initiatives, the Government endorsed the UNICEF CSR approach.

OUTPUT 2 Individuals, families and communities have knowledge and understanding of six family practices essential to the survival and development of children, and they know and understand how to remedy the problems related to education and the protection of children and
women, especially the most vulnerable and marginalized, including in the context of emergencies.

Analytical Statement of Progress:
In 2014, C4D activities focused mainly on the promotion of essential family practices with the view to improving mother and child health. Through partnership agreements signed with regional health delegations, local NGOs and community radios, behaviour change messages on key life-saving practices such as exclusive breastfeeding, proper hand washing, immunization and the use of mosquito bed nets reached millions of people across the country. Emphasis was placed on malaria prevention and especially on the proper use of mosquito bed nets following the nationwide mosquito bed net distribution carried out by the Government in 2014.

Immunization campaigns against measles, polio and maternal and infant tetanus were supported by strong social mobilization and behaviour change activities. As a result of these interventions, parents and especially mothers were sensitized on the importance of the campaigns and as a result, turned out in large numbers to have themselves or their children immunized. The Infant and Young Child Promotion initiative led by the Centre National de Nutrition et de Technologie Alimentaire and carried out with support from the UNICEF C4D Team recorded significant results. Overall, 120 leaders of women’s groups were trained on exclusive breastfeeding and the production of locally made porridge for children. These women in turn trained and sensitized over 20,000 other women across the Mayo Kebbi region in Chad. This helped to improve children’s feeding and consequently their health status. In terms of support to emergency interventions, over 80,000 Chadian returnees, including the most vulnerable, received messages on proper hygiene and sanitation, immunization, children’s nutrition and other key issues such as peaceful coexistence in the transit camps. All of these interventions were carried out through partnerships with local NGOs and other civil society organizations.

UNICEF Chad faced challenges in measuring C4D impact, including affordable and cost-effective methods. The limited capacity of the Government/NGO partners in terms of C4D and the lack of harmonization of C4D approaches also negatively impacted the quality of C4D programmes in Chad. UNICEF Chad is in the process of creating a platform for regrouping communication focal points from ministries and NGO partners to reinforce their capacity in C4D and harmonize their approaches. The mid-term review recommended the integration of C4D into programmes (instead of having a separate programme as it is currently) and revised C4D key performance indicators.

OUTPUT 3. Individuals, families and communities have knowledge and understanding of six family practices essential for vaccination, in particular for the eradication of Polio

Analytical Statement of Progress:
In 2014, there were zero cases of wild poliovirus and zero cases of cVDPV. Despite this noted progress, however, Chad remains on high alert due to the challenges presented by regional neighbours, including Cameroon and Nigeria, both of which registered wild poliovirus cases in 2013-2014. In addition, Chad’s southern neighbour, CAR was plagued by armed conflict in 2014, which led citizens of both Chad and CAR to flee. Many of these arrived in Chad with unknown vaccination statuses. In partnership with a major telephone company in Chad, UNICEF Chad generated awareness and demand for child rights related campaigns, with vaccination efforts in particular bolstered through 1,135,208 messages received by users encouraging routine vaccination and active participation in tetanus, measles and polio campaigns.
Collaborative efforts led to high levels of immunization coverage in 2014: 95 per cent for three national and two sub-national polio vaccination campaigns; 90 per cent of parents with children aged 0-5 years (target age range) informed prior to the campaign about the vaccination activities (target goal: 90 per cent, up from 83 per cent in 2012); still 3.6 per cent of children missed out due to parent or care giver refusal.

The risk of transmission from neighbouring countries with cases of wild poliovirus (Cameroon and Nigeria) or countries with on-going crisis (CAR and Nigeria) was a major concern in 2014.

**OUTCOME 7** Improved policy relevant data, analysis and evidence base on situation of women and children particularly those belonging to the vulnerable and marginalized groups to support evidence based advocacy, follow-up support and development of a child-and-gender sensitive social protection programme

**Analytical Statement of Progress:**
The National Social Protection Strategy was validated. In line with the Government vision for 2025 of making Chad an emerging country, this was an important milestone for reducing the gaps and high inequalities among categories of the population and eradicating poverty and social exclusion. The mission assigned to the National Social Protection Strategy is to establish an integrated and coherent social protection system that improves the quality and living conditions of the population by reducing poverty, improving livelihoods and enhancing resilience to enable all Chadians to manage economic risks and overcome social vulnerabilities while facilitating universal access to basic services. UNICEF and the Ministry of Planning and international cooperation mobilized a wide range of actors to support the Government and participate in the endeavour. UNICEF provided technical assistance through a recognized international development research institute, as well as financial support.

In support of the Government decentralisation process, UNICEF supported the elaboration of regional and communal development plans operationalizing the PND 2013-2015. The process involved transferring knowledge on the implementation of main principles of results-based management throughout. UNICEF and the Ministry of Planning agreed to prioritise one of the regions most affected by the CAR crisis.

In line with the National Statistics Development Strategy 2013-2015, the country continued the effort to improve the social information system, especially the Education Management Information System (EMIS) and the Health Management Information System (HMIS). Together with UNESCO, UNICEF supported data collection and analysis as well as the overall strengthening of EMIS in Chad. UNICEF also collaborated with the EU and the Global Fund on the HMIS. All these data were used to update and further enhance the TchadInfo national database.

With the support of UNICEF, the Government strengthened the nutrition surveillance system established following the 2012 nutrition crisis. The annual SMART survey covering 11 Sahel belt regions and N’djamena was completed. The routine nutrition data collection, analysis and management system was also enhanced. All data from health centres are centralized and analysed for decision and reporting purposes. Critical data are being managed through sub-databases using DevInfo technology. These include polio eradication and immunization; nutrition will follow. UNICEF continued to build on existing resources to avoid duplications and optimise synergies and performance.
The programme of cooperation went through a mid-term review entirely owned and led by the Government (a steering committee chaired by the Ministry of Planning), which resulted in the adjustment of the results framework. The revised version is more aligned with national programming documents and consistent with the UNICEF Strategic Plan.

**OUTPUT 1** The data and analyses relating to vulnerable and marginalized groups improves and is accessible to inform planning and budgeting based on the evidence and monitoring and evaluation, at the central and decentralized levels

**Analytical Statement of Progress:**
With UNICEF support, an evidence-based National Social Protection Strategy focusing on the most vulnerable and marginalised population groups, including children and women, was validated. The first of its kind in the country, the Strategy will streamline all scattered social protection initiatives under one long-term vision of ensuring decent and dignified livelihoods for the population by 2025. This will help the country make more equitable outcomes from its economic growth achievements through programmes that benefit poor households and enable the country to tackle socio-economic inequalities.

In collaboration with partners, UNICEF mobilised other key stakeholders, including civil society organisations and multilateral and bilateral donors, including the World Bank, the African Development Bank, the EU, the French Cooperation and the Swiss Cooperation. These strategic partnerships will be further strengthened during implementation.

In support to of Government’s decentralisation process, UNICEF supported the elaboration of regional and communal development plans in line with the PND. The initiative started with one region (Logone Occidental) and two communes (Moundou and Benoye) most negatively impacted by the massive number of returnees and refugees from the CAR. The process was very participatory and involved various categories of actors, including community-based organisations, youth and women. UNICEF ensured that children’s issues were addressed during the participatory situation analysis, as well as during the prioritisation of actions to be undertaken.

**OUTPUT 2** The data and analyses relating to vulnerable and marginalized groups has improved and is accessible to inform planning and budgeting based on the evidence and monitoring & evaluation, at the central and decentralized levels

**Analytical Statement of Progress:**
Chad continued to strengthen the social information system with support from development partners, including UNICEF. The MoH improved the quality and timeliness of the health statistical yearbook; the 2013 statistical year book was validated and is expected be published soon. Data analysis and publication goes hand in hand with strengthening the HMIS. The EU provided financial support, in collaboration with other stakeholders providing technical support, including UNICEF. Similarly, the MoE released the education statistics yearbook (academic year 2012/2013). UNESCO, UNICEF and the French Cooperation collaborated on strengthening the EMIS.

In line with the National Statistics Development Strategy 2013-2015, the National Institute of Statistics, Economic and Demographic Studies (Institut National de la Statistique, des Etudes Economiques et Démographiques or INSEED) officially launched the TchadInfo national database about two years ago. However, the tool was further improved in 2014 and was enriched with additional data from national surveys, as well as routine data sources, including
the social information systems. In support of the Polio Eradication Initiative, UNICEF worked with the MoH to commence a specific health sub-database starting with immunization. The system was conceptualized and data collection instruments validated with support from an expert from the Community Systems Foundation New Delhi. Ultimately, INSEED will oversee the initiative as well. UNICEF and the Ministry of Planning Monitoring and Evaluation Directorate are in discussion about how to make TchadInfo the most relevant tool for monitoring the PND.

The on-going combined MICS-DHS with a module on HIV sero-prevalence is expected to provide updated data for most indicators and evidence on the situation of children and women in Chad. UNICEF invested heavily in technical assistance and financial support for the success of the exercise, which will further feed the national database. As strategic partner to the Government, UNICEF sits on both steering and technical committees for this survey. In addition, support from UNICEF sustained the nutrition surveillance system that involves the annual SMART survey, covering malnutrition-affected Sahel belt regions and N’Djamena city. Two SMART surveys were conducted in 2014, covering all 10 affected regions and N’Djamena city. The second one provided data detailed by health districts as well. All key nutrition-related indicators are included in the survey and related findings are used to improve programme performance. In addition, the Humanitarian Performance Monitoring system provided updated data on UNICEF humanitarian interventions for populations in returnee and refugee sites in Chad due to the CAR crisis. All those data are feeding the monthly situation reports shared by UNICEF Chad.

With support from key stakeholders, including UNICEF, the Government launched a combined MICS-DHS survey with a module on HIV prevalence. Findings will provide updated data on most of child-related indicators.

Findings are used to better orient programme interventions. However, the Situation Analysis is still underway and expected to be completed early 2015.

The programme of cooperation went through a mid-term review in 2014. Under the leadership of a mid-term review steering committee chaired by the Ministry of Planning, the participatory process resulted in an adjustment in the results framework. The adopted framework is aligned with the UNICEF Strategic Plan 2014-2017 and is more consistent with national programming documents.

OUTCOME 8 Enhanced preparedness and effective response for improved survival and development outcomes for children and women affected by conflicts (humanitarian action) and other emergency situations

Analytical Statement of Progress:
Successive political instability and conflicts in neighbouring countries have led to population movements into Chad from CAR in the south, Libya in the north, Nigeria in the west and Sudan in the east. The recent CAR crisis caused a massive population influx. The intensity of the violence and fighting, as well as Chadians targeted in this atrocity, have led Chadian authorities to organise an operation to evacuate Chadians from CAR. More than 150,000 people, majority children (54 per cent) and women (25 per cent), have arrived in Chad. Some of these people were transferred in their regions of origin or integrated into host families in different localities. However, more than 60,000 of those without family ties in Chad were in great need of immediate assistance with shelter, food and other basic social services. The Government identified relocation sites for them in Zafaye, N’Djamena and in the south of country.
In January 2014, the Government of Chad launched an appeal to the international community for assistance. At the same time, a national solidarity campaign was launched to support Chadian returnees and received positive response from the population. A comprehensive, costed response plan to the crisis was launched by the Government for better coordinating interventions from various stakeholders, including United Nations agencies and NGOs. A national committee chaired by the Prime Minister was established to manage the emergency situation and regional committees were set up in the south under the leadership of Governors. Through its zonal office in the south (Moundou) and a hub in Sarh, UNICEF was close to the relocation sites, which improved efficiency in the humanitarian response, with support from the main office in N’Djamena.

In support of the government plan, UNICEF responded appropriately to meet the urgent needs of returnees and refugees who fled the CAR conflict, as detailed in specific result reports. For instance, in returnee and refugee (from CAR) sites, 98 per cent of children under 5 received measles vaccination, 100 per cent of children with diarrhoea were treated with oral rehydration salts, 96 per cent of returnees accessed at least 10 litres of water/person/day and 70 per cent had access to latrines.

Chad is characterized by recurrent and chronic emergency situations of different types and origin. Therefore, UNICEF Chad is developing a strategy based on community resilience and disaster risk reduction to empower communities to resist and recover from frequent shocks. An integrated child survival and development response to the humanitarian situation in eastern Chad (Tissi) for Sudanese refugees from the Darfur region is being implemented, in collaboration with a consortium of partners. UNICEF has taken advantage of its position as lead agency (or cluster lead) for WASH, nutrition, education, and child protection, to ensure that affected children and women benefit from appropriate responses to humanitarian situations.

OUTPUT 1 The level of preparedness is enhanced to provide an effective, timely response to protect the rights of children and women in emergency situations

Analytical Statement of Progress:
Following the CAR crisis, around 60,000 Chadian returnees were hosted in transit sites and temporary camps in the south and near N’Djamena, and more were hosted by communities in villages in the south. UNICEF was among the first United Nations agencies to intervene after a population influx from CAR. Working with NGOs and community-based organizations, a UNICEF-supported programme provided medical assistance in the transit sites of Doba, Doyaba and Moundou in the south of the country. The programme also provided potable water by creating water infrastructure in relocation sites, in line with the standard of 15 litres per day, reaching 96 per cent coverage. About 1,420 latrines and 483 washing facilities constructed in all the sites reached 70 per cent sanitation coverage. In addition, several and diversified non-food items were distributed. Thanks to UNICEF support to health centres in the south, 33,000 children (of which 9,793 were children under 5) were immunized against measles, meningitis and polio. In addition, 46,000 curative consultations were observed. A total of 9,584 cases of malaria among children under 5 have been recorded since the opening of site health centres. In total, 1,190 children under 5 were admitted to ambulatory feeding centres. Regarding education, 8,360 primary school students were integrated into existing schools; and 103 school-in-a-box kits were distributed to 3,200 school children in Doyaba site where catch up classes were conducted.

More than 1,200 unaccompanied and separated children were recorded at the CAR returnees/refugees sites; out of these, 605 cases of unaccompanied minors were fully
documented and 442 unaccompanied minors were reunified. Overall, 83 per cent of unaccompanied minors received psychosocial support.

Chad is still facing recurrent food crises resulting in endemic malnutrition. GAM in the Sahel belt hovers around emergency thresholds. Five regions of Chad’s Sahel belt are the hardest hit with reported GAM rates above or close to 15 per cent in November 2014. From January to October 2014, more than 9,900 measles cases and 22 deaths were recorded. The first case of cholera was recorded in August with two regions reporting cases, in Mayo Kebbi Ouest and Lake Region. The total number of cases in November 2014 was 172, including 10 deaths.

UNICEF built strong partnerships with NGOs and government institutions, as well as other United Nations agencies, to develop a concerted plan to address the nutrition crisis and refugee, IDP and returnee needs. Contingency stocks were increased and renewed in each zonal office, especially those prone to emergency situations. In addition, staff (both UNICEF and partners) have been prepared and trained to respond promptly wherever necessary.

**OUTPUT 2**
Timely provision of a minimum package of services (based on evidence) is provided to populations affected by emergencies, including severe, sudden and prolonged humanitarian situations (for the Regions in eastern Chad)

**Analytical Statement of Progress:**
Through a partnership agreement with a consortium of partners, UNICEF responded to the emergency in the Tissi refugee site and went beyond emergency assistance by: 1) focusing on disaster preparedness and building resilience of target populations; and 2) strengthening existing response mechanisms and existing stakeholders, starting with communities. The humanitarian situation in eastern Chad is improving, with the dynamic of return of internally displaced persons to their villages. There is, however, a gap in rebuilding basic social services in returnee villages.

The UNICEF-supported programme also responded to the persistent and recurrent malnutrition situation in the Sahel belt. Throughout the year 144,475 children suffering from SAM were admitted and treated in 482 therapeutic feeding facilities. In addition to working with the health cluster and the MoH, UNICEF interventions were crucial to addressing polio, meningitis, measles and cholera epidemics in 2014.

**OUTPUT 4**
Timely provision of a minimum package of services (based on evidence) is provided to populations affected by emergencies, including severe, sudden and prolonged humanitarian situations in the Centre of Chad Regions covered by Mongo area Office

**Analytical Statement of Progress:**
The strategic nutrition response plan developed by UNICEF, which outlines an integrated approach with WASH, education, protection, and HIV interventions, improved integration with the implementation of the Niergui Child Survival and Development integrated project. A contingency plan based on risk analysis (potential emergency causes, including measles, meningitis, cholera, and malaria) was developed.

Following the CAR crisis, recreational kits were provided to returned children transiting in Am Timan sites in Salamat region. In addition, UNICEF supported regional authorities to manage the emergency situation created by the flooding that affected about 8,000 people in AmTim. UNICEF support helped prevent a cholera outbreak through training on water treatment techniques at home and the provision of water treatment kits to affected populations. Six new
child-friendly spaces were also established in Sihéb and Kharoub Mouraye villages, as well as in rural Am Timan.

**OUTPUT 5** Timely provision of a minimum package of services (based on evidence) is provided to populations affected by emergencies, including severe, sudden and prolonged humanitarian situations in the West of Chad Regions covered by Mao area Office

**Analytical Statement of Progress:**

UNICEF and its partners worked to scale up health and nutrition services. Paramedics, recruited through the UNICEF-supported programme, strengthened and increased the quality of services in medical facilities. The strategic nutrition response plan developed by UNICEF, which outlines an integrated approach with WASH, education, protection, and HIV activities, improved integration with the Nokou Child Survival and Development integrated project.

In western Chad, tensions and conflict in Nigeria forced over 3,500 Chadian migrants and around 2,000 Nigerians to seek refuge in the remote Chadian island village of Ngouboua in Lac Region, where they are living with host communities.