UNICEF ANNUAL REPORT for Chad

1. EXECUTIVE SUMMARY

In 2010, UNICEF and partners provided support and assistance for basic survival and development services, started laying the foundations of early recovery, and supported evidence-based interventions in Chad. UNICEF intervened in favour of refugees, internally displaced persons, and other vulnerable populations in emergency situations. At the same time, strategies were adopted to sustainably fulfill the rights of children and women, with equity as a guiding principle.

Some of the key achievements of UNICEF in 2010 include:

- 204 UNICEF-supported therapeutic feeding centres were set up, providing treatment to approximately 55,000 children suffering from severe acute malnutrition
- Polio campaigns helped bring down reported polio cases to 19 from 65 in 2009
- 150,000 additional people gained access to potable water, and the community-led total sanitation approach was piloted in 55 communities
- Improved girls’ access to primary school led to the national gender parity index of 0.87
- Over 175 children were disarmed, demobilized and received support for their reintegration
- The Regional Conference on Ending the Recruitment and Use of Children by Armed Forces and Groups reinforced the political commitment of states in the region
- Healthcare establishments offering services to prevent the mother-to-child transmission of HIV increased from 81 to 104
- Increased policy-relevant evidence base and advocacy have contributed to enhanced focus and resources for social sector programming particularly aimed at women and children.

2. COUNTRY SITUATION AS AFFECTING CHILDREN AND WOMEN

The year 2010 saw a welcome situational change as Chad moved from the post-conflict to the peace-consolidation phase enabling it to focus on tackling pressing development needs. Though overpowered by a spate of emergencies arising from floods and an epidemic outbreak, Chad achieved progress in some respects. However, overall, the country faces immense challenges in improving the key child survival and health indicators that continue to be a source of concern and the central focus of the Government, UNICEF and partners.

Infant and Child Mortality: Chad is off track for MDG 4. Infant mortality is estimated at 124/1,000 live births, neonatal mortality at 44/1,000 and child mortality at 209/1,000, among the highest in the world (SWC 2008). The most common causes of mortality and morbidity among children under five are malaria, acute respiratory infections and diarrhoea. Among children under five: 18% of diarrhoea cases had access to oral rehydration therapy, 31% of suspected pneumonia cases received antibiotics, 43% of suspected malaria cases received appropriate anti-malaria treatment, and 9.5% sleep under an insecticide-treated mosquito net (MICS, 2010). Most children are only partially vaccinated; a third of children under two have received no vaccine whatsoever and just 5% of children under five have been fully immunized (Ibid.).

Nutrition: Nationally, moderate acute malnutrition and severe acute malnutrition are estimated to affect respectively 16% and 6% of children under five (MICS 2010). Global acute malnutrition was estimated at 15-28% in eight Sahelian regions (WHO emergency threshold: 15%) and severe acute malnutrition at 4-10 % (SMART Nutrition Survey 2010). At 3.3%, exclusive breast-feeding in the first six months is rare (MICS 2010).
**Maternal Mortality:** Chad is off track for MDG 5. Estimates place maternal mortality at 1,200/100,000 live births, second only to Afghanistan (WHO/UNFPA/World Bank/UNICEF 2009). 55% of pregnant women attend at least one of the three recommended prenatal consultations, and 22% of deliveries were assisted by healthcare personnel (MICS 2010). 37% of women 15-19 had already given birth (MICS 2010); less than 5% use contraception and 1.6% use a modern method.

**Water and Sanitation:** 52% of households (but only 22% of the poorest quintile) have access to improved water sources. 16% of the population has access to improved sanitation. Refugees and IDPs largely depend on humanitarian aid for basic services, including water and sanitation: in 2010, 60% of refugees, IDPs and host communities had access to potable water and almost 50% of them used latrines.

**HIV/AIDS:** HIV prevalence is estimated at 3.3% (2005 National Survey on HIV). In Chad, HIV/AIDS disproportionately affects women, and people with a higher level of education. It is relatively more widespread in urban areas like N'Djamena and in the Logone region, as well as among populations with high risk behaviours. 27% of women aged 15 to 49 know how to protect themselves and 31% know the three means through which HIV/AIDS could be transmitted from mother to child (MICS2010). About 96,000 children have been orphaned due to HIV/AIDS (UNAIDS 2005).

**Education:** 52% of primary school-aged children attend school, while the primary school completion rate is 49.2%. The preschool enrolment rate for children 3 to 5 years old is 4.6% (5.1% for boys and 4.1% for girls). The gender parity index stands at 0.87 at the primary level and at 0.54 at the secondary level. Only 22% of women 15 to 24 years old are literate (MICS 2010). Access to education is especially difficult for girls, and children living in conflict-affected and/or hard to reach areas.

### 3. CP ANALYSIS & RESULT

#### 3.1 CP Analysis

**3.1.1 CP Overview:**

The year 2010 has been noteworthy as Chad moved from the post-conflict to the peace-consolidation phase. Although fragile, the overall security situation has gradually improved. The year saw the emergence of an agreement between Chad and Sudan to improve the security situation, including through the establishment of a joint force to patrol the common border, which has been the flash point of rebel activities in the past. 2010 was also marked by the decision to withdraw MINURCAT from Chad.

In addition to well documented development challenges, the country also witnessed complex and chronic emergency situations, primarily due to an unprecedented nutritional crisis in the Sahel, unexpected flooding and a cholera outbreak. UNICEF, working closely with the government and partners, contributed to ensure timely and effective response leading to improved survival and development outcomes for women and children, primarily the ones belonging to vulnerable and marginalized groups.

On the positive side, 2010 saw an unprecedented mobilization of financial resources (USD 60 million; the highest on record) despite the continued financial crisis. The year was also marked by a significant expansion of partnerships, advocacy and support to the government both at central and decentralized levels. Importantly, cross-sectoral strategies such as evidence-based advocacy, communication for development, the human rights-based approach and issues pertaining to gender-equality were mainstreamed across programme sectors.

UNICEF advocacy put vulnerable children and women at the core of development policy and action. These efforts supported the expansion of proven high-impact interventions,
such as SAM treatment (reaching approximately 55,000 children under five), immunizations (covering approximately 2,500,000 children under five), ORS/zinc, PMTCT (104 sites, up from 81), and CLTS (piloted in 55 villages). Advocacy was crucial for the successful organization of the Conference on DDR and the creation of a high-powered Ministerial Committee for the development of an inter-sectoral social protection programme. In addition, UNICEF supported capacity building, training government officials to reach vulnerable populations through health, nutrition, WASH, education and protection interventions, and military officers on DDR. Capacity building was crucial in the demobilization and reintegration of over 175 children.

**3.1.2 Programme Strategy**

**3.1.2.1 Capacity Development:**

Capacity development is one of the essential components of development assistance in Chad, particularly in the country context of post-conflict/early recovery. UNICEF together with its partners supported government agencies, civil society organizations, and communities in building basic capacities to address the key development needs of children and women.

As part of capacity building, emergency actions have been integrated into regular development programming, particularly in eastern Chad. UNICEF contributed to strengthen government capacity to deliver on promise related to the right to education for children living in areas affected by conflict. Training on education in emergencies was provided for officials from the Ministries of Education and Social Action, and members of local organizations. In addition, UNICEF promoted the integration of humanitarian relief services into existing regional health systems in eastern Chad. In the Ouaddaï region, for example, seven out of 12 nutritional centres are managed by the local health authorities.

To address child morbidity and mortality in high-risk regions in the Sahel belt, UNICEF trained health and nutrition agents on the management of severe acute malnutrition. To help reduce maternal mortality, nurses were trained on antenatal care and basic emergency obstetric care. Further, WASH capacities were strengthened through trainings on water quality testing and hygiene techniques and the management of water point committees. On HIV/AIDS, UNICEF provided technical support to the Government for development of the Round 10 Global Fund proposal, and trained members of civil society organizations.

As peace stabilization is underway, UNICEF contributed to the creation of a protective environment for children and women. To reinforce capacities for DDR, a training of trainers was conducted on monitoring and reporting mechanisms for Security Council Resolution 1612 involving MINURCAT, UNFPA and UNHCR. At the national level, an Inter-Ministerial Coordination chaired by the Ministry of Social Action planned and monitored DDR interventions. On the ground, 90 military officers were trained on the rights of the child in order to reduce the risk of recruitment. Additionally, UNICEF and partners trained leaders, teachers, and social and health agents to prevent and address cases of SGBV.

**3.1.2.2 Effective Advocacy:**

UNICEF has targeted its advocacy efforts towards putting vulnerable children and women at the core of Government policy, and supporting the expansion of proven cost-effective high-impact interventions.

During the period under report, UNICEF advocacy and support led to the successful organization of the Regional Conference “Ending Recruitment and Use of Children by Armed Forces and Groups”, which contributed to peace consolidation efforts and regional DDR monitoring mechanisms. In addition, leadership in advocating against violence against women was offered during the national campaign led by the First Lady.
In the area of child survival, advocacy efforts have been primarily targeted at enhanced resources to support the expansion of high-impact interventions. Faced with the unprecedented nutritional crisis in the Sahel, UNICEF together with partners led an intensive advocacy campaign resulting in substantial increase in donor support for nutritional interventions aimed at preventing unnecessary morbidity and mortality of vulnerable children and women. Likewise, UNICEF successfully advocated for the adoption of the new WHO growth standards and the z-score criterion for the severe acute malnutrition (SAM) treatment protocol. UNICEF continued to expand on the national commitment to support social mobilization for improved immunization coverage and stop polio transmission. On HIV/AIDS, UNICEF, together with partners, supported advocacy and follow up efforts to further scale up PMTCT and expand the timely and adequate provision of ARV drugs for HIV-positive patients, particularly the women and children.

Available evidence on the community-led total sanitation (CLTS) approach in resource-poor settings formed the base of UNICEF efforts to include CLTS as one of the key strategies in the National Sanitation and Hygiene Policy. Further, UNICEF worked for the adoption of the National Hygiene Code to streamline the implementation of the best hygiene practices in the country.

To support the development of social protection norms and practices for the most vulnerable sections of society, UNICEF successfully advocated for the national social protection policy and the formation of a high-powered inter-ministerial core committee for development and phased implementation of an inter-sectoral social protection programme aimed at alleviating deprivation of most vulnerable sectors of the population.

### 3.1.2.3 Strategic Partnerships:

In the country policy context, where the focus increasingly shifts from emergency actions towards early recovery and sustainable solutions, UNICEF has worked to strengthen and redefine the existing partnerships and forged new ones to improve results. The range of partnerships includes UN, bilateral agencies, civil society organizations, including communities and faith-based organizations, the private sector and academia.

In the domain of child survival, UNICEF collaborated with organizations, such as, the Ministry of Public Health (MPH), WFP, ACF, and ECHO, to strengthen the monitoring of the malnutrition situation and enhance the availability of reliable data in high-risk regions of the Sahel belt. The result of this partnership has been the successful implementation of SMART surveys in eight identified high-risk regions in the Sahel. Similarly, UNICEF collaborated with the MPH and WHO for a joint evaluation of the cold chain and logistics system in the country that is crucial for programming to improve immunization and polio eradication efforts.

Similarly, to expand the availability of water and improved sanitation facilities and promote best hygiene practices, particularly among the marginalized sections of the population in high-risk regions, UNICEF established partnerships and signed specific PCAs with NGOs, such as, OXFAM, Concern Worldwide and ACF. In addition, to ensure timely and effective response to the cholera outbreak, UNICEF, as WASH cluster lead, led the coordinated response of agencies working in Chad. Further, under the preview of South-South cooperation, UNICEF initiated efforts to obtain technical assistance for Chad from the Government of Egypt to manage the river gates that are crucial for flood management.

In education sector, UNICEF actively contributed in the formation of the P5 group to support the increased access to and better quality of education, as part of continued efforts to build on the Essential Learning Package (ELP) strategy.
In eastern Chad, UNICEF consolidated partnerships with regional government delegates of relevant ministries and civil society organizations to provide basic, essential survival and development services for people living in refugee camps, internally-displaced persons (IDPs) and conflict affected host communities.

3.1.2.4 Knowledge Management:
The lack of reliable data and evidence base is one of the key limitations in the development and systematic monitoring and evaluation of development interventions in Chad. To address this, in 2010 UNICEF took specific measures to enhance the availability of quality and reliable policy-relevant data to guide programming for children and women, particularly the most marginalized and vulnerable.

During the period under review, UNICEF led/supported the following studies, assessments, surveys, evaluations:

- The Multiple Indicator Survey (MICS 2010): after a gap of ten years, UNICEF successfully completed MICS that serves as one of the most reliable and comprehensive data sources on the situation of women and children in Chad.
- SITAN: after a gap of almost six years, UNICEF conducted a situational analysis using a human rights approach with a specific focus on the conditions of children who are most marginalized and vulnerable.
- SMART nutrition surveys: UNICEF together with partners conducted these surveys in eight high-risk regions of the Sahel to strengthen the monitoring and ensure the availability of reliable data on the situation of malnutrition in those regions.
- Country-wide Cold Chain and Logistics (CCL) assessment: the assessment provides the most comprehensive set of data and information related to cold chain and logistics management crucial to routine immunization and polio eradication programmes in Chad.
- National Study on Gender-Based Violence (GBV): produced in partnership with the Ministry of Social Action, National Solidarity and Family (MSA), the study provides data on the prevalence, magnitude and characteristics of GBV in Chad.
- UNGASS 2010 report: together with UNAIDS and partners, UNICEF contributed to the drafting of the UNGASS 2010 report.

In addition, UNICEF used sectoral clusters as effective platforms to share, discuss and disseminate programme data and evidence base. Clusters were also used to systematically monitor programme implementation and field practices. Further, UNICEF programme documentation efforts were aimed at documenting field practices that have yielded desired results and were crucial to expand and/or sustain key interventions for improved survival and development outcomes, particularly for the marginalized groups of women and children.

3.1.2.5 C4D Communication for Development:
As a major shift from the past, communication for development (C4D) was included in 2010 as one of the key components of UNICEF's integrated programming efforts towards the achievement of child survival and development goals in Chad.

Due to delay in the recruitment process, a comprehensive C4D strategy for UNICEF's Country Office (CO) in Chad could be developed only during the last quarter of 2010. Nevertheless, C4D activities to promote key family practices were conducted throughout the year in collaboration with Government partners, media, civil society and faith-based organizations. Through the use of a range of communication tools/channels, including audio-visual materials, proximity and mass communication channels, social mobilization campaigns and targeted sensitization sessions, UNICEF promoted exclusive breastfeeding, immunization, malaria prevention, appropriate treatment for sick children, hand-washing, prevention of child abuse, and early childhood stimulation.
Information on infant and young child feeding practices was disseminated in the Sahel belt regions using community volunteer networks and local media (FM radios). In UNICEF supported nutritional centres in the Sahel belt, mothers were regularly sensitized on key practices for children’s health and nutrition, including exclusive breast-feeding, and the use of ORS/zinc for diarrhoea management. The technical assistance offered to regional health authorities led to regional groups of young women belonging to different tribal groups championing exclusive breast-feeding by adopting the positive deviance approach.

Successful C4D interventions were carried out in Mao, in the Kanem region of the Sahel belt, where 25 members of a women’s organization, Belli, received training to identify pregnant women and sensitize them on safe practices including antenatal care, giving birth in healthcare facilities, exclusive breast-feeding, and full timely vaccination. With support from UNICEF, Belli continues reaching out to pregnant women and promoting healthy practices for pregnant women and their children in urban and rural Kanem.

C4D played a key role in promoting the adoption of the community-led total sanitation approach in the Sahel belt; communication activities and support were essential in reaching out to the community and promoting ownership. Likewise, hygiene promotion messages were translated into local languages, and broadcast through ten radio stations to sensitize the communities on good hygiene practices.

3.1.3 Normative Principles

**3.1.3.1 Human Rights Based Approach to Cooperation:**

Human rights, as a cross-sectoral theme is one of the key principles that guide Country Office programming in Chad. In 2010, UNICEF made systematic and comprehensive efforts to mainstream the human rights approach in programming across sectors. This includes using a rights-based approach for programme planning and putting accepted norms and standards related to the rights of women and children, particularly those of vulnerable and marginalized sectors of the population, at the core of programming efforts. In addition, the CO carried out an updated Analysis of the Situation of Women and Children in Chad using a rights-based approach.

Specific steps were taken to reinforce ongoing efforts in the child protection domain. These sought to expand and sustain interventions aimed at promoting, protecting and fulfilling the rights of children and women in the country. Notable among these are expanded UNICEF efforts to disarm, demobilize and reintegrate children involved with armed groups and forces; provide timely and effective psychosocial support to women and children affected by conflict/violence; and a nation-wide campaign led by the First Lady and implemented jointly with UNFPA and MINURCAT, for improved advocacy and policy action to address all forms of violence against women and children.

In 2011, the Country Office will continue its efforts to further strengthen the human rights approach in programme planning and redouble efforts to institutionalize initiatives started in 2010 regarding DDR and SGBV to build on the results achieved. Specific measures will be initiated to put further emphasis on the rights of women and children belonging to identified vulnerable and marginalized communities, such as nomads, herders, orphans, children with disabilities in addition to those living in conflict-affected regions.

To expand the partnership base, UNICEF will intensify its efforts to form a broad coalition of likeminded institutions including UN and bilateral agencies, and civil society organizations, both at central and decentralized levels, to put the rights of women and children at the core of government policies and programming.

**3.1.3.2 Gender Equality and Mainstreaming:**
Gender constitutes another vital cross-sectoral pillar that guides UNICEF programming and remains one of the stated office priorities. In 2010, the CO continued to promote mainstreaming gender across programme sections and activities. The new Guidelines (Gender Markers) issued by UNICEF Headquarters were disseminated and effectively used for developing the annual work plan for 2011.

To promote gender equality, the four programme sections intensified their advocacy, policy support and high-impact evidence-based interventions. Improving the gender parity index in primary education, which currently stands at 0.87, remains one of the core objectives of the education programme. Towards this end, along with partners, UNICEF continued to work for advocacy, improved policy framework, priority-setting and the much needed resource allocations aimed at drawing more girls to primary schools and ensuring a higher completion rate.

Concerning SGBV, 2010 was historic as UNICEF along with partners, supported a nationwide campaign, led by the First Lady, which brought the issue of SGBV for the first time to the forefront of the national and government’s policy discourse. The CO also supported a study on SGBV. Similarly, the health and nutrition section initiated specific measures to strengthen ANC coverage for pregnant women and to advance the continuum of care through linking proven maternal and child care interventions.

Together with the social policy section, preliminary conceptual work was undertaken along with policy related discourse, to design and pilot evidence-based social protection interventions such as cash transfer schemes aimed at reducing maternal mortality. The social policy section also laid the groundwork to explore a holistic inter-sectoral social protection programme to improve girls’ education, the reduction of maternal mortality and SGBV. A 20 member high-powered National Core Committee, chaired by the Ministry of Plan (with the Ministry of Social Action and the Ministry of Labour as co-chairs), and eight additional ministries as participating members, has been established to advance the development of an inter-sectoral social protection programme in the country.

### 3.1.3.3 Environmental Sustainability:

The implications of climate change for UNICEF-supported national programmes were analyzed and acted upon in order to ensure sustainability and effectiveness. The climate change impact continues to be addressed through WASH, health, nutrition and C4D interventions.

Importantly, in 2010, the CO participated in the global climate change research led by UNICEF Headquarters to assess the impact of climate change on water resources. The report noted that in 2009-2010 the climatic variations contributed to reduced community coping mechanisms, making more people vulnerable to food insecurity. With the predicted climate change, the vulnerable groups living in semi-arid regions of Chad are expected to suffer more shocks, with reduced availability of water, especially in the wadis, and creeping desertification.

The country experienced extreme weather events in the form of torrential downpour and flooding. The floods displaced around 150,000 people, left many homeless throughout the country and had a severe impact on lives and livelihoods. The rains were particularly violent, causing a major rise in the level of the Logone River and leading to the destruction of a dyke; in N'Djamena, the rise of the Chari River affected 14,000 people in just one district. Sadly, the floods in 2010 came after the pronounced drought and reduced rainfall of the previous three years, adding greatly to the population’s distress, with disproportionate impact on the most vulnerable population, and children and women in particular.

UNICEF and partners provided technical assistance, capacity building, drugs, materials and key supplies, to the Government to deal with the chronic drought situation and its
manifestation in the form of hunger and malnutrition, and to tackle the impact of floods. Working directly with the Prime Minister’s Office and the Inter-Ministerial Crisis Committee, technical assistance and specialists were mobilized to respond to the floods. Hydraulic experts worked with city engineers to analyze the causes and risk factors for floods in N’Djamena, coming up with specific recommendations centered on river flood gates management, the establishment and maintenance of pumping stations, municipal capacity building and urban planning. As Chad lacks the institutional structures and capacity to assess risks, prevent and mitigate such extreme natural phenomena, the CO, along with partners in government and outside, will continue to focus on capacity building of the country for disaster prediction, prevention and mitigation.

3.2 Programme Components:

Title: Health and Nutrition

Purpose:
The Health and Nutrition Programme aims to support the Government of Chad in accelerated reduction of infant, child and maternal mortality. This objective is pursued through a mix of upstream work with Government counterparts, UN agencies and other partners, and downstream work that primarily includes the delivery of proven high-impact services for women and children, particularly the most vulnerable and marginalized. The programme consists of four components:

1. Expanded Programme of Immunizations (PEV) – Strengthening of routine EPI and supplementary immunization activities along with integration with additional outreach activities including Long Lasting Impregnated Nets’ (LLIN) distribution, de-worming and Vitamin A supplementation.
2. Integrated Management of Childhood Illnesses (PCIME) and Health System Strengthening - Focusing on the management of main diseases causing children’s mortality and morbidity (malaria, ARIs, diarrhoea) and on key family health practices along with community management and care for childhood illnesses and institutional support to Government at central and decentralized levels.
3. Maternal/Sexual and Reproductive Health (CPN Plus) and Roll Back Malaria – Reinforcing antenatal, peri-natal and postnatal care services for mothers and newborns including the prevention and care services for malaria.
4. Nutrition – Strengthening capacity for effective management of acute malnutrition concomitantly promoting exclusive breastfeeding and complementary feeding practices for prevention of malnutrition and reduction of micronutrient deficiencies. In addition, the programme includes nutritional surveillance and surveys including the active screening of malnourished children, regular de-worming of children older than 1 year and promotion of community based good practices to prevent malnutrition.

The main objective of water, sanitation and hygiene (WASH) component of the programme is to contribute effectively to the reduction of infant and maternal morbidity and mortality through the provision of safe water, adequate sanitation and improved hygiene promotion.

Resources Used:

1. Resources - H & N

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List of donors

Results achieved
In eastern Chad, UNICEF-supported interventions benefited an estimated 25,460 pregnant women and 125,000 children under five. UNICEF mobile clinics provided nutritional screenings and basic health services for nomads in the Sahel. In 2010, polio, meningitis, measles and tetanus campaigns reached approximately 2,500,000 children under five. UNICEF also ensured the provision of routine and supplementary immunization vaccines and consumables. The National Cold Chain and Logistics Assessment provided a platform for strengthening immunization services, improving quality assurance and stimulating technological innovation.

UNICEF reinforced local health systems’ ability to provide antenatal care (ANC), emergency obstetric and neonatal care, and skilled attendance at birth. It supported the recruitment and deployment of 21 nurses, and 7 medical doctors to remote district hospitals in the Sahel. Additionally, 66 nurses received training on ANC, and BEmONC. Midwifery and obstetrical surgical kits were provided to all UNICEF supported regional (11) and district (30) hospitals.

In response to the nutritional crisis, UNICEF and partners supported the MPH to contain mortality and improve the nutritional status of children under five with severe acute malnutrition (SAM), providing nutrition supplies, equipment, training and supervision to 22 inpatient and 182 outpatient feeding centers in the Sahel. UNICEF supplied 110,000 cartons of therapeutic food (plumpy'nut) for children with SAM. Approximately 55,000 children under five with SAM benefited and recovered from treatment in the feeding centers. A thorough techno-managerial support to health authorities allowed for enhanced planning, implementation and monitoring of interventions.

In two regions of the Sahel (Kanem and Bahr-El-Gazel), blanket feeding with plumpy’doz was offered to children at risk of SAM, ensuring that nearly 20,000 children 6-23 months old received adequate micronutrient intake, preventing further malnutrition. The innovative use of life-saving interventions allowed the Government to increase the equitable coverage of services and contain mortality in areas of declared famine.

In 2010, UNICEF supported construction of 229 boreholes equipped with hand pumps, benefiting about 30% of the vulnerable population in identified high-risk areas. Towards support for improved sanitation, 16 latrine blocks were constructed in schools, and almost 3,500 family latrines were constructed using the CLTS approach. The piloting of CLTS in 55 villages and the celebration of open-defecation free villages have had an important impact on Government and partners in promoting community approach for improved sanitation.

Critical Constraints
Weak institutional capacity and insufficient partners with adequate capacity remain major constraints. Restrictions in the humanitarian space resulted in limited access for interventions.

Monitoring, Studies and Evaluations
The results of the SMART Nutrition Survey guided UNICEF and partners’ programming during the second half of 2010. The results of the Cold Chain and Logistics evaluation will inform immunization programming and extend reach to unimmunized children.

**Strategic Partners**
UNICEF worked with regional and local authorities to increase their programme capacity and gradually transfer competencies. In eastern Chad, UNICEF partnerships with five Regional Health Delegations, 12 health districts, and 10 national and international NGOs helped in provision of key health and nutrition services to refugees, IDPs and host communities.

**Humanitarian Action**
In 2010, routine immunization for children under five achieved a coverage rate of 95% in targeted areas. UNICEF supported the planning and monitoring of immunization campaigns.

**Future Workplan:**

**1. H & N**
In 2011, UNICEF will increase the quality of the SAM treatment programme through the implementation of the revised National Protocol on the Management of Malnutrition, and increased supervision, technical and logistical support, and training on the protocol. UNICEF will also support the establishment of a nutritional surveillance system and the development of a national nutrition database.

As follow up to the recommendations of the 2010 CCL evaluation, UNICEF will assist the MPH in developing a multi-year operational plan, and provide support for the procurement and distribution of vaccines and consumables. ORS-Zinc will be purchased and distributed, while C4D and social mobilization interventions will be scaled up to increase the demand for quality health services and promote key family practices. Furthermore, UNICEF will expand and sustain other key high-impact interventions to reduce child mortality.

In the early recovery context of eastern Chad, UNICEF will offer its support to enable local health authorities and partners to provide essential cost-effective health and nutrition interventions to refugees, IDPs and host communities.

**2. WASH**
Within the framework of the stated objective of improving the availability and equitable access to potable water, sanitation services and hygiene practices, UNICEF WASH programming aims to achieve the following results in 2011:

1. Sustained improved access to potable water through low-cost technologies for vulnerable communities, health centres and schools, specifically in targeted regions, and among nomad and conflict-affected populations;
2. Increased use of sanitation facilities, especially latrines, at the community level, namely through the community-led total sanitation approach;
3. Improved household hygiene practices (hand-washing, hygienic water storage and household waste management);
4. Strengthened institutional WASH capacities, including the adoption of a national sanitation and hygiene policy, the hygiene code, a database of certified small- and medium-sized enterprises, and an active WASH cluster in N'Djamena and in eastern Chad.
Title: *Education for All*

**Purpose:**
The stated goal of this programme is to improve access and coverage of quality primary education, particularly focused on girls to reduce gender disparities, and on children of identified vulnerable and marginalized groups such as those living in conflict-affected areas and nomads. In addition, UNICEF support is aimed at strengthening government programme, planning and management capacity, both at the central and decentralized levels, for expanded and sustained quality primary education for children.

The specific programme objectives are to:
1. Improve the quality of primary education in participating schools in the 10 selected regions.
2. Improve advocacy and evidence-base to guide policies and follow-up actions to improve the quality of education.
3. Improve girls’ enrolment and retention in selected departments with low gender parity indexes.
4. Support initiatives aimed at improving parents’ knowledge and practices on essential elements of the integrated early childhood development approach (DIJE).
5. Strengthen the capacity of Non-formal Basic Education Centres (CEBNFs) and Qur’anic schools.
6. Ensure the provision of quality basic primary education services for children affected by conflict and those living in areas affected by conflict (refugee camps, sites for displaced persons, refugee villages and host communities).

**Resources Used:**

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**List of donors**

**Result Achieved:**
In 2010 UNICEF contributed towards improved quality and coverage of primary education, in select areas of intervention. In addition, UNICEF support was aimed at promoting early childhood stimulation and the delivery of quality primary education services for children living in conflict-affected areas. Specifically, UNICEF supported 1,105 schools with teaching materials and contributed to the enrolment of around 285,000 students, including approximately 86,000 girls. More than 300 mother-student associations (MSAs) received training for the management of schools, and 575 community teachers obtained their Elementary Certificate of Studies (CEFEN). In addition, 15 Qu’ranic schools were certified as non-formal basic education centres.

In four identified departments with low enrolment rates for girls, UNICEF efforts reached 960 schools that enrolled almost 51,000 students, including 22,686 girls.

The initiatives aimed at improving parents’ knowledge and practices on the essential elements of the integrated early childhood development approach (DIJE) included the sensitization of 25,000 parents, 200 preschool teachers from 270 schools, and 22 Regional Delegates for Social Action.
**Critical factors or constraints**
These include: (i) Insufficient coordination between the Ministries of Education and Social Action; (ii) Quantitative and qualitative limitations of teaching personnel; and (iii) Inadequate funds and material resources for primary education, particularly for the much needed education infrastructure in remote areas and at decentralized levels.

**Monitoring, studies and evaluations**
A diagnostic study was carried out on the state of education in zones affected by crises and natural disasters. This study will make it possible to integrate situations of emergency into the Government’s Multi-Annual Education Plan, including prevention and response in times of crises. In addition a participative diagnostic study in areas with low enrolment rates for girls was conducted to identify the main factors that affect girls’ access to schools.

**Strategic Partnerships**
UNICEF continued to build partnerships with relevant Ministries, such as Ministries of Education, Plan and Social Action. In addition, UNICEF strategic partners include IRC, CORD, CARE International, Intersos, JRS, SECADEV, Initiative Développement; for IDPs, Première Urgence, JRS, and national NGOs such as FAWE, Lead-Tchad, Lapaje. UNICEF partnerships also include close working relationships with parents and communities in the areas of intervention.

**Humanitarian Action**
UNICEF assumed the lead of the Education cluster in eastern Chad, coordinating humanitarian action in the sector. Since December 2010, the cluster went national, to prevent and coordinate emergency situations in the rest of the country, with UNICEF continuing as the lead agency.

In Eastern Chad, together with implementing NGOs, UNICEF supported preschool and primary school facilities that benefited 37,500, and 76,000 Sudanese refugee children, respectively. In addition, UNICEF provided teaching manuals, materials and learning kits needed for quality education in these schools. UNICEF also supported primary school facilities in select IDP sites in the region of Dar Sila, where it provided school materials for children and trained community teachers, and parents’ associations.

In the areas affected by influx of refugees from the Central African Republic, children living in refugee camps, and host communities benefited from UNICEF-supported primary education services in 36 schools that enrolled more than 18,000 school-aged children including 7,800 girls. These children were provided with reading materials while 90 parents’ association members and 110 teachers were trained to ensure quality education services.

**Future Workplan:**
UNICEF will continue its efforts to improve access and coverage of primary education, particularly for girls, with increasing focus on marginalized and vulnerable groups that primarily include nomads, herders, orphans, children with disabilities and those living in regions affected by conflict. Improving quality of education, reflected in retention/completion rates, the availability of teaching and reading materials, appropriate basic infrastructure, etc., will continue to be one of the key priorities. In addition, specific efforts will be made to improve and standardize the primary school curriculum for schools across the country. Finally, given the weak pedagogical and management capacity, UNICEF, together with partners, will expand its efforts to provide technical assistance and support specific capacity building initiatives aimed at teachers. parents/communities.

**Title:** Protection of the Child
**Purpose:**

The child protection programme is aimed at improving the protective environment for children and women, and ensuring that they are free from exploitation and violence in any form. The programme is particularly focused on reducing the risks for children and women from vulnerable and marginalized groups that are perceived as being at a higher risk of violence and exploitation.

More specifically, the programme objectives are to:

1. Strengthen the legal and institutional mechanisms in accordance with international treaties and protocols for the protection of children and women.
2. Advocate for policy action and support to advance the Paris Principles, the UN guidelines on disarmament, demobilization and reintegration (DDR), as well as other international norms concerning protection of children adopted by Chad.
3. Support the development and adoption of evidence-based strategies to improve birth registration, particularly for marginalized and vulnerable children.
4. Strengthen institutional capacities at the national and decentralized level to identify, evaluate, support and respond to the protection needs of vulnerable children and women.
5. Support the development and implementation of mechanisms to effectively combat gender based violence against women and children, and ensure timely and adequate psychosocial support for identified victims of SGBV.
6. Provide psychosocial care for children subjected to exploitation and violence.

**Resources Used:**

**Resources**

Total available for 2010 from all sources:

(Amounts in USD)

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**List of donors**


**Result Achieved:**

In 2010, one of the most important achievements was the implementation of the Conference on “Ending Recruitment and Use of Children by Armed Forces and Groups” with the Government of Chad. The Conference, which gathered 236 experts (36% of them women), led to the adoption of the “N’Djamena Declaration” by Cameroon, Central African Republic, Chad, Niger, Nigeria and Sudan, who committed themselves to take action to end the recruitment and use of children by armed forces and groups and dedicate a sizeable proportion of budget to social reinsertion measures.

The Conference led to the establishment of a Monitoring Committee with representatives from all six states, which effectively started meeting and assessing progress regarding the implementation of the N’Djamena Declaration in view of Security Council resolutions 1612, 1883 and 1888. Their findings and recommendations fed into the Monitoring and Reporting Mechanism (MRM) that allows oversight over the six grave violations against children and reports to the UN Security Council.
Institutional and capacity building activities included DDR training for 144 officials (55 of them women) from the government and NGOs. In 2010, 179 children were demobilized from armed groups, including 10 girls. UNICEF-supported Transition Centres cared for 66 demobilized children who have been reunited with their families, while 245 demobilized children completed the 2009-2010 school year, and 34 youths completed their professional training, 18 of whom found work in N'Djamena. The whole DDR effort brought approximately 1,000 children back to their communities within 24 months, an unprecedented outcome in Central Africa.

Training on SGBV prevention, legal protection, prevention mechanisms and care for victims of violence was provided to 427 people (55 women), including government officials, teachers, parents, women, traditional and neighbourhood leaders, and associations. Under UNICEF leadership and in partnership with the UNFPA and the Ministry of Social Action, the officials who received this training carried out two SGBV sensitization campaigns that reached 20,000 people (65% of them women) in 53 school clubs and in all 10 districts of N'Djamena.

In southern Chad, 12,147 vulnerable children (5,825 of them girls), benefit from UNICEF support for school enrolment, professional training, income generating activities, civil registration, and health services.

**Critical Constraints**
Limited capacities of decentralized government structures and local NGOs as well as insufficient follow up of interventions by state services, prevent the programme’s impact from being fully realized. Further, dearth of data and mechanisms to monitor SGBV incidents and track victims is a major obstacle in establishing a functioning system to care for SGBV victims.

**Monitoring, Studies and Evaluations**
UNICEF supported a National Study on Gender-Based Violence, which is currently being validated, and is expected to provide valuable pointers for further policy advocacy and programme interventions.

**Strategic Partners**
A thematic Inter-Ministerial Working Group, including the Ministries of Foreign Affairs, the Interior, Defense, Human Rights, Social Action, and Justice, gathered regularly with UNICEF to reform and innovate on the issues of children associated with armed forces and groups. The Country Task Force on Resolution 1612 and the government of Chad are producing an action plan in order for Chad to be no longer listed as a party to the conflict accused of serious violations of children’s rights. UNICEF, UNHCR and UNFPA worked jointly to produce a harmonized set of policies and interventions to fight against SGBV in Chad.

A partnership with the French Embassy to fight against SGBV through capacity building and sensitization, and operational partnerships with regional delegations of the Ministry of Social Action, NGOs, such as CARE, JRS, INTERSOS, IRD, CORD, CRS were formed.

**Humanitarian Action**
In southern Chad an additional 3,000 children ages 3 to 5 (53.73% girls) from Central African refugee camps and surrounding villages benefited from psychosocial care in 12 Child Friendly Spaces (CFS). Similarly, in eastern Chad 13,323 children (55.43% girls) benefited from such services in 38 CFS across five refugee camps and 16 IDP sites.

**Future Workplan:**
Priorities for 2011 include developing an action plan to implement the national strategy for orphans and vulnerable children, and a national protection monitoring system for
children in Chad. Additionally, support will be provided to strengthen monitoring and information sharing mechanisms (MRM1612, MRMGBV) on the six serious violations of children’s and women’s rights, and to reinforce the DDR programme. Interventions against SGBV will be reinforced, and successful experiences scaled up.

**Title:**  *Fight against HIV/AIDS*

**Purpose:**
The HIV-AIDS programme in Chad is aimed at supporting the Government’s goal of ensuring less that 3.3% HIV-prevalence in the country through the expansion and sustained provision of quality PMTCT services, appropriate pediatric care and support for people living with HIV/AIDS, orphans and other vulnerable groups. It also includes targeted efforts to sensitize youth to improve their knowledge, attitudes and safe practices for HIV/AIDS. The programme has three components:

1. *Prevention of mother-to-child transmission, pediatric care, and care for people living with HIV, orphans and other vulnerable children:* promote pre-natal consultation and provide HIV-positive pregnant women with access to quality prevention of mother to child transmission (PMTCT) of HIV services, and children born to HIV-positive women with quality care, according to the standard protocols.
2. *Prevention among youth:* provide correct knowledge and practices on HIV transmission and prevention
3. *Social policies and capacity reinforcement:* review the National PMTCT Guide including pediatric care; establish functional National and Regional Coordinating Committees; and develop a Plan for Supply and Distribution of key inputs against HIV/AIDS.

**Resources Used:**

**Total available for 2010 from all sources:**

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**List of donors**
- Italian National Committee for UNICEF, French Committee for UNICEF, Government of Ireland,

**Results Achieved:**

In 2010, more than 200,000 youths, including 24,000 living in areas affected by conflict, were sensitized on HIV/AIDS in youth centres and school clubs. Under the PMTCT component of the programme, the number of healthcare establishments offering PMTCT services increased from 81 in 2009 to 104 in 2010; 36% of pregnant women in prenatal consultations benefited from voluntary screening for HIV in these centres. In close to 50 PMTCT sites, 467 out of 470 HIV-positive pregnant women benefited from UNICEF supported ARV prophylaxis. UNICEF supported supplies and critical materials enabled early-diagnosis of HIV in babies born to HIV-positive women, yielding an early screening rate of 44% (207 out of 470) in 50 PMTCT sites, for which it was possible to compile programme monitoring data.

Additional UNICEF support included the renovation of a cold chamber for endemic diseases to stock reagents, and the refurbishment of 104 PMTCT sites with reagents,
medicines and laboratory consumables. In addition, four devices for CD4 lymphocytes were installed in four regions for the biological monitoring of HIV-positive pregnant women, and 15 transfusion centres were provided with reagents for syphilis, as well as hepatitis B and C.

UNICEF supported decentralization by financing the establishment of Regional Committees to Fight against AIDS in eight regions. The PMTCT guide was reviewed, and the chapter on pediatric care was updated as per new WHO guidelines. UNICEF provided technical support to the Government in the development of the proposal submitted to Round 10 of the Global Fund. UNICEF, together with partners, contributed to strengthen the capacities of civil society; more specifically UNICEF trained leaders from the National Chadian Network of Associations of People Living with HIV (RNTAP+) on associative life, project management, and advocacy. UNICEF also took part in the drafting, implementation and monitoring of the joint UN Plan on HIV/AIDS.

**Critical Constraints**
These include:
- Low ANC coverage coupled with low utilization of health facilities by pregnant women.
- Limited data collection, collation and analysis capacity in health facilities with PMTCT services.
- Insufficient capacity at the national and decentralized levels to plan, manage and monitor drugs and key supplies needed for treatment, and care of people living with HIV/AIDS.
- Limited capacity of civil society organizations both for advocacy and grassroots implementation support.

**Monitoring, Studies and Evaluations**
The UNGASS 2010 report and the report on universal access to prevention, treatment and care were presented in May 2010. They made it possible to identify the gaps in the 4 Ps and to envisage strategies to bridge them, namely through the proposal presented to Round 10 of the Global Fund.

**Key Strategic Partnerships**
The programme partners include the Executive Secretary of the National Council for the Fight against AIDS, the MPH, the MNE, the Ministry of Culture, Youth and Sports, and seven civil society organizations (AILS, ID, ASTBEF, CSJEFORD, ATVP, SECADEV and CRT). UNICEF is also part of the UN joint team on HIV/AIDS, and is vice-president of the UNAIDS Thematic Group and leads the sub-group on PMTCT and communication for development (C4D) for HIV/AIDS.

**Future Workplan:**
In 2011, UNICEF will continue its focus and emphasis on expanding the network of health facilities with quality PMTCT services. UNICEF will redouble its efforts to strengthen HIV/AIDS pediatric and care and support services for people living with HIV/AIDS, particularly those who belong to marginalized and vulnerable groups. It will focus also on increased support for systematic enhancement of government capacity to plan and manage drugs and key supplies needed for timely testing for HIV/AIDS, and treatment and care of people living with HIV/AIDS. Policy support and capacity building efforts will aim to ensure the rehabilitation of the PMTCT coordination programme office and PMTCT training for medical staff.

**Title:** Policies, Communication and Partnerships

**Purpose:**
The social policy and strategic communications programme seeks to contribute to enhanced policy relevant data, evidence base and advocacy for improved situation of women and children particularly from the marginalised and vulnerable groups, the harmonization of national policies and measures with international policies, treaties and protocols, increased resources for social sector programming aimed at women and children, and sensitization and involvement of civil society organisations and communities to support measures aimed at improving the situation of women and children in the country.

The CO has two different sections managing the programme which has two components: [1] Social Policy, Planning and Evaluation and [2] Strategic Communication that includes external relations and advocacy and Communication for development (C4D). Both these programme primarily operate at the national level with select specific support at decentralised levels and in areas affected by conflict.

**Resources Used:**

(Amounts in USD)

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**List of donors**


**Results achieved**

The Strategic Communication (SC) section supported the convening of major advocacy events (e.g. regional conference, visit by goodwill ambassador Mia Farrow), supplementary vaccination activities, and support in emergencies (cholera epidemic, nutritional crisis, humanitarian crisis in the east).

The SC section supported the organization of the Regional Conference on the recruitment and use of children in armed groups and forces, as well as advocacy and sensitizing activities on the issue of GBV. For the latter, UNICEF organized public information sessions in eastern Chad, as well as the celebration of the international day to end sexual violence against women. UNICEF also advocated and developed communication support to promote school enrolment and girls’ education.

Communication activities supported polio campaigns by setting up a polio communication unit; recruiting 26 consultants to lead social mobilization in high-risk areas; and undertaking proximity sensitizing activities in partnership with civil society, the Red Cross of Chad and religious organizations.

Regarding C4D and the promotion of key family practices, community-level and media activities were carried out in targeted areas of intervention to promote exclusive breast-feeding, hand-washing, zinc-ORS, utilization of ITNs, and prenatal consultations. UNICEF also assisted in the development of a national communication strategy for malaria prevention.

The Social Policy Section achieved significant progress on evidence building. Towards improved data and evidence base, MICS and SITAN 2010 were conducted after a gap of more than 10 years. In social policy, policy advocacy and initial preparatory activities
aimed at developing the policy framework and institutional mechanism for development of inter-sectoral social protection programme has been initiated.

**Critical Constraints**

The chief constraints are the lack of adequate tools, limited data availability and underutilization of the existing data in policy and programme formulation and implementation. Incorporating policy and resources for children within the framework of the Poverty Reduction Strategy Paper (PRSP) requires further coordination among concerned Ministries and partners. The C4D capacities among partners as well need strengthening towards greater sensitization on and social mobilization for meeting the needs of children.

**Key Strategic Partnerships**

UNICEF assumed the lead in the establishment of the Communications Group for the United Nations System in Chad. The group developed a communications strategy to support UN activities in the country, including a communication strategy on the upcoming withdrawal of MINURCAT.

The implementation of strategic communication activities was possible through partnerships between UNICEF and the government, religious groups and civil society. Concerning C4D, the partnership with the Red Cross of Chad has been consolidated, and new prospective partnerships have been identified with religious organizations, NGOs, local associations, local radios and the private sector.

**Humanitarian Action**

Through communication, women and children in emergency situations (the cholera epidemic, the nutritional crisis in the Sahel, the humanitarian crisis in the east) were informed about the necessary measures to reduce their vulnerability, and increase their chances of survival.

**Future Workplan**

In 2011, UNICEF will work to develop evidence-based communication, sensitization, visibility, advocacy and resource mobilization mechanisms to support activities aimed at improving the lives and well-being of children and women, especially those who are most vulnerable. At the same time, key family practices for the survival, education and protection of children will be promoted targeting individuals, families and communities.

Expected results for 2011 are as follows:

a) Increase the visibility of actions in favour of children through appropriate communication and information approaches, involving children themselves;

b) Strengthen the partnership with the private sector, donors, national UNICEF committees and Goodwill Ambassadors so as to increase the programme budget;

c) Increase knowledge and adoption of key family practices (exclusive breastfeeding, hand washing, utilization of ORS/zinc, utilization of ITNs, antenatal care and vaccination) in areas of intervention;

d) Identify and sensitize targeted populations on the importance of access to education and protection (girls’ enrolment, SGBV, birth registration and DDR);

e) Strengthen communication for emergencies (catastrophes, epidemics, displacements, etc.) to facilitate the timely delivery of appropriate information to affected populations, thus reducing their vulnerability and increasing their chances of survival.
In social policy the key focus would be on institutionalising the policy framework and establishment of institutional structures both at national and decentralised levels to support the development and piloting of an evidenced based inter-sectoral social protection programme aimed at contributing to improved Girls’ education and reduced maternal mortality and violence against women.

4. OPERATIONS & MANAGEMENT

4.1 Governance & Systems

4.1.1 Governance Structure:
Under the guidance of the Representative, the senior management worked with CMT to further streamline and harmonize office rules, regulations, and processes concerning governance. During the year, the key governance structure meetings, such as CMT, programme planning and review meetings, programme coordination meetings and front desk management coordination meetings were held as planned, ensuring effective guidance, monitoring and follow up actions to strengthen the country programme’s implementation and oversight. Further, effective guidance and support was provided to zone offices to strengthen their governance structure by issuing terms of reference for the joint office management team that specifically define its roles and responsibilities and coordination mechanisms between the zone and country offices. Various advisory committees with clear terms of reference have been established in zone offices. Further, in 2010, the office worked proactively to ensure the implementation of all audit recommendations leading to timely closure of most of the observations raised by the last audit, except those that pertain to UNITRACK and HACT for which preliminary work has already begun in anticipation of full implementation during the first quarter of 2011 and 2012 respectively.

Some of the noticeable gains are evident in the harmonized and reduced processing cycle for the management of various types of contracts and follow-up action, improved HR management, improved coordination between programme sections and the supply division for efficient inventory management and distribution of drugs, materials and supplies as per the plan, and improved information management system with reduced down-time for IT related hardware and software. Additionally, the coordinated action by Operations and Programming Divisions led to the significant reduction in outstanding balance of direct cash transfers due for more than 9 months, which now stands below USD 100,000, down from USD 500,000 at its highest level. Further, coordinated action from Operations and Programming provided logistic as well as administrative assistance to facilitate UNICEF’s response to several emergency situations in Chad, including the complex integrated response to the nutritional crisis in the Sahel.

4.1.2 Strategic Risk Management:
The strategic risk management system has been strengthened to improve the CO’s capacity to identify, analyze and timely and effectively manage risks associated with key Programme and Operations functions, vital for results. Given the context of an emergency-prone fragile country, the CO maintains the recommended minimum level of preparedness to deal with emergencies that might arise due to conflict (internal or external), chronic and/or high levels of malnutrition in specific regions, epidemics and natural disasters (namely droughts and floods).

In 2010, the CO initiated the work to conduct a systematic assessment of risks and opportunities associated with decentralized structures taking into account office priorities, local conditions and staff capacities to ensure appropriate guidance and the formulation of necessary rules and regulations. This exercise is expected to guide the office strategy with regards to governance structure, performance indicators, and monitoring mechanisms between zone and country offices, ensuring improved risk management for better results.
The Office maintained and regularly updated the business continuity plan for specific risk events foreseen at different points during 2010. The multiple governance and office management structures – CMT (monthly), programme planning management review meetings (fortnightly), programme coordination meeting (monthly) and Front Desk Management (daily) – provided guidance, monitoring of routine activities, helped priority-setting, and ensured inclusive and timely decision-making to respond to any strategic risks.

4.1.3 Evaluation:
A weak evaluation capacity has been a concern for the last several years. During the first three years of the present Country Programme, more than two thirds of planned assessments, studies and evaluations which were part of the approved IMEP were not implemented as planned. In 2010, the CO worked with evaluation colleagues in the Regional Office to develop a comprehensive checklist for the careful planning and selection of assessments, studies and evaluations that form part of the office Integrated Monitoring and Evaluation Plan (IMEP). The updated checklist made it possible to identify key gaps in compliance with planned evaluations. Specific advice was issued to all sections to ensure that all planned assessments and evaluations meet the stated office priorities and criteria for their inclusion in the office IMEP. Consequently in 2010, these efforts led to a reduced number of planned studies, assessments and evaluations, and ensured improved compliance in terms of quality, completion and dissemination of reports. The 2010 IMEP was brought up to date, evaluation consultants strictly selected, and recommendations stemming from the evaluations were taken into account in the drafting of the annual work plans. During the year, two out of seven planned evaluations were effectively carried out: the evaluation of the Cold Chain and Logistics system in Chad, and an evaluation of the communication activities in areas of polio intervention.

In 2011, the Office aims to further strengthen the planning and quality of studies, assessments and evaluations by a continued focus on and compliance with agreed criteria. For further improvement in 2011, evaluation will remain one of the key office priorities, and will be geared to serve the changing country context.

4.1.4 Information Technology and Communication:
Though understaffed for most of 2010, the IT unit was able to provide more reliable and higher quality services than in 2009. This was directly linked to better power supply, the installation of two 5,000 VA UPS, preventive maintenance and the timely replacement of equipment. The unit is now fully equipped and has systems in place for disaster recovery in keeping with the office’s BCP.

Additionally, the IT unit provided solutions that enhanced UNICEF’s response to the nutritional crises in the Sahel belt, in some cases with the assistance of WFP. Field teams and deployed personnel were able to remain in contact with the CO though Internet connection and provide real time updates making it possible to quickly expand outreach in some remote areas, which were not initially included in the response plan.

The IT Assistant participated in the regional IT workshop held from 2 – 6 November 2010 in preparation for the migration to Microsoft Windows Server 2008 and MS Windows7 Client early 2011. The unit also benefitted from a 2-month mission by a NETI graduate who helped to document/update some basic processes and created a template for a local help desk, based on which the unit will be able to improve time management and create FAQs for end users.

4.2 Fin Res & Stewardship
4.2.1 Fund-raising & Donor Relations:
2010 has been an historic year from a fundraising perspective. Evidence-based advocacy and effective management of donor relations led to a substantial increase in financial resources available to support country programming. Despite the global economic crisis and increasing pressure on available resources to support development activities, the CO raised close to USD 60 million to expand and sustain key interventions for Chad’s children.

Communication and advocacy efforts were not only successful in securing resources from the Government and mobilizing additional funds from donors, but also in creating a wider awareness concerning key issues, challenges and UNICEF’s response pertaining to children and women, particularly those from vulnerable and marginalized groups. Due to the CO’s ability to mobilize resources, the OR ceiling was enhanced. The significant increase in funding also brought with it the responsibility to ensure an efficient and effective fund management through the timely and optimal utilization of funds as per the agreed plans with donors and partners. The monitoring of fund utilization and management was one of the key priorities of the CMT, and this was systematically done to ensure responsible and correct fund utilization. Increased efforts to liquidate all funds on time in respect of expiring PBAs, reduced the proportion of PBAs expiring with an unspent balance.

Quality and timely donor reporting is the key component of donor relation management. In the context of increased funding, the CO had an increased load of donor reports. In the first half of 2010, primarily due to the vacant position of Reports Officer, over 50% of the reports submitted were delayed. After the CO streamlined donor reporting with the help of two professionals brought on SSAs, there were no reports pending at the end of 2010, with an almost 100% timely submission of donor reports due in the last quarter of the year.

In 2011, the CO will aim to further strengthen the process of donor reports to enhance their quality and ensure timely submission.

**4.2.2 Management of Financial and Other Assets:**

Following the 2009 audit by OIA, the CO undertook a comprehensive review of its processes and strengthened internal and external collaboration. As a result, the payment cycle was substantially reduced and by the second quarter of 2010, the timeframe from the date on which approved payment requests were received to the date the payments were delivered locally to beneficiaries was reduced to three working days.

There were some difficulties related to the delayed payment process during July (when FCFA replenishments were introduced by NYHQ) and again in November, after ECOBANK Chad changed its operating system. However with the constant support of DFAM’s Cashier unit and Accounts section the impact on CO operations was minimal. For 2011, the office plans to work with ECOBANK, other UNICEF zone offices and DFAM to reduce its processing time for international and domestic transfer of payments.

By working closely with the Programme Section, the unit was able to reduce bottlenecks and minimize lost funds through coordination of functions and improved management of PBAs. This coordination between Finance and respective Programme Sections was the main contributing factor in the progressive reduction of DCT balances outstanding for more than 9 months which now stands at below USD 100,000, less than 5% of the total outstanding DCT.

The Finance team proactively worked to ensure the establishment and management of two Special Cash Accounts to support the UNICEF’s response to the nutritional crises in the Sahel belt, where part of the funds were used to operationalize UNICEF supported mobile teams, which were used for screening, treatment and referral support for children suffering from severe acute malnutrition in hard to reach and marginalized communities.
4.2.3 Supply:
The Supply component constitutes a critical and integral part of the Country Programme. In 2010, the throughput value of total supplies supported by the Country Office stood at USD 21 million compared to USD 11 million in 2009. The key supply times included immunization related consumables, cold chain equipment, vitamin A, ready-to-use therapeutic food, insecticide treated mosquito nets, as well as learning and teaching supplies and commodities for school-aged children. In 2010, the CO also procured supplies worth USD 9 million (USD 1.2 million in 2009) for other implementing partners. The key procured items included vaccines, insecticide treated mosquito nets, diagnostic test kits, and pharmaceuticals and were financed by the Government of Chad (Vaccine Independent Initiative), GAVI, Islamic Development Bank, Global Fund, and UNFPA.

To increase competition in local procurements, potential suppliers for goods and services were invited to express their interest to work with UNICEF through advertisements in the local newspapers. The focus on expanding the local supplier base continues to be one of the priorities for the supply section in 2011 and thereafter. Specific efforts were made to increase the number of LTAs to ensure a rapid response in emergency situations and to expand their base into other programme interventions in the course of 2011.

The CO continued to work closely with the Supply Division in Copenhagen for specific supply functions such as reorganizing warehouses in N’Djamena, Abeche, and Goz Beïda, as well as to validate inventories in preparation for the adoption of UniTrack’s new version during the first quarter of 2011. Similarly, the Supply Division continues to benefit from the UNICEF support hub in Douala which monitors and forwards all sea shipments to N’Djamena.

Given the significant increase in the quantity and volume of programme supplies, efficient warehouse management continues to be one of the key challenges. The CO is closely working with the Government for additional warehousing space as well as the acquisition of rub-halls to preposition supplies in disadvantaged but strategic locations.

4.3 Human Resource Capacity:
The office modified its database and redesigned some management reports in mid-2010 to facilitate more accurate determination of capacity needs and staffing mix. There were other gains, namely the reduction of the time needed to complete the recruitment cycle and improved monitoring of the contractual status of staff which allowed for timely action on extensions, renewals and separations. Towards the end of the year, the office was able to implement a system to maintain an up to date roster of national staff to temporarily fill staffing gaps as they arise. The Country Office successfully contributed to the surge capacity in response to the Haiti earthquake by making available national and international staff with proven capacity in the context of humanitarian action.

The office also participated in the second phase of the SAP HR pilot programme. It has voluntarily undertaken a complete cleanup of its PnP/ProMS database for all payroll related data. Performance management remains a challenge with the percentage of incomplete PERs from 2009 still above 50%. However, with efforts made this year to raise awareness of the importance of the PER and the implementation of E-PAS for international staff, the office expects a much higher completion rate for the year 2010.

The office held its yearly staff retreat in Maroua, Cameroon, on 13 – 16 October 2010. All national and international staff actively participated leading to an increased awareness of resources available for creating and maintaining a healthy working environment as well as improving the well-being of staff. Action on the 14 follow up activities recommended during the retreat has already begun and is expected to be fully implemented by May 2011.
The 2010 Survey on Personnel Morale revealed important improvements in the overall working environment: 86% of staff are satisfied with their job (71% in 2007), 61% are in good spirits (24% in 2007), 68% thought the recruitment process was adequate (32% in 2007), and 56% found there was a good working environment (12% in 2007). Areas of concern for staff are the training policy, their salary in relation to living costs and the working tools at their disposal.

4.4 Other Issues

4.4.1 Management Areas Requiring Improvement:

To improve programme efficiency and results, the CO worked on building synergy among sections and put greater emphasis on proven cost-effective interventions. This entailed joint planning, management and monitoring of interventions, particularly in the area of child survival, and HIV/AIDS and child protection. The coordination and synergy building efforts also included the sharing of human and other material resources, leading to improved utilization of resources for programming. Efforts were also made to reduce the programme support and operation costs by rationalizing field travel, and improving inventory management.

4.4.2 Changes in AMP:

In 2011, the CO will advance the efforts to build synergies among programmes for efficiency and improved results. The efforts started in 2010 will be suitably adapted and institutionalized. Specific efforts will be made to reduce international SSAs through the gradual expansion and capacity building of national officers. Supply and distribution plans will be monitored to ensure efficient utilization of critical supplies. International travels will be monitored and rationalized according to the office norms and priorities. Operation support cost as a proportion of the overall programme cost will be further reduced through increased resource sharing with UN agencies and partners.

5. STUDIES, SURVEYS, EVALUATIONS & PUBLICATIONS

5.1 List of Studies, Surveys & Evaluations:

1. Etude sur la protection sociale et pour l’élaboration de la stratégie nationale de protection sociale (PPP)
2. Enquête nutritionnelle SMART dans chacun des sites sentinelles (de préférence pendant la période de soudure) pour avoir une idée de la situation nutritionnelle dans la zone appuyée
3. MICS 2010
4. Inventaire de la chaîne de froid
5. Etude pour répertorier les unités semi artisanales de production d’aliments de complément et faire le point sur leur composition

5.2 List of Other Publications

1. Ending the Recruitment and Use of Children by Armed Forces and Groups: Contributing to Peace, Justice and Development

6. INNOVATION & LESSONS LEARNED:

6.1 Title: Regional Conference “Ending the Recruitment and Use of Children by Armed Forces and Groups: Contributing to Peace, Justice and Development”

Contact Person: Marzio Babille (mbabille@unicef.org)
Abstract:
Seeking to improve the cross-border and regional approach to the issue of the recruitment and use of children in armed conflict, this regional advocacy event made it possible to bring together key government and non-government stakeholders from eight countries, including Chad, Sudan, CAR, Cameroon, Nigeria and Niger in N’Djamena June 9-13, 2010. Other participating countries were DRC, Sierra Leone and Côte d’Ivoire. The delegates from countries such as France, Italy, the United Kingdom and the United States participated as observers. This historic advocacy event was aimed to identify the key factors behind the phenomenon of use of children in armed conflicts, together with the good practices and strategies to prevent the use of children in armed conflicts. The event also explored fostering cross-border coordination mechanisms together with political commitment in favour of international norms related to preventing use of children in armed conflicts in the region.

Innovation or Lessons Learned:
By sharing experiences among multidisciplinary experts it was possible to exchange good practices and strategies to prevent and reduce the vulnerability of children to recruitment by armed forces and groups in the region. Good practices for DDR programmes, especially the reintegration of girls associated with armed forces and groups, received in-depth analysis for the first time by experts. Cross-border coordination to monitor, inspect and intervene against the recruitment of children in the region was strengthened by the discussions regarding the mechanisms suggested by UN Security Council resolution 1612. The major learning has been on the use of regional conference as a major advocacy forum to advance the agenda of children affected by conflict.

Potential Application:
The multi-stakeholder conference approach which was used to advancing policy discourse and follow-up action to prevent use of children in armed conflicts offers potential for replication by other countries similarly affected by cross-national or internal armed conflict and the exploitative use of children that accompanies such conflict. The approach equally can be applied to other areas of children’s rights which have cross-border dimensions such as child labour, trafficking of children, adoption, immigrant, displaced and refugee children etcetera.

Issue/Background:
Armed conflict in countries neighbouring Chad have serious cross-border implications. Beyond the cross-border movements of victim populations, various rebel movements use adjacent countries as a base and recruit combatants on both sides of the border. Numerous children are thus recruited not only by non-state groups, but also by regular armies. Unfortunately, the Optional Protocol to the CRC protecting children during armed conflict has not been ratified, or even signed, by many countries in the region.

Strategy and Implementation:
The Regional Conference on “Ending the Recruitment and Use of Children by Armed Forces and Groups: Contributing to Peace, Justice and Development” was held in N’Djamena on 7 to 9 June 2010, organized by the Government of Chad and UNICEF. Over three days, 236 participants from 16 countries, including the main countries concerned – Cameroon, the Central African Republic, Chad, Niger, Nigeria and Sudan – examined the measures needed to put an end to the recruitment and use of children by armed forces and groups in the region.
A round table for high-level political debate drafted the N’Djamena Declaration, which was signed by all six countries on the last day.

The two main topics of the Conference were:
1. Reducing the vulnerability of children affected by armed conflict; and
2. Strengthening international norms, promoting justice and ending impunity.

Parallel thematic sessions were followed up by a feedback session with the group as a whole. Through group and plenary discussions, exhibits, panels, presentations and speeches, the Conference programme ensured opportunities for participants to share experiences and to learn.

**Progress and Results:**
The N’Djamena Declaration, a political commitment to ratify relevant international instruments and to put an end to the use and recruitment of children in armed forces and groups, was signed by Cameroon, the CAR, Chad, Niger, Nigeria and Sudan.

The follow-up committee to the Declaration, based on the Declaration itself, met for the first time in N’Djamena on August 2-3, 2010, and a second time in Bangui on October 26-27, 2010. A third meeting is scheduled for February 2011 in Sudan, if the security situation allows it, or in Cameroon.

These meetings have led to the CAR committing itself to ratify the Optional Protocol to the CRC on children and armed conflict, while Cameroon has started the process to sign and ratify this instrument.

**Next Steps:**
The Follow-Up Committee established by the N’Djamena Declaration has met twice in N’Djamena and Bangui, and will be the permanent framework for cross-border coordination seeking to end the recruitment and use of children by armed forces and groups. The next follow-up meeting to assess progress made in the implementation of the N’Djamena action plan will take place in February 2011 either in Sudan, if security conditions allow it, or in Cameroon.

### 6.2 Title: Capacity building and community outreach to combat sexual and gender-based violence

**Contact Person:** Marzio babille (mbabille@unicef.org)

**Abstract:**
Sexual and gender-based violence (SGBV) is widespread in Chad. In 2010, UNICEF implemented a strategy to build capacity to prevent and address SGBV and promote awareness among the population. The first facet of the strategy was a capacity building intervention, while the second involved a sensitization intervention covering most of N’Djamena, with the involvement of the agents and teachers who had previously received SGBV training.

The strategy was successful in building basic capacities and raising awareness on SGBV among the population. The strategy’s innovation involves the approach to address a taboo subject with serious implications for the health and wellbeing of women and children, through capacity building of relevant government agents and direct community involvement. The strategy successfully implemented in N’Djamena can be scaled up to cover all regions of the country. Its experience can also be useful for replication as relevant in other countries, and for addressing other taboo issues.

**Innovation or Lessons Learned:**
The strategy’s innovation involves the approach to address a taboo subject with serious implications for the health and wellbeing of women and children, through capacity building of relevant government agents and direct community involvement. By providing an accessible venue with capable moderators, people were able to speak out directly on the issue of SGBV.

**Potential Application:**
The strategy successfully implemented in N’Djamena can be scaled up to cover all regions of the country. Intense advocacy efforts, coordination through the Thematic Group on Gender and the mobilization of financial resources are necessary for its scale up.

**Issue/Background:**
Sexual and gender-based violence (SGBV) is widespread in Chad. Female genital mutilation (FGM) affected 44% of women aged 15-49 in 2009, and is especially prevalent among specific ethnic groups (MICS 2010). Domestic violence is frequent: 62% of women across all social categories thought that various reasons (going out without permission, neglecting the children, arguing, refusing sex and burning food) justified husbands beating their wives (MICS 2010).

**Strategy and Implementation:**
In 2009, following up on the UN global campaign “Unite to end violence against women”, UNICEF, together with UNFPA and the Government of Chad, had launched an SGBV sensitization campaign in Abéché and in N’Djamena.

In 2010, reinforcing and expanding on the 2009 efforts, UNICEF implemented a strategy to build capacity to prevent and address SGBV and promote awareness among the population. The main issues covered were early marriage, FGM, domestic violence and sexual violence. The first facet of the strategy was a capacity building intervention, whereby social and health agents, and primary school teachers were trained on the characteristics and impacts of SGBV, including how to identify and address cases of SGBV, and on communication for development strategies, including how to best formulate their messages, and how to use communication support.

A second phase of the strategy was a sensitization intervention covering most of N’Djamena, with the involvement of the agents and teachers who had previously received SGBV training. Through posters, leaflets and a caravan with audiovisual supports and actors, the general population was encouraged to attend the sensitization sessions. During the sessions, a video on SGBV was projected, which led to a debate between the audience and the promoters, discussing SGBV, answering questions and addressing concerns.

**Progress and Results:**
The strategy was successful in building basic capacities and raising awareness on SGBV among the population. A total of 427 social and health agents and teachers gained basic capacities to identify and address cases of SGBV within their scope of intervention, as well as to communicate effectively with the populations that they come in contact with.

The sensitization campaign raised awareness in the capital on SGBY, breaking a taboo on an issue that has serious implications for the wellbeing of vulnerable women and children. Approximately 20,000 people attended the sensitization sessions, but the impact among the general population is estimated to be much wider. An impact assessment is pending whose findings will generate more accurate understanding of outcomes and guide future steps.


**Partnerships:**
The strategy was successfully implemented with financial support from the Embassy of France and through coordination within the thematic group on gender (UN, Government and civil society). Advocacy for Government involvement at the highest level, and close work with the UNFPA were crucial to pool resources and develop a common approach. On the ground, the interventions were planned and implemented in coordination with district and neighborhood chiefs, who helped identify appropriate spaces and encourage people to attend the sessions.

**Constraints:**
The main hindrances were the fact that SGBV is a taboo subject, and that it has been relatively low in government priority. Both these aspects are beginning to change as a result of the above efforts.

**Next Steps:**
The next step is to scale up the strategy geographically to all areas of UNICEF intervention. This will be done by channeling activities through the existing UNICEF-supported child survival and development interventions. In order to successfully scale up the strategy, UNICEF will lead intensive advocacy efforts with the Government and seek to mobilize financial resources. Additionally, it is crucial to involve security services, judicial, political, administrative and traditional authorities, religious and community leaders.

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6.3 Title: *Use of ORS-Zinc for Improved Diarrhoea management*
**Contact Person:** Marzio Babille (mbabille@unicef.org)

**Abstract:**
Following extensive advocacy with, and technical support provided to, the Ministry of Public Health (MPH) by UNICEF, the new protocol for the treatment of diarrhoea, including the introduction of Oral Rehydration Solution (ORS) and Zinc, was approved. In early 2010, UNICEF supported the training of MPH personnel at the central and decentralized levels to ensure that the new protocol was well understood and that the ORS/Zinc treatment was correctly conducted. In addition, UNICEF mobilized resources to fund the purchasing of zinc and ORS to cover the needs at national level.

The purpose of sharing this innovation is to demonstrate the process through which UNICEF identified an existing gap in an evidence-based, life-saving and cost-effective intervention and acted on different levels (advocacy, technical support to policy-making, capacity building and training, and the provision of life-saving medication) to fill the identified gap in order to save children’s lives.

**Innovation or Lessons Learned:**
The initiative yields several lessons:

- High-impact, cost-effective and evidence-based interventions could be introduced and implemented at scale in a fragile country situation such as Chad.
- Introduction of ORS/zinc needed concerted effort from the UNICEF Country Office that included financial and human resources and skilled technical assistance.
- Sound scientific evidence has been instrumental in getting the support of Government to advance this initiative that could be vital in saving thousands of lives.
- Creating Government ownership was and remains essential for the sustainability of the intervention.
On the demand side, the effective use of Communication for Development (C4D) is critical to generating demand for the new package of services.

**Potential Application:**
The approach offers potential for introducing high-impact, cost-effective and evidence-based interventions and implementing them at scale even in fragile country settings like Chad. This requires strong advocacy, coupled with financial and human resources and capacity building of those responsible for implementing the interventions. On the demand side, the challenge rests in creating demand for the new interventions, an issue that requires (as seen in Chad) substantial C4D (communication for development) initiatives.

**Issue/Background:**
The available evidence suggests that oral rehydration salts (ORS) and zinc treatment for diarrhoea are one of the most cost effective interventions to reduce mortality of children under five globally (with an estimated impact of a 19% reduction in mortality), especially in least developed countries such as Chad. There is enough evidence to support that treatment with ORS and zinc reduces the duration of diarrhoea, its quantity and severity, and therefore the need for hospitalization and intravenous treatment. Zinc also reduces the prevalence of diarrhoea and thus is seen as an effective prevention intervention.

**Strategy and Implementation:**
Following extensive advocacy and technical support by UNICEF with Ministry of Public Health (MPH) Division for the Treatment of Diarrhoeal Diseases, the new protocol for the treatment of diarrhoea, including the introduction ORS and Zinc, was drafted and approved in Chad. Following the approval of the new protocol in early 2010, UNICEF supported the training of MPH personnel at central and decentralized levels including health administrators and service providers, to ensure that the new protocol is well known and understood and that the treatment with ORS and Zinc is conducted correctly.

Following UNICEF advocacy, ORS and Zinc were added to the list of essential medicines purchased by the Central Pharmacy of Chad. Nevertheless, given a financial shortfall in the MPH to fund the purchase of ORS and Zinc in its entirety, UNICEF provided the needed funds to fill the gap, enabling the purchase of the ORS-Zinc needed to cover the country’s needs at the national level.

**Progress and Results:**
Initially, ORS and Zinc were not part of the existing protocol, and were not available in the country. Diarrhoea is one of the leading causes of mortality and morbidity of children under five in Chad, as is the case in many other least developed countries. Advocacy and technical support from UNICEF resulted in a revised protocol for the treatment of diarrhoea with ORS and Zinc.

The Country Office cannot yet provide results beyond the input level. The process to approve and introduce ORS/Zinc into the Government list of essential medicines, the training of healthcare personnel and service providers, and the procurement of ORS/Zinc has been gradual. The procurement of ORS/zinc needed to cover the estimated needs of children suffering from diarrhoea at the national level was only completed in October 2010.

**Next Steps:**
In 2011 social mobilization campaigns will be carried out for the promotion of preventive and treatment interventions to reduce the prevalence of diarrhoeal diseases and
mortality risks associated with diarrhoea. Preventive measures promoted will include exclusive breast-feeding for infants in the first six months and complementary feeding thereafter, WASH interventions, and Zinc and vitamin A intake. Treatment measures promoted will include ORS/Zinc, the continuation of feeding and the prompt referral in case of lack of improvement or the deterioration of the medical condition.

UNICEF will also support the MPH logistically with the provision of ORS/Zinc and Vitamin A at the national level. These packages of interventions are estimated to prevent the deaths of approximately 16,500 children under the age of five annually.

7. SOUTH-SOUTH COOPERATION:

Under the framework of South-South cooperation, the CO initiated efforts to obtain technical assistance for Chad from the Government of Egypt to manage the river gates that are crucial for flood management.