Executive Summary

In 2013, Chad was politically stable, although ongoing conflicts in neighbouring countries caused influxes of refugees and Chadian returnees from the Central African Republic (CAR) and Darfur region and had a negative impact on the country’s development efforts. The country gained higher visibility at the regional level through its involvement in Mali and its role in conflict resolution in two crises. Chad was also elected a non-permanent member of the UN Security Council.

In domestic politics, a consultation process between the Government, the opposition, and civil society organizations to review the 2007 Political Agreement led to the creation and adoption of a new political platform called the “National Framework for Political Dialogue.” The country’s adherence to the African Peer Review Mechanism in January 2013 was seen as evidence of political will toward improved governance.

Key achievements included:
- Reinforcement of the enabling environment for children, with the country joining the Scaling-Up Nutrition movement, led to the validation of the National Nutrition Policy. Other policy frameworks also were drafted and validated by the country, including the national social protection strategy, regional education and health plans, the law on birth registration and the National Development Plan, inclusive of child rights.
- Prevention of Mother to Child Transmission (PMTC) services coverage increased from 33 per cent in 2012 to 75 per cent in 2013 (463 out of 617 functional health centres) in ten priority regions with the largest unmet needs.
- The country succeeded in halting wild polio-virus circulation, with no case reported since June 2012. More than 3.4 million children under five were immunized during six National Immunization Days (NIDs) and sub-NIDs, with 95 per cent coverage rate.
- Consistent response to emergencies included the treatment of more than 140,000 children suffering from severe malnutrition, the response to the dire malaria epidemic and a multi-sectoral response to the successive waves of refugees and returnees from Darfur, Libya, Nigeria and the Central African Republic crisis.

In spite of those efforts, some shortfalls were experienced in 2013, including:
- Limited progress was made in A Promise Renewed (APR) implementation due to various factors including a high turnover of key decision makers.
- The global shortage of programme component results (PCR) reagents from the supplier negatively impacted early infant HIV diagnosis using DBS/PCR technology.
- The Child Protection code was constrained because of religious concerns related to children born out of wedlock.

In 2013, UNICEF strengthened partnerships with:
- UN agencies, including the World Health Organization (Who’s Reach Every District approach, including polio eradication), United Nations’ Development Programme (UNDP) (planning and malaria prevention), the World Food Programme (WFP), the European Union (EU), Food and Agricultural Organization (FAO), WHO on nutrition, and the United Nations’ Refugee Agency (UNHCR) (on the response to the Nigeria, Darfur and CAR crisis).
- The World Bank, WFP, the French Agency for Development (AFD), and UNESCO, in the framework of the Local Education Group led by UNICEF -- UNICEF is the Managing Entity of the Global Partnership for Education and the Educate a Child co-funded “Project for Revitalizing Basic Education in Chad.”
- Approximately 500 civil society organisations covering almost the whole country, religious leaders and 40 community radio stations, all of which were involved in partnership agreements to deliver effective Communication for Development (C4D) interventions country-wide.

Country Situation as Affecting Children & Women

Chad’s population of 12.8 million (UNFPA, SWP 2013) is growing annually by 3.6 per cent (RGPH, 2009). Children under the age of 15 and under the age of 18 represent 50.6 and 56.1 per cent of the total population respectively, and women of reproductive age (12-49) represent 49.9 per cent of the total female
population. Urban population represents 21.9 per cent of the total population. In Chad, almost half of the population (46.7 per cent) is living below the poverty line (52.5 per cent in rural and 20.9 per cent in urban areas). In four regions (Mandoul, Tandjilé, Logone Occidental, Guéra), more than 65 per cent live below the poverty line, compared to only 7 per cent in N’djamena (ECOSIT3, 2011). The country was ranked 184 out of 185 countries on the Human Development Index.

In 2013, the Government launched the National Development Plan (2013-2015), which focuses on four strategic pillars: promotion of productive capacity, employment and decent work; sustainable human development and poverty, social exclusion and inequality; environmental protection and climate change adaptation and mitigation; and improvement of governance.

The Plan prioritized the most vulnerable. The monthly Presidential meeting with key health sector stakeholders was a critical advocacy opportunity for putting child survival on the country’s political agenda.

Rates of infant (97 per cent) and under-five (169 per cent) mortality are among the highest in the world (State of the World’s Children, 2013). Access to medical services is still limited, and only one-third of Chad’s children are fully immunized against the major vaccine-preventable diseases (Immunization Coverage Survey in Chad, 2012).

In 2013, the severe food and nutrition crisis had a direct impact on children's survival, growth and development. Global Acute Malnutrition (GAM) in the Chadian Sahel is chronically hovering around emergency thresholds. Severe Acute Malnutrition (SAM) rates in children under five remains above emergency levels in the Sahel belt regions. The results of the January and July 2013 Standardized Monitoring and Assessment for Relief and Transitions (SMART) surveys show that GAM rates in most of the Sahel belt regions are at or above the emergency threshold of 15 per cent, and are critical (10 per cent – 15 per cent) in other regions. More than 150,000 children under five with SAM were admitted and treated, well above the 126,000 initially expected. Indicators of infant and young child feeding practices in Chad are extremely poor, with rates of exclusive breastfeeding among the lowest in the world at 3.4 per cent.

Poor hygiene is the leading cause of diarrhoea and other diseases in Chad. A study carried out in March 2012 by the Water and Sanitation Program (WSP) indicated that approximately 19,000 Chadians, including 15,900 children under five, die each year of diarrhoea. Chad is set to achieve water-related Millennium Development Goals (MDGs) with access to safe water at 51 per cent. Use of proper sanitation coverage, however, is at 13 per cent with 62 per cent of the population practicing open defecation (Joint Monitoring Programme for Water Supply and Sanitation 2012).

The 2012 Water, Sanitation, and Hygiene (WASH) Bottleneck Analysis suggests that the sector suffers from a lack of institutional leadership and capacity. In response, UNICEF supported the finalization of the National Sanitation Policy and the ongoing WASH compact developing process, which outlines the commitment to meet the MDGs challenges through partnership between Government, the Private Sector, Civil Society and Development Partners. UNICEF championed and advocated for the adoption of Community Led Total Sanitation (CLTS) as key strategy to improved and sustainable sanitation in the country.

Despite recent progress, access to education for all school age children remains a challenge, especially for girls and children living in remote areas. Lack of quality of education in schools has led to high rates of repetition and contributed to high dropout rates, especially for girls form disadvantaged families.

According to the "Education Sector Diagnosis" conducted in 2012 by the Ministry of Education, about 51 per cent of primary schools are managed by communities, especially in rural areas. Community teachers represent 74 per cent of the teaching force in public and community schools and most of them are not qualified. Furthermore, 48 per cent of schools do not provide a full cycle of schooling. To overcome these bottlenecks, the Government placed the restoration and consolidation of the education system in the heart of the three-year Interim Strategic Plan for Education and Literacy (SIPEA), which emphasizes the promotion of more equitable access of children to improved basic education services.

To develop a comprehensive conflict analysis in the education system within the broader cross-sectoral and
peacebuilding process, UNICEF Chad established a partnership with Search for Common Ground (SfCG) in support of the Ministry of Education to conduct a conflict analysis in seven regions of Chad, including the region of N'Djamena. The findings of this analysis contributed to the development of an informed Peace Building, Education and Advocacy (PBEA) programme.

Although financial resources for the HIV programme rose modestly in 2013, and the Elimination of Mother to Child Transmission (e-MTCT) agenda was pushed, HIV primary prevention among youth and adolescents made little progress and could constrain results reported in the 2013 UNAIDS global report. According to that report, the yearly new HIV infections in Chad decreased by about 40 per cent from 23,000 to 16,000 and the prevalence rate of HIV from 3.8 per cent to 2.7 per cent between 2001 and 2012. Chad is one of the 22 priority countries with the largest number of HIV-positive pregnant women in need of Prevention of Mother to Child Transmission (PMTCT) services. Since the launch of the Global Plan for the e-MTCT of HIV and Keeping Mothers Alive in June 2011, the country started developing a strategic plan for e-MTCT based on the bottleneck analysis. An e-MTCT national plan was launched with 36 districts’ micro-plans validated.

UNICEF advocacy efforts in child protection strengthened the Government’s commitment and determination to fully implement the Action Plan to end the recruitment and use of children in the country’s national army. In May 2013, the Special Representative of the UN Secretary General met with Government representatives to assess progress and identify remaining challenges in the implementation of that plan. UNICEF also combined minimum humanitarian response in refugee camps and internally displaced people (IDP) sites (due to Darfur and CAR crisis) and introduced activities in returnee and host communities.

### Country Programme Analytical Overview

In the Health Sector, UNICEF supported the 2013 Expanded Programme of Immunization (EPI) Plan of Action through implementation of the Reach Every District (RED) approach to boost immunization with equity in 40 priority districts (70 per cent of the country), which resulted in 35 per cent of the districts achieving more than 80 per cent and no district reporting coverage below 50 per cent.

The country succeeded in halting wild polio virus (WPV) circulation, with no cases reported since June 2012, compared with five WPV cases in 2012 and 132 cases in 2011. UNICEF provided support for six National Immunization Days (NIDs) and sub-NIDs resulting in the immunization of more than 3.4 million children.

More than 80 per cent of health facilities have a functioning cold chain system. As a result, the national administrative immunization coverage is 78 per cent for Polio3, 81 per cent for Penta3 and 79 per cent for Measles.

To support the Government’s malaria prevention efforts, (malaria is a major cause of child morbidity and mortality in Chad), UNICEF, as sub-recipient of the Global Fund grant, supported the implementation of a national malaria programme in 43 districts of 12 regions. UNICEF recruited 43 paramedics, 5 medical doctors and 10 logisticians to support health authorities at the district level to strengthen interventions against malaria, through prevention, treatment, monitoring and case management. UNICEF also contributed to the performance review of the national malaria programme and the development of the new National Strategic Plan for 2014-2018.

UNICEF and partners have scaled up services and facilities to treat the growing number of children affected by malnutrition. The number of treatment centres has more than doubled from 241 in 2011 to 452 in 2012 and 511 in 2013. UNICEF’s nutrition programme supported the treatment of 138,208 severely malnourished children under 5 (compared to 150,000 in 2012). The last SMART survey indicates Global and Severe acute malnutrition rates of 18.9 per cent and 3.9 per cent respectively. UNICEF ensured the provision of nutrition supplies and essential drugs to nutrition centres across the Sahel belt. UNICEF ensured close monitoring of the nutrition situation where two nutrition surveys using SMART methodology were conducted in ten Sahel belt regions and in the South. As a result of UNICEF’s strong advocacy, Chad has recruited an international Renewed Efforts Against Child Hunger (REACH) coordinator and engaged in the Scaling-Up Nutrition (SUN) initiative.
In 2013, Chad participated in the global campaign to eliminate new HIV infections among children, and to keep their mothers alive. Efforts and resources were concentrated in addressing identified barriers and bottlenecks to e-MTCT in ten priority regions with 73 per cent of the national unmet needs in PMTCT. PMTCT coverage increased from 33 per cent to 75 per cent in 2013 and counselling and testing increased from 10.4 per cent to 39 per cent. However, much remains to be done to reinforce primary prevention among youth, to strengthen community engagement and to effectively scale-up and sustain treatment services for HIV-positive children.

An effective coordination mechanism on child protection was established bringing together on the same platform the seven line Ministries involved in the issue to address Child Protection issues holistically.

**Humanitarian Assistance**
In 2013 Chad faced simultaneous acute emergencies. Global acute malnutrition in the Chadian Sahel chronically hovered around emergency thresholds: 138,308 children with severe acute malnutrition (SAM) were treated in 511 health facilities and built 127 boreholes increasing access to potable water. The humanitarian situation was also characterized by political instability in neighbouring countries, which over the years has incrementally resulted in 450,000 refugees, 90,000 internally displaced persons and 270,000 returnees in Chad.

In areas hosting newly arrived refugees and returnees, access to potable water increased from 2 per cent to 34 per cent. UNICEF also provided critical life-saving interventions to 60,000 new refugees and returnees, including 6,700 pre-school and primary school-aged children who accessed school and received psychosocial support. A total of 475,000 children were immunized, including 88,000 children in border regions affected by conflicts.

Five main pillars have been identified for UNICEF’s resilience strategic: prevent and manage chronic and acute malnutrition; prevent and manage epidemics; promote resilient behaviour; strengthen social protection systems and effective coverage of basic social services; and expand disaster risk reduction activities.

**Effective Advocacy**
*Partially met benchmarks*

**Capacity Development**
*Mostly met benchmarks*

**Communication for Development**
*Partially met benchmarks*
Service Delivery

Partially met benchmarks

Strategic Partnerships

Mostly met benchmarks

Knowledge Management

Initiating action to meet benchmarks

In 2013, UNICEF provided technical and financial support to the Chad Knowledge Management initiative, which integrates both UN and other donors' actions in the country. This project, originally designed by UNICEF, is now owned by the Community of all International Partners working in Chad. The aim of the project is to widely share information on development challenges and practices in Chad, to raise awareness on development issues, and promote effectiveness and efficiency by avoiding duplication in programme interventions. The platform architecture of the website, data collection mechanism, and knowledge management instruments were validated in 2013. Challenges for the effectiveness of this project include the availability of information and the data collection exercise. UNICEF has been exploring with other partners, in liaison with the Ministry of Planning, ways and means to realign the project within the Government agenda for real ownership.

Human Rights Based Approach to Cooperation

Mostly met benchmarks

Gender Equality

Partially met benchmarks

Environmental Sustainability

Partially met benchmarks

Climate change continues to be a major risk factor affecting the sustainability and effectiveness of UNICEF-supported programmes in Chad. Climate-induced degradation of water resources (reduction of surface water points, more and deeper underground water), more droughts, food insecurity and flooding all have an impact on UNICEF interventions in Chad.
Consequently, the WASH sector intervention is designed to build resilience of the communities in sustained service provision. This resilience-based approach includes: construction of durable facilities (i.e. water points) followed by capacity building of communities to take ownership and maintain infrastructures; community based approaches such as Community Led Total Sanitation (CLTS) and household water treatments and safe storage; and use of low cost manual drilling strategies.

South-South and Triangular Cooperation

Chad is championing low cost manual drilling in the region and appears to be more advanced in the sector than many other countries. From 47 small companies trained by PRATICA\(^1\) in 2010 with UNICEF’s support, the sector is now booming, with more than 200 small enterprises operating in the country and increasing water supply services to remote populations. In 2013, some of those enterprises started exporting their expertise to other countries, some as far as the Democratic Republic of the Congo, Ethiopia and CAR.

UNICEF also facilitated visits from the Ministries of Water supply of CAR, Republic of Guinea and Mali to learn from Chad’s experience on manual drilling. A series of learning events were organized for the visitors by the Ministry of water supply of Chad and the association of manual drillers.

\(^1\) PRACTICA foundation aims to facilitate research, development and commercial application of technology in the field of water and energy in developing countries.
**Narrative Analysis by Programme Component Results and Intermediate Results**

**Chad - 0810**

**PC 1 - Child survival and development**

#### On-track

**PCR 0810/A0/04/801 Enhanced access, use and coverage of a set of quality, high-impact evidence-based health and nutrition services for reduced morbidity and mortality among under-5 children and women, especially those belonging to the vulnerable and marginalized groups**

**Progress:** UNICEF continued to support the revitalization of the health system through financial support, provision of essential drugs and medical equipment to 210 health facilities, enabling them to provide an integrated package of preventive and curative nutrition and health services in 12 regions, benefiting 6.6 million people.

UNICEF and development partners attended monthly meetings chaired by the President of the Republic to monitor the health system and progress on maternal and child mortality in particular.

The country has succeeded in halting wild polio virus (WPV) circulation, with no cases reported since June 2012, compared with five WPV cases in 2012 and 132 cases in 2011. UNICEF provided financial and technical support for six National Immunization Days (NIDs) and sub-NIDs targeting over 3.4 million children under five, and reporting 95 per cent coverage.

UNICEF supported the implementation of the Reach Every District (RED) approach to boost immunization with equity in 15 most vulnerable districts (out of 40 targeted by the country), which resulted in improved programme performance, with 35 per cent achieving more than 80 per cent coverage and no district reporting coverage below 50 per cent. UNICEF hired four national consultants for monitoring and supervision. UNICEF also closely monitored progress toward results using a dashboard including indicators on supply availability (vaccines, cold chain), service delivery (outreach activities), and number of additional targets reached.

In response to a malaria outbreak, UNICEF provided Long-Lasting Insecticidal Nets (LLINs) to 81 per cent of 30,143 children under the age of 5 and 72 per cent of 7,011 pregnant women in the most affected districts of Kélo and Am Timan. Anti-malaria drugs and diagnostic tests were also distributed in those districts.

UNICEF and partners scaled up services and facilities to treat the growing number of children affected by malnutrition. The number of treatment centres more than doubled, from 241 in 2011 to 471 in 2013. UNICEF’s nutrition programme supported the treatment of 129,392 severely malnourished children under the age of 5.

The 2013 SMART survey in the regions of the Sahel belt indicated Global and Severe acute malnutrition rates of 13.6 per cent and 2.3 per cent, respectively. UNICEF ensured the provision of nutrition supplies and essential drugs to feeding centres across the Sahel belt, benefiting about 150,000 severely malnourished children. Compared to international SPHERE² standards for emergency nutrition interventions (cure, defaulter and mortality rates), the performance indicators of the feeding centres are satisfactory.

#### On-track

**IR 0810/A0/04/801/001 Routine EPI, including the eradication of polio SIAs, are reinforced for an adequate coverage and effectiveness for children and pregnant women**

**Progress:** Together with WHO, UNICEF provided technical and financial support to organize and implement six national and sub-national polio campaigns, reaching more than 95 per cent of the 3.4 million targeted children under five.

UNICEF supported implementation of the Reach Every District (RED) approach to boost immunization with equity in 15 priority districts, which resulted in improved programme performance, with 35 per cent achieving more than 80 per cent coverage and no district reporting coverage below 50 per cent. With technical and financial support from UNICEF and WHO, the Ministry of Health developed micro-plans for the 40 districts, with the participation of stakeholders at district and facility levels. A joint implementation plan for the Ministry of Health, UNICEF and WHO was developed, in which UNICEF is the lead in 15 districts. UNICEF recruited four national consultants to support the regular staff in supervision and monitoring of activities in the 15 districts. UNICEF also closely monitored progress towards results using a dashboard including indicators on supply availability (vaccines, cold chain), service delivery (outreach activities), number of additional targets reached.

Rehabilitation of the cold chain system (funded by UNICEF) continued with technical support from the Government and UNICEF. More than 80 per cent of 739 functional health facilities have a functional cold chain system for receiving and safely storing vaccines.

UNICEF supported the Government and partners in procuring routine vaccines and consumables with funding from the national budget. However, due to the Government’s delay in transferring funds to UNICEF’s Supply Division, the country had a shortage of vaccines at the central level.

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² The Sphere Project [1] was launched in 1997 to develop a set of minimum standards in core areas of humanitarian assistance. The aim of the project is to improve the quality of assistance provided to people affected by disasters, and to enhance the accountability of the humanitarian system in disaster response.
Sixty six per cent of 546,714 pregnant women received at least two doses of tetanus toxoid vaccine.

**Constrained**

**IR 0810/AO/04/801/002** Prevention and management of childhood diseases (IRA, LMD and malaria), and improved maternal health and neonatal health in the DSR/DS supported, targeting populations and the most vulnerable groups

**Progress:** UNICEF supported the development and adoption of the National Health Development Plan for 2013-2017.

UNICEF contributed to the reduction of maternal and infant morbidity through the payment of the salaries of 160 paramedics to support 210 health facilities, enabling them to provide an integrated package of preventive and curative nutrition and health services in 12 regions, benefiting 6.6 million people.

UNICEF continued to support 35 district hospitals, enabling them to provide emergency obstetric and neonatal care.

UNICEF supported the National Malaria Control Programme (NMCP) by training 43 paramedics and 43 malaria focal points in 43 health districts of 12 regions, improving regular data collection and monthly reporting in the last quarter of 2013. UNICEF’s contribution over the last five years allowed the NMCP to develop the new National Malaria Strategic Plan 2014-2018.

In response to a malaria outbreak, UNICEF provided Long-Lasting Insecticidal Nets (LLINs) to 81 per cent of 30,143 children under 5 and 72 per cent of 7,011 pregnant women in the most affected districts of Kélo and Am Timan. Anti-malaria drugs and diagnostic tests were also distributed.

**On-track**

**IR 0810/AO/04/801/003** Access and utilization of quality treatment services are improved for children less than 5 years suffering in severe acute malnutrition areas

**Progress:** UNICEF and partners scaled-up services and facilities to treat the growing number of children affected by malnutrition. The number of treatment centres has more than doubled, from 241 in 2011 to 471 in 2013. UNICEF’s nutrition programme supported the treatment of 129,392 severely malnourished children under 5.

The last SMART survey undertaken in the regions of the Sahel belt (2013) indicated Global and Severe acute malnutrition rates of 13.6 per cent and 2.3 per cent, respectively. UNICEF also ensured the provision of nutrition supplies and essential drugs to feeding centres across the Sahel belt, benefiting about 150,000 severely malnourished children. The SAM treatment met SPHERE standards for cured, default, and death rates, with the cure rate of 88.6 per cent (Standard= >75 per cent), death rate 0.4 per cent (Standard= < 10 per cent), and default rate of 6.8 per cent (Standard= <15 per cent).

**On-track**

**IR 0810/AO/04/801/004** and utilization of quality of malnutrition prevention services are improved for children less than 5 years the pregnant and lactating women living in areas of intervention

**Progress:**

The last SMART survey undertaken in the regions of the Sahel belt (2013) indicates Global and Severe acute malnutrition rates of 13.6 per cent and 2.3 per cent, respectively. UNICEF ensured the provision of nutrition supplies and essential drugs to feeding centres across the Sahel belt, benefiting about 150,000 severely malnourished children. The SAM treatment met SPHERE standards for cured, default, and death rates, with the cure rate of 88.6 per cent (Standard= >75 per cent), death rate 0.4 per cent (Standard= < 10 per cent), and default rate of 6.8 per cent.

UNICEF and partners scaled-up services and facilities to treat the growing number of children affected by malnutrition. The number of treatment centres has more than doubled, from 241 in 2011 to 471 in 2013. UNICEF’s nutrition programme supported the treatment of 129,392 severely malnourished children under 5.

**IR 0810/AO/04/801/005** and Nutrition supported efficiently subcomponent

**IR 0810/AO/04/801/006** Appropriate response is prepared and set up for health and Nutrition for all emergency cases which occur in Chad during the Cycle of Cooperation

**On-track**

**PCR 0810/AO/04/802** Improved access and use of quality HIV/AIDS prevention, care and treatment services for children, youth and women, especially the most vulnerable (people living with HIV/AIDS, and/or in emergency situations, orphans)

**Progress:** According to the 2013 UNAIDS report on the global AIDS Epidemic, the annual number of new HIV infections (among all ages) in Chad decreased by about 40 per cent from 23,000 to 16,000, and the prevalence of HIV went from 3.8 per cent to 2.7 per cent between 2001 and 2012.
Chad’s first lady was elected Chairperson of the Organization of the African First Ladies Against HIV/AIDS (OAFLA) in October 2013. The First Lady plays a key role in advocating for effective solutions to support youth, children and families infected and affected by HIV/AIDS.

A high level advocacy effort to strengthen and accelerate efforts to eliminate Mother to child transmission of HIV (e-MTCT) was conducted, involving 80 parliamentarians from the ten priority regions. A two day micro-planning workshop for 36 districts was conducted and a detailed micro plan was developed.

The Global Fund to Fight AIDS, Tuberculosis and Malaria approved €6,365,637 to Chad for two years for HIV/AIDS related activities, managed by the Fonds de Soutien aux Activités en Matière de Population (FOSAP) as the Principal Recipient. As such, with UNICEF’s support, the number of health centres offering Prevention of Mother to Child Transmission (PMTCT) services nationwide increased to 463 in December 2013, up from 145 in December 2012. Thirty nine per cent of pregnant women attending ANC were tested for HIV (up from 10.4 per cent in 2012). The demand of counselling and testing services increased due to increased involvement of faith based organizations. However, access to ARVs for PMTCT was very low, with only 19 per cent of pregnant women living with HIV receiving ARVs for PMTCT in 2013 (compared to 12 per cent in 2012).

As a result of advocacy by the national Joint United Nations Group on HIV/AIDS and visits from the Joint United Nations Regional Team on AIDS (JURTA), the Ministry of Health signed the “task shifting” document in September 2013 to scale-up HIV treatment services from exclusively health-oriented to both community- and health-oriented PMTCT strategies. Guidelines on the implementation of the “task shifting” document were developed and endorsed. The National Council for AIDS Response, with support from the national Joint United Nations Group on HIV/AIDS, adopted the guidelines on administrative and financial policies, procedures, rules and regulations to support cost-effective allocation of funds to prevent HIV infection and provide care.

With the UNICEF’s support, monitoring tools and guidelines for HIV and AIDS were jointly reviewed and endorsed to improve data collection and analysis, both for PMTCT and prevention activities; coordination mechanisms were also strengthened at national and district levels.

**Constrained**

**IR 0810/A0/04/802/001** Adolescents and young people aged 10-24 especially girls and other youth most at risk have access to user friendly prevention services adapted to their needs in the areas of intervention

**Progress:**

In collaboration with key partners, including NGOs, UNICEF supported the implementation of a Behaviour Change Communication (BCC) programme to promote positive behaviours and reduce the risk of HIV transmission and AIDS in the 26 UNICEF-supported youth centres. Major interventions included: increasing awareness and knowledge about HIV & AIDS; dialogue among youth on issues related to HIV & AIDS; reducing stigma and discrimination against people living with HIV; and creating demand for VCT services. By December 2013, approximately 100,000 adolescents and youth were expected to be tested; however, only 15 per cent of them got tested and came back for the results.

The design and testing of communication messages for HIV using a participatory approach was an important achievement. Pre-testing of all communication was conducted to ensure that the messages were clear and could be understood by both in and out of school adolescents. A national study which aims to examine vulnerability to HIV & AIDS among adolescents was conducted, the findings of which are expected to provide evidence for updating the sectoral HIV/AIDS plans for in and out of school youth.

Under the leadership of the Ministry in charge of youth and the National AIDS control committee, with UNICEF support, a three-day participatory planning workshop on preventive activities among youth resulted in a plan of action for 2014 that includes the establishment of 11 Youth Centers Participants also validated monitoring tools and guidelines that are expected to improve HIV & AIDS data collection, analysis and management.

**On-track**

**IR 0810/A0/04/802/002** Women of childbearing age and children born to HIV-positive mothers have access to a comprehensive package and integrated prevention, treatment, care and support of quality services in 12 areas of intervention

**Progress:**

The coverage of PMTCT services grew significantly, from 16.6 per cent in 2012 to 75 per cent in 2013. This improved coverage was partly due to the establishment of 318 new PMTCT sites supported by UNICEF, bringing the total number of sites to 463 in December 2013 (up from 145 in December 2012). UNICEF procured and distributed rapid HIV test kits, laboratory consumables and supplies based on the district micro-plans.

In 2013, UNICEF’s contribution to scaling-up PMTCT services was strengthened by implementing micro-plans in 36 districts.

By December 2013, 39 per cent of HIV-infected pregnant women (118,595 out of 304,974 pregnancies) in the 10 targeted regions received antiretroviral drugs (ARVs), compared to 10.4 per cent in 2012; and 19 per cent (1,661 out of 8,760 expected HIV positive pregnant women) of those who tested positive in 2013 had access to ARV prophylaxis, up from 12 per cent in 2012.

In 2013, not all children born to HIV-positive mothers benefitted from early HIV diagnosis using the DBS/PCR technology due to a global shortage of PCR reagents from the supplier (Abbott laboratory). Only 293 out of 1,785 HIV positive children (16 per cent) had access to ARV treatment.
As a result of advocacy from the national Joint United Nations Group on HIV/AIDS and visits from the Joint United Nations Regional Team on AIDS (JURTA), the Ministry of Health signed the “task shifting” document in September 2013 to scale-up HIV treatment services from exclusively health-oriented to both community- and health-oriented PMTCT strategies. Guidelines on the implementation of the “task shifting” document were developed and endorsed.

Through partnerships with civil society organizations, including the associations of people living with HIV, challenges related to scaling up PMTCT services are being addressed (low community engagement and stigma and discrimination against people living with HIV).

A network of 75 psychosocial counsellors was put in place to serve as intermediaries between the health system and the community to facilitate access to services and improve psychosocial support among people living with HIV/AIDS.

**IR 0810/A0/04/802/003 Support to the HIV/AIDS component**

**Constrained**

**PCR 0810/A0/04/803 Enhanced and equitable availability and use of drinking water, sanitation services and good hygiene practices, especially in identified vulnerable communities for reduced morbidity and mortality among under-5 children and women**

**Progress:**

In Chad, water coverage has increased from 44 per cent in 2010 to 51 per cent in 2013; and sanitation coverage has increased from 12 per cent to 19 per cent. The country is on track to meet the MDG drinking water target of 60 per cent, but still lagging behind on the sanitation target of 35 per cent.

UNICEF worked with the Government to deliver WASH services, mainly in Cholera/flood prone areas, the Sahel belt and for refugees/IDPs/returnees in the eastern and southern parts of the country. Support was provided to health departments of Mayo-Kebbi Est, Mayo-Kebbi Ouest, Tadjjile and Moyen chari regions, with the distribution of non-food items (NFIs) and capacity reinforcement for communities on water treatment techniques, which benefited approximately 430,000 people affected by floods; and leading to maintaining zero cholera cases during the flooding period.

In 2013, UNICEF provided access to safe drinking water to 150,000 people through the construction of 127 new water points and distribution of household water treatment kits to community members.


Provision of safe drinking water, combined with massive hygiene promotion campaigns and implementation of CLTS in 220 villages, benefited an estimated 110,000 people. Vigorous campaigns were also organized through opinion leaders and local authorities in various regions, including N’djamena. As a result, no cholera cases were reported in 2013 in Chad, even though cases were reported in neighbouring countries.

**On-track**

**IR 0810/A0/04/803/001 Equitable access to drinking water for communities, in particular vulnerable groups, is improved in the intervention and emergency 12 regions**

**Progress:**

Improving access to safe drinking water in Chad continues to gain support from the Government and its technical and financial partners, with the goal of reaching the MDG target of 60 per cent in 2015. Access to water has increased from 44 per cent (in 2010) to 51 per cent (in 2013). UNICEF contributed to this progress.

Scaling up the methods of manual drilling in 2013 significantly improved access to drinking water in rural areas at low cost.

In 2013, UNICEF provided access to safe drinking water to 150,000 people (among them malnourished children, IDPs, refugees, returnees and host communities) through the construction of 127 water points, two small scale water networks and the provision of household water treatments.

One hundred twenty two water points were maintained in IDPs sites, benefiting approximately 61,000 people. Community water committees were trained to ensure operation and maintenance of water facilities.

**Constrained**

**IR 0810/A0/04/803/002 Adequate sanitation and good hygiene practices are known and practiced by the selected communities, including vulnerable groups and marginalized, in 12 areas of intervention and need.**

**Progress:** UNICEF contributed to increasing sanitation coverage from 12 per cent to 19 per cent. However, this progress has been slow due to limited funding.
With UNICEF's technical assistance, a national Sanitation Policy and Strategy was finalized with Community Led Total Sanitation (CLTS) at its core. UNICEF also advocated for the adoption of CLTS by all WASH actors at the national level.

To date, 700 villages were triggered with the Community Led Total Sanitation (CLTS) strategy and 444 villages with more than 300,000 persons have reached "Open Defecation Free" (ODF) status. In 2013, 220 villages were triggered with the CLTS strategy and 462 latrines were constructed in schools, health centres and emergency places. Hand washing facilities are attached to each family or public latrine.

Cholera prevention activities were conducted, including the prepositioning of WASH Kits in 27 cholera prone districts, distribution of NFIs and household water treatments, training of community workers in the use of water treatment and hygiene promotion.

**PC 2 - Basic education and gender parity**

- **PCR 0810/A0/04/804** Improved availability and access of quality primary education, especially for girls and children of identified vulnerable groups (people living in areas affected by armed conflicts and or emergency situation, nomads, orphans, disabled)

**Progress:** In 2013, other than the political will, no major actions were taken by the Government to achieve Universal Primary Education.

UNICEF contributed to the possibility of paradigm change in education planning as a whole through its direct technical support to the decentralized structures of the Ministry of Education (MoE). As a result, 22 regional education plans were developed through "learning by doing "and" bottom-up" approaches. Those regional plans are based on the needs and specificities of each region and provide valuable insights for an informed long-term national education plan in Chad.

Taking advantage of the refreshed partnership framework in place since 2012, with demonstrated commitment of the Government and technical and financial partners of the education sector, efforts were mainstreamed to reduce the gender gap and other disparities in access to quality education for Chadian children.

UNICEF is the Managing Entity of the Global Partnership for Education (GPE) and the Educate a Child (EAC) co-funded "Project for revitalizing basic education in Chad" (PREBAT) which contributes to accelerating access to quality primary education for at least 100,000 children over three years, starting in 2013.

UNESCO and Pole de Dakar launched the status report of the national education system (RESEN) as a first step for the development of the ten-year education plan 2015-2024. In this regard, UNICEF plays a key role as a Coordinating Agency of the Local Education Group and leads all discussions with technical and financial partners, civil society organizations as well as Government partners including the Ministry of Budget and Finances. Major constraints in the sector are being addressed, including funding gaps, the huge number of unqualified teachers and the weak education management information system.

- **IR 0810/A0/04/804/001 RI 1 - ACCESS:** School-age children, especially girls and children from vulnerable groups, entered al' school and complete the primary cycle in the regions targeted to low enrolment rates

**Progress:**

UNICEF supported the Government in broadcasting nationwide key messages on girls' education, retention and primary cycle completion, with the "Back to School Campaign" reaching millions of listeners.

In programme intervention areas, awareness raising campaigns were conducted in favour of enrolment and regular attendance for primary school children, mainly girls, and reached approximately 4,200 people.

A total of 787 schools and surrounding communities were sensitized on the need to enrol children in schools, especially girls. The capacities of some 200 Parent Teacher Association members and Pupils’ Mothers’ Association AME members were strengthened for more active participation in education activities and the life of school.

The construction of 244 additional classrooms in 38 schools in 7 targeted regions further contributed to increasing enrolment, reducing student classroom ratio and increasing the proportion of schools offering a complete primary cycle, benefiting approximately 13,420 school children.

Furthermore, in the framework of the implementation of the joint GPE/EAC project for revitalizing primary education in Chad, UNICEF is working the World Food Programme (WFP) to increase demand for education through the provision of education kits and incentives benefiting 10,000 girls, and support to school canteens for approximately 20,000 primary school children.

Technical and financial support was provided to the Ministry of Social Affairs (MAS) to strengthen the capacities of 30 Early Childhood Development centre educators to deliver improved education benefiting 1,800 children ages 3 to 5.

UNICEF partnered with NGOs (ACRA, Lead Tchad, OPAD), and collaborated with other UN agencies (UNHCR and WFP) to support the MoE's efforts to ensure the right to education of 2,400 children in emergency situations.
PC 3 - Child protection

**Constrained**

**PCR 0810/A0/04/805** Strengthened assistance and protection mechanisms against violence, exploitation and abuse, including gender based violence (GBV), for children, especially the most vulnerable ones, in conformity with the stated national priorities and international norms and standards

**Progress:** In 2013 authorities demonstrated a commitment to tackling some of the protection issues facing children in Chad. A child protection system mapping and assessment, with a focus on justice for children, social protection for orphans and other vulnerable children (OVC), birth registration, SGBV and community based child protection mechanisms, were conducted under the leadership of the Ministry of Social Affairs. Following the adoption of the new Civil registration law, there was significant progress in the process of developing the national strategy for birth registration universal acceleration in Chad.

Some 9,000 OVC have access to basic social services such as schooling and psychosocial support.

To ensure that all the children associated with armed forces and armed groups have full access to adequate protection and reintegration into society, the Government reviewed the Action Plan on Children Associated with Armed Forces and Armed Groups and created a new road map for their protection and reintegration.

UNICEF also supported a SGBV mapping and assessment process resulting into the adoption of a National Policy on Gender and the National Strategy to Fight Against Sexual and Gender-based Violence.

**Constrained**

**IR 0810/A0/04/805/001** The Protection component is supported efficiently

**Progress:** A thematic child protection system mapping and assessment exercise conducted under the leadership of the Ministry of...
Social Welfare, National Solidarity and Family resulted in the design of child protection services for birth registration, social protection for OVC and community-based care and protection mechanisms. Overall the process led to better coordination among the child protection stakeholders and to a clear understanding of the profile of child protection issues to be tackled in Chad. In the process of building a protective environment for children, the civil registration law has been promulgated. Despite advocacy efforts, the child protection code and the penal code are yet to be passed in Parliament.

**Constrained**

**IR 0810/A0/04/805/002** Girls and women in Chad, including in affected zones of emergencies and humanitarian crises, have significantly reduced risk of violence, exploitation and abuse

**Progress:** As part of Child Protection sub-cluster arrangements to contribute to the Core Commitments to Children (CCC), a strong coordination system including Government, UN system, NGO, and National Civil Society organizations is in place to provide protection from violence, exploitation and abuse for girls and boys. Each Zone Office is working with the decentralized bodies of the Ministry of Social Affairs to establish sub-clusters at the regional level linking the national coordination body with the regional level in order to reach the most vulnerable children in emergencies. In 2013 the Government took an important step toward its full compliance with the Action Plan on Children associated with Armed Forces and Armed Groups signed in June 2011. The Government signed of a new road map to accelerate the implementation of the Action Plan. UNICEF, together with the other UN agencies, was able to visit eight Military Defence and security zones in which 46 per cent of troops were screened and no child was found among them. Some 17,000 unaccompanied and separated children affected by flood and malnutrition benefited from psychosocial support in Ouaddai, Sila, Salamat and Hadjer Lamis regions.

**IR 0810/A0/04/805/003** Protection component is supported in an efficient manner

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**PC 4 - Strategic communication**

**On-track**

**PCR 0810/A0/04/806** Enhanced advocacy and support for improved knowledge, attitude and practice on the part of individuals, parents and caregivers on a set of key survival and development family practices

**Progress:** The Chad CO aimed to streamline advocacy objectives and evidence-based key messages, focusing on the main challenges facing children in Chad. In 2013, UNICEF advocacy and support led to the successful organization of four high-ranking donors and National Committees visits in the country. Other visits were made by international media (UN Radio, The Guardian, Belgium TV, BBC, IRIN, etc.) resulting in the mobilization of additional resources for the programme and the promotion of a national children’s agenda responding to concerns and issues affecting children and their families.

The CO produced quarterly newsletters highlighting the situation of women, children and youth in Chad, which were widely shared with partners. A CO website and a website on polio eradication were launched. Formal partnerships were established with 35 national media and community radio during 2013 to further support the delivery of key advocacy messages at both national and community levels.

Advocacy efforts in the area of child survival were primarily focused on mobilizing resources and commitment to support the strengthening of high-impact interventions in Chad. UNICEF together with partners led an intensive advocacy campaign, resulting in a substantial increase in the Government’s commitment to respond to the nutrition crisis. UNICEF played a strategic role in Chad’s adherence to the “Scaling-Up Nutrition” movement, which in October 2013 led to the validation, for the first time in Chad, of the National Nutrition Policy.

UNICEF continued to support social mobilization activities to promote essential family practices, carried out through community relays, community-based organizations, local media and other communication channels. UNICEF conducted a series of advocacy forums targeting key stakeholders in high-risk regions and districts and with key religious leaders to address immunization issues. Those efforts contributed to stopping poliovirus transmission, resulting in zero cases of the virus reported in 2013.

UNICEF’s advocacy efforts in the area of child protection strengthened the Government’s commitment and determination to fully implement the Action Plan to end the recruitment and use of children in the country’s national army. In May 2013, the Special Representative of the UN Secretary General travelled to N’djamena with UNICEF to meet the Government and assess progress and identify remaining challenges in the implementation of the Action Plan.

UNICEF continued to support the Parliament of children and established the young reporters club in three regions, which aims to promote youth media participation through community radio. The young reporter’s club initiative will be rolled out to five additional regions in 2014.

**On-track**

**IR 0810/A0/04/806/001** The visibility of actions in favour of children, particularly the most vulnerable and marginalized, as well as resource mobilization are strengthened through participatory approaches, involvement of the media and diversified partnership

**Progress:** The CO increased visibility of children’s issues and UNICEF’s responses through: international and national media outreach; effective use of social media; creation of the CO’s website and a website on polio eradication; effective partnerships with 35 national and local media, including community radio; production and dissemination of newsletters and bulletins; and organisation of special events and production of promotional items and materials. The use of social media platform (Facebook and Twitter) has been effective in 2013, reaching a total of 1,500 people per week.
On-track

**IR 0810/A0/04/806/002** To improve the knowledge and attitude of individuals, parents and caregivers on key life-saving practices in the context of emergencies, especially for the most vulnerable and marginalized.

**Progress:** Efforts to improve the knowledge and attitude of individuals, parents and caregivers on key life-saving practices were strengthened in 2013 through several communication activities involving the communities, community leaders, local radios stations and many other partners. A practical guide on key family practices was produced and disseminated in the Sahel-belt regions and used by more than 450 health agents, community relays and civil society organizations (CSOs), with the aim of improving the ability of these community development actors to better communicate with the population.

As a result of intensified sensitization campaigns on proper hygiene and sanitation and particularly on hand washing, the positive trends on cholera prevention that began in 2012 continued in 2013. As result, no new cholera case has been reported in Chad since 2012.

UNICEF also supported Chad’s response to the nutrition crisis in the Sahel belt, focusing on capacity building of women’s groups involved in the promotion of exclusive breast-feeding and infant and young children’s feeding. UNICEF also contributed to the response to the humanitarian crisis in eastern Chad (Sudanese refugee camps) by producing key messages promoting essential family practices.

Through the use of a wide range of communication tools/channels, including audio-visual materials, proximity and mass communication channels (Radio and Prominent Artists), social mobilization campaigns and targeted sensitization sessions, UNICEF promoted exclusive breast-feeding, immunization, malaria prevention, appropriate treatment for sick children, hand-washing, prevention of child abuse, and early childhood stimulation. More than 315 radio spots and 420 magazines were produced and aired on radios in 2013. A UNICEF-supported campaign on child protection was conducted in the eight Chadian National Army zones, in the framework of the implementation of the action plan to end recruitment of children in the armed groups and forces.

**IR 0810/A0/04/806/003** The Communication component is supported efficiently

On-track

**IR 0810/A0/04/806/004.** Individuals, families and communities improve knowledge and attitude towards vaccination and mainly for Polio eradication

**Progress:** A combined communication approach (advocacy, social mobilization and behaviour change communication) supported by a strong network of UNICEF-supported C4D team, WHO personnel and Ministry of Health communication specialists in the field, led to the polio eradication goal being met for 2013.

UNICEF supported immunization campaigns with effective communication and supervision, leading to high coverage (95.2 per cent) of children under the age of five, per post-campaign independent monitoring.

Emphasis during the 2013 vaccination campaigns was on social mobilization, with the aim of reaching every child and reducing the number of missed cases and vaccine refusals by parents.

Progress was made in increasing the information for parents prior to the visit of the vaccination teams, with 84.4 per cent of parents informed (an increase of 10.2 per cent from 2010, but still under the 90 per cent objective). The number of children missed by vaccinators was 7.2 per cent, above the established goal of a maximum of 5 per cent.

Partnerships with 40 radio stations and 19 non-governmental organizations, in addition to four fora with religious and traditional leaders, greatly increased the information and dialogue on Polio vaccination and Routine Immunization. Continued efforts will be required to maintain and strengthen existing partnerships and activities.

### PC 5 - Social policies, planning, monitoring and evaluation

**Constrained**

**PCR 0810/A0/04/807** Improved policy relevant data, analysis and evidence based on situation of women and children particularly those belonging to the vulnerable and marginalized groups to support evidence based advocacy, follow-up support and development of a child- and-gender sensitive social protection programme

**Progress:** UNICEF contributed to the development of a National Social Protection Strategy, which was validated by the national technical committee including line ministries, civil society organizations, members of the parliament and other key development partners. The next step for the Ministry of Planning is to organize a high level meeting with the country’s financial and technical partners in January 2014. Subsequently, key social protection interventions will be agreed upon among key actors. Community expectations are high, especially among the most marginalized, with regard to the implementation of the strategy.

Knowledge management was enhanced through the launch of the TchadInfo database by the national Institute of Statistics, a key step for strengthening evidence-based decision making. TchadInfo puts together data from multiple sources, including national surveys (demographic and health survey, Multi Indicator Cluster Survey, Consumption and Expenditure Surveys), general population census, and routine data from line ministries as well as estimates from international organizations. This is part of UNICEF’s support to the implementation of the National Statistics Development Strategy (SNDS 2013-2015), and helps strengthen the national Monitoring &
Evaluation system in Chad. Next steps include the dissemination and promotion of the tool to potential users and eventually support for the design of databases within line ministries.

With UNICEF’s support, the Government undertook two SMART nutrition surveys following the nutrition crisis in 2012 to guide programme implementation in 2013.

**PC 6 - Humanitarian action and emergency response**

**On-track**

**PCR 0810/A0/04/808** Enhanced preparedness and effective response for improved survival and development outcomes for children and women affected by conflicts (Humanitarian Action) and other emergency situations

**Progress:**

UNICEF established three Zonal Offices and recruited an Emergency Coordinator to enhance its Emergency Preparedness and Response. As lead agency for WASH, Nutrition, Education, and Child Protection, UNICEF developed the Cluster Strategic Plans for greater partnership. The Early Warning/Early Action document was revised, outlining a comprehensive Risk Assessment profile with risk informed programming key actions integrated in the country program. Chad is characterized by recurrent cyclic emergencies and chronic emergency, so the Country Office is developing a strategy based on Resilience and Disaster Risk Reduction to empower community and national institutions to resist and recover from shocks.

**On-track**

**IR 0810/A0/04/807/001** A policy framework and institutional development: the progressive implementation of a national, multisector social protection framework based on evidence, which is centred on women, marginalized and vulnerable children and communities.

**Progress:**

UNICEF contributed to the development of a National Social Protection Strategy, which was validated by the National Technical Committee following a participatory drafting process and a regional consultation of different populations, involving academic experts, local authorities, government experts, civil society organizations and the donor community. Two institutions at the national and international levels facilitated the process with the aim of transferring knowledge. UNICEF supported needs based capacity building and provided technical support to the members of the Technical Committee.

Data from the UNICEF-funded multidimensional deprivation and vulnerability (MDDV) study, conducted in partnership with the Oxford Poverty and Human Development Initiative (OPHI) and the National Institute of Statistics, was being analyzed at the year’s end to understand and document the general pattern of inequities in the country. Analyses of the data will lay the groundwork to guide development and phased implementation of an evidence-based national social protection programme.

**IR 0810/A0/04/807/002** The data and analyses relating to vulnerable and marginalized groups have improved and accessible to inform planning and budgeting based on the evidence and monitoring & Evaluation, at the central and decentralized levels.

**Progress:** In line with the National Statistics Development Strategy (SNDS 2013-2015), the National Institute of Statistics, Economic and Demographic Studies (INSEED) officially launched the TchadInfo database in March 2013. UNICEF supported the preparation of the national socio-economic database and key line ministries were also actively involved. A Technical Committee composed of key representatives from Ministries was established to oversee the process. UNICEF strengthened the management team’s capacities on data analysis, database update and users’ training, using DevInfo technology. The TchadInfo tool will improve access to reliable and updated social and economic data produced by various institutions for improved evidence-based decision making.

UNICEF supported the Results Based Monitoring training of 50 government representatives and other counterparts from the Kanem, Bahr El Gazal and Lake Regions, which allowed them to enhance the result tracking mechanism and the overall coordination of programme implementation including the National Statistics Development Strategy (SNDS 2013-2015) and other regional development plans.

As part of the mid-year review process, the Ministry of Planning worked with UNICEF to conduct a joint field monitoring visit in common intervention zones, namely Kanem, Guera and Tandjilé regions, with the aim of strengthening programme implementation, including identifying successes, challenges and lessons for the second half of the year.

During 2013, no major data collection activity was undertaken. A combined MICS-DHS was planned, which UNICEF is involved in, but delayed due to budget constraints.
Humanitarian Action for Children was funded at 28 per cent, which affected response capacity and efforts to address the basic social needs of returnees in Eastern Chad.

- **On-track**

**IR 0810/A0/04/808/002** The delivery time of a minimum package of services based on evidence is provided to the affected population speak emergencies, including severe and sudden or prolonged humanitarian situations (for Regions East of Chad)

**Progress:** During 2013, UNICEF, WFP and UNHCR revised their Memorandum of Understanding for concerted actions in refugee camps. The humanitarian situation in Eastern Chad is improving, with a dynamic of return of IDPs to their villages. There is a gap in rebuilding basic social services in returnee villages. The Government developed the PGRET plan (*Plan Global de Relance de l'Est du Tchad*) but it did not receive the full commitment of involved stakeholders.

- **On-track**

**IR 0810/A0/04/808/005** The delivery time of a minimum package of services, based on evidence, is provided to affected populations in emergency situations, including serious and sudden or prolonged humanitarian situations in the Tchad Center Regions, covered by Mongo area Office

**Progress:** UNICEF and its partners worked to scale up nutrition services. Efforts were made to strengthen and increase qualified staff through the recruitment of paramedics funded by UNICEF. UNICEF developed a strategic nutrition response plan outlining an integrated approach with WASH, Education, Protection, and HIV activities; however integration is weak and non-systematic.

- **On-track**

**IR 0810/A0/04/808/006** The delivery time of a minimum package of services based on evidence is provided to the affected population speak to emergency situations, including humanitarian situations serious and sudden or prolonged for Western duTchad Regions covered by Mao area Office

**Progress:** UNICEF and its partners worked to scale up nutrition services. Efforts were made to strengthen and increase qualified staff through the recruitment of paramedics funded by UNICEF. UNICEF developed a strategic nutrition response plan outlining integrated approach with WASH, Education, Protection, HIV activities; however integration is weak and non-systematic.

### PC 800 - Cross-sectoral costs

| PCR 0810/A0/04/800 Programme Support |
| **IR 0810/A0/04/800/001** Governance and Systems |
| **IR 0810/A0/04/800/002** Financial Resources and Stewardship |
| **IR 0810/A0/04/800/003** Human Capacity |
| **IR 0810/A0/04/800/888 HR** |

| PCR 0810/A0/04/809 Effective and Efficient Program Management |
| **IR 0810/A0/04/809/001** -cutting aspects of the program are supported effectively |
| **IR 0810/A0/04/809/002** Financial Resources and Stewardship |
| **IR 0810/A0/04/809/003 Human Capacity** |
| **IR 0810/A0/04/809/004 Operational Desk Costs** |
Effective Governance Structure

At the beginning of the year, the 2013 Office Annual Management Plan (AMP), which provides a comprehensive roadmap for the implementation and the monitoring of the office programmatic and operational priorities, was prepared based on lessons and recommendations from the 2012 Annual Management Review (AMR).

A two-day all staff retreat, organized in February 2013, was an opportunity to share any significant information that affects the CO’s objectives and priorities (as stated in the AMP), as well as to familiarize staff with collective and individual responsibilities/obligations in achieving results for children in Chad. The Office also organized a participatory mid-year review of the AMP in 2013 to assess progress towards expected annual results and targets.

Chad CO’s key oversight structures included the Senior Management Team meeting twice a week to monitor progress toward the achievement of Office priorities and provide overall guidance on subsequent priority actions stipulated in the AMP. The Country Management Team (CMT) made recommendations to the Representative on management issues. Programme coordination meetings were held twice a month creating space for close oversight of programme activities including key changes. The Operations Team identified key bottlenecks that constrained the achievement of results and also supported the UN Operations Management Team.

The Office maintained effective functioning of its 13 statutory committees and four non-statutory task forces throughout the year to ensure the achievement of key results of the 2013 AMP. The CMT met 12 times to validate decisions and to track progress in the areas of fundraising, budget monitoring, direct cash transfers (DCT), human resources and supply. Management reports with key Programme and Operations performance indicators were prepared on a monthly basis and monitored during CMT meetings.

Risk Management is an Office priority and Operations joined forces with Programmes to improve processes and procedures. The Business Continuity Plan, the Early Warning/Early Action system, the Emergency Risk Management, the Risk Control and Self-Assessment documents were all updated in 2013 resulting in a redefinition of operational priorities. This allowed the Country Office to carry out programme implementation activities, respond effectively and in a timely manner to emergencies, and continue use of Virtual Integrated System of Information (VISION) and International Public Sector Accounting Standards (IPSAS) compliance, with internal and refresher training to strengthen staff capacity.

The Office carried out significant internal reviews of work processes and operations management in preparation for the internal audit, which took place in July 2013. The Office is putting together efforts to have all recommendations closed in 2014. The CMT validated the implementation monitoring plan.

A Cash Account to assist Programme Specialists manage running costs was opened and will be fully operational in 2014 for Moundou zonal office. With the progressive development of banking facilities outside the capital city of N’Djamena, in particular Moundou, Mongo and Sarh, the CO operational plans strengthened the Petty Cash management along with the opening of Cash On Hand Accounts, which should limit the Long Term Agreements with businesses to transfer cash safely and regularly to the new zone offices, and new stations along the CAR borders.

Strategic Risk Management

Risk Management remained a priority in 2013. As part of the mid-year review process, the Emergency Risk Management (ERM) and Risk Control and Self-Assessment (RCSA) documents were updated, using the Risk Control and Reporting guidelines issued in February 2013, through a participatory process involving programme and operations sections/units and all categories of staff members (NO, GS and IP) and colleagues from field offices. The revised RCSA was validated by the CMT in July 2013 and uploaded into VISION Performance Management.
Throughout the year, Operations joined efforts with Programmes to improve work flow processes and procedures in relation to payments, travel, administration, warehouse and inventory management, timely distribution of programme supplies and monitoring.

Of the 19 recommendations of the July 2013 Audit (for which the implementation timeframe mostly falls in 2014), the major two observations on segregation of bank reconciliation and the management of cash transportation management, comprehensive review and enforcement of compliant work processes, including the Table of Authority and clarifying staff responsibilities, have been fully implemented.

Evaluation

Throughout 2013, UNICEF, jointly with the Ministry of Economy, Planning and International Cooperation (MEPCI), supported the development of government institutions’ results-based management capacity, including strengthening data collection, analysis and data management. Capacity building activities included a mission of three staff from the National Institute of Statistics (INSEED) to the University of Oxford (Oxford Poverty & Human Development Initiative-OPHI) to participate in data analysis of the UNICEF-supported multidimensional deprivation and vulnerability survey. This was a learning-by-doing approach. Findings are expected to feed into the Situation Analysis of Children and Women (SitAn), which will be conducted in early 2014.

The CO did not plan any evaluations in 2013. However, the CO implemented follow up on last year’s evaluation recommendations and prepared of one major evaluation to be undertaken during 2014 to inform the MTR.

In 2013, UNICEF supported the implementation of two nutrition surveys using SMART methodology, one in the Sahel Belt regions and another in the southern regions. Findings from those exercises are orienting key stakeholders and UNICEF to better target nutrition interventions in the country.

An important study analysing conflict factors, natural disasters and vulnerability of the education sector to shocks was conducted, working with Search for Common Ground (SfCG). Findings will help the Government and UNICEF implement a programme on peace building.

Effective Use of Information and Communication Technology

In the area of Information and Communication Technology (ICT), efforts were focused on: improving existing services; implementing priority local projects necessary for delivering additional ICT services that can support effective programme implementation by improving working environment; and implementing all the global ICT initiatives.

The ICT infrastructure was seriously affected by the fire incident of April 2nd 2013, which damaged UNICEF’s main building in N’Djamena. The ICT disaster recovery plan was triggered, resulting in a relocation of all ICT services to three Business Continuity Plan (BCP) alternate sites and the Annex building two days later, ensuring business continuity. During the rehabilitation of the affected building, new high standard ICT and electrical cabling was installed to prevent similar risks in the future. Based on lessons learned, a new server room was secured and the renovated LAN is now operational.

Key ICT enhancements to existing services included:
- Optical Fiber link was put in service -- It became the primary Internet link redundant with the EMC VSAT, ensuring constant broadband internet connection;
- The main office VSAT Link was upgraded from 1/1 MB to 3/1 MB VSAT with an increased Internet connection speed;
- A new, powerful UPS was under installation to maintain the electricity power supply to the main building and the Annex for at least 4 hours autonomy in case of electricity shortage; and
- Blackberry Enterprise service was stabilized after a long period of instability through installation of a new server and all devices were migrated.
Other local ICT projects implemented during 2013 included:
- The 4 zonal offices (Abeche, Mao, Mongo, and Moundou) had their LAN installed and integrated to the UNICEF Global Network with EMC VSAT (Mao and Moundou).
- Telecom Minimum Operating Security Standards (MOSS) was strengthened for each zonal office and Radio HF/VHF Network was installed. Satellite phone (Thuraya with docking unit) and datacom equipment (BGAN) were also provided.
- Two ICT Assistants were recruited for Mao and Moundou zonal offices. A third will be deployed to Mongo in 2014.

A solar power project is being envisaged in 2014 to reduce the cost of generator usage, which is the single source of power supply in zonal offices.

Important Global ICT Initiatives completed by the CO included: Dynamic Host Configuration Protocol (DHCP) for automatic IP addresses assignment to all authorized computers connected to the LAN; Symantec Endpoint Protection (New Release) for Antivirus and security protection; Windows server 2008 SP1 upgrade; VEEAM Backup and Replication; and the new UNICEF standard for global archiving and disaster recovery services for virtual environments.

**Fund-raising and Donor Relations**

In 2013, evidence-based advocacy and effective management of donor relations led to a substantial increase in financial resources available to support the implementation of the Country Programme. The Office maintained high level fundraising efforts, reaching US$51,580,525 in Other Resources (OR), and US$31,110,370 in ORE, representing 51.5 per cent and 31.1 per cent, respectively, of the total Office budget of US$100,116,428.

Communication and Advocacy efforts succeeded in securing resources from the Government and leveraging additional funds from donors. They also created a wider awareness on key issues affecting children and women, particularly those from vulnerable and marginalized groups. A strategic communication programme supported the Office’s fundraising efforts by coordinating two important donors’ visits to Chad (ECHO, UK Natcom). Other visits were made by international media (UN Radio, The Guardian, Belgium TV, BBC, IRIN, etc.) resulting in the mobilization of additional resources for the programme and raising children’s issues on the country’s agenda.

After one-year of intensive advocacy and negotiation, UNICEF Chad secured a total amount of US$40.7 million from the Global Partnership for Education and US$13.1 million from the Qatar Foundation “Educate a Child,” to increase access to and improve quality of basic education in Chad. A total amount of US$7,417,488 was released in 2013 to accelerate the implementation of this programme, aiming to reach a total of 929,000 children in primary school.

UNICEF Chad was selected in 2013 as a sub-recipient of the Global Fund to Fight AIDS, Tuberculosis and Malaria for the implementation of Malaria prevention (bed-nets universal mass as well as routine distribution) and PMTCT interventions in Chad, for a total of US$30,799,039.

In the WASH sector, the Swiss Cooperation contributed US$8 million for UNICEF-supported interventions in two high-risk health districts for the period 2013-2016. That is the second largest Swiss contribution to a single UNICEF office in the last decade.

Other major donors were the UK’s Department of International Development (DFID), UNICEF’s UK NatCom, the Governments of Australia, Belgium, Japan, Bill and Melinda Gate Foundation, Rotary Club and ECHO, raising an additional US$6,127,770.53 for nutrition and emergency programmes in Chad. The European Union contributed €400,000 from its Nobel Peace Prize fund to UNICEF-supported education programmes in the refugee and returnee sites of Tissi, in eastern Chad. Those funds, made available through ECHO, will enable UNICEF to provide access to education for approximately 9,000 children.
Management of Financial and Other Assets

Systems are in place to safeguard financial and other assets of the organization. Financial control systems including Office Committees are in place. The Office reviewed and updated the Table of Authority in a participatory manner on the basis of the 2013 VISION Role Mapping endorsed by the CMT. This revised ToA states clearly the responsibilities of staff, ensuring segregation of duties among team members as well as control mechanisms, and indicates Officers in Charge (OICs) where required. This is in conformity with the Office work processes.

Key management indicators were closely monitored by CMT, highlighting staff accountabilities in delivering results. Those indicators were systematically analysed during section and programme coordination meetings and remedial actions were taken as required. The monthly programme implementation report is shared with all staff for reference and is used during meetings.

Chad CO physical count of assets was made twice during the year by a team made up of Operations and Programme staff. A committee was established to ensure that safeguarding and security of all UNICEF assets and vehicles are monitored by the office security staff.

Following the fire in April, the Office took immediate steps for business continuity, including requisition of an electrical service provider, which allowed IT to quickly restore Lotus and all office management software. Three houses were identified and rented where staff was redeployed. Inventory of all assets affected by the fire was submitted to the Property Survey Board (PSB) for decision and recommendation to the Representative. A timely assessment of the Office needs in terms of equipment, furniture and renovation works was undertaken.

As chair of the inter-agency Harmonized Approach to Cash Transfer (HACT) committee, UNICEF spearheaded the macro-evaluation, the micro-evaluation and risk rating exercises, working with a consultant and a specialised audit firm. In total, 80 implementing partners were assessed and reports validated by the committee and endorsed by the United Nations Country Team (UNCT). Only 14 per cent of assessed partners were rated low risk, 28 per cent rated moderate risk, 51 per cent significant risk and 7 per cent high risk. Based on these findings, an assurance plan was prepared, validated and is to be endorsed by the UNCT. Five agencies (UNDP, UNFPA, UNICEF, WFP, and UNAIDS), jointly with the Ministry of Economy and Planning, have agreed to start implementing full HACT in 2014, preceded by a refresher training on HACT and Funding Authorisation and Certification of Expenditure (FACE) form utilisation.

Supply Management

Supply remains an important part of programme delivery, with almost US$62 million spent on the procurement of goods and services for programme activities in 2013. Key commodities procured included non-food items for emergency response, vaccines and immunization related consumables, ready-to-use therapeutic food, insecticide treated mosquito nets, and classroom supplies for primary education. During 2013, procurement services transactions amounting US$7 million were handled. Offshore procurement was valued at US$35.8 million, representing 58 per cent, and direct orders amounted to US$1.7 million. In-kind assistance of Vitamin A was also received.

Procurement services were provided to the Ministry of Health and UNDP, primarily for the procurement of malaria drugs, Rapid Malaria Diagnosis test kits (RTD) and bed nets, amounting to US$7.7 million in 2013. Through UNICEF, the Ministry of Health acquired vaccines, syringes and cold chain materials for the EPI programme as well as malaria drugs and RDT.

Management, quality and timeliness of supplies were key priorities in the 2013 AMP. The CO focused on improving supply planning and management with a consolidated annual supply-plan with benchmarks. Key management indicators were developed to monitor supply and logistics performance and reported on during Operations and CMT meetings.

Two programme supplies inventory counts were successfully undertaken in 2013. In December, the total
value of supplies in all warehouses was US$3 million. Delivery to end users remains the major challenge; nevertheless supplies valued at US$14 million were dispatched to final consignees in 2013.

The Regional Office supported missions that resulted in the review of the logistics and warehousing processes. The need for additional logistics staff was identified as essential for warehouse management.

A Local Market Survey was conducted in early 2013 resulting in the identification of 83 new local suppliers. Goods valued at US$24.6 million were locally procured. Strategic sourcing and contracting tactics, such as the establishment of 12 Long-Term Agreements for key services, such as WASH, office and school supplies, transportation and customs clearance, ensured the widening of the supplier base for those services. Strategic sourcing included solicitation of reputable suppliers outside the capital city to compete, resulting in cost savings of up to $128,938, representing 27 per cent in a single transaction. This demonstrates the need to assess the markets in all zonal offices in early 2014.

Following the peer-review and the 2013 audit recommendations, a new warehouse was rented in N’Djamena with high quality standards and dedicated storage space including a temperature control system for sensitive items.

Each of the four zonal offices (Mongo, Abeche, Mao, and Moundou) has a transit warehouse for supply prepositioning. All of those warehouses are equipped with VISION aiming at streamlining inventory management.

Support received from the Supply Division was good. Goods and services were received on time. Two claims were submitted related to cold chain equipment. The first was due to the fact that the supplier delivered items separately instead of in kits, which resulted in several missing parts. In the second, equipment was not adapted to Chad’s climate and engines got damaged by intensive heat. An appeal was made to the Supply Division for a special attention to solar cold chain equipment. Measures were taken by the supply unit to ensure sample assessment by the requesting programmes prior to placing orders, which contributed to the remarkable quality of supplies provided.

The supply unit took the lead in EPI counterpart capacity building in line with VISION/IPSAS requirements. During 2014, emphasis will be put on staff development. A retreat for all UNICEF Supply & Logistics staff will be organized to review work processes, aiming to improve performance monitoring, tracking and reporting on warehouse transactions and management. The retreat will also be an opportunity to increase staff awareness on their responsibilities and accountability.

### Human Resources

During 2013, the Office exerted significant efforts to support the implementation of the Country Programme, with a strategic focus on putting the right people at the right place, while re-aligning management processes for HR efficiency and development sustainability. The HR team, made up of one P4, one GS7 and one GS5 and two new National Officers, recruited approximately 41 per cent of the entire UNICEF Chad workforce in 2013. From the total of 199 staff members, 91 of them were recruited in 2013, including 16 IPs, 31 NOs and 44 GS. Other recruitments for funded posts are currently underway and will be completed by March 2014.

A two-day Group Orientation Programme was conducted for all staff that joined the CO from January to early September 2013, to increase their knowledge and share critical policy information on UNICEF’s mandate and programme direction in each sector. Similarly, a two day Ethics training was also organised in N’Djamena and in Moundou in collaboration with the Principal Advisor’s Office to reach all staff that did not attend the 2012 training. The CO also requested regional and global support for specific training in order to reinforce staff skills on Competency Based Interview (CBI), Managing Performance for Results (MP4R), and Emergency Preparedness and Response (EPR), to take place in 2014. The CO has a functioning Local Learning Committee (LLC) that reviewed all staff training needs in line with Regional guidelines.

Three Phases of the Performance Management Cycle were implemented and advice was provided to all managers and staff on specific expectations related to quality performance, discussions leading to staff
development and performance improvement. Technical support and guidance were provided on Performance Management matters, mediation input, and performance issues.

Events were held with regard to UN Cares, including briefings and an all-staff recreational activity in collaboration with the Local Staff Association in December. The “10 minimum standards on HIV in the workplace” has been implemented. Three facilitators, including UNICEF’s focal point, attended a regional training of trainers on HIV. The CO management is committed to those standards and zero discrimination based on HIV status was stressed. Access to prevention measures, such as condoms, and access to education, improved access to information on HIV&AIDS (with an all-staff voluntary HIV and other disease testing and counselling sessions) was planned for early January 2014.

Despite efforts to attract suitably qualified female staff, gender balance ratio remains low in all categories. The CO is committed to progressively closing the gender gap and is actively looking for options to recruit qualified female staff, including headhunting strategies.

Some of the improvements highlighted above, in performance management, recruitment practices and UN Cares/10 minimum standards on HIV in workplace, had been raised in the 2011 Global Staff Survey.

Management, in close collaboration with the LSA, organized an all-staff retreat in 2013 where issues were discussed, actions planned and implementation committees put in place for timely reporting. Improvements were noted in Recruitment, which impacted the major Survey Finding on Work/Life Balance, as staff members are increasingly working with manageable workloads.

**Efficiency Gains and Cost Savings**

Due to the limited capacity of the local market, all commodities are imported. The cost of doing business very high because Chad is a land-locked country. The cost of transporting goods and services in the country is extremely expensive and creates additional financial burden, especially when operating in the four zonal offices.

To mitigate some of those challenges and to cut costs, the Office assessed the local market and identified suppliers and service providers and signed 12 Long Term Agreements (LTAs). Those agreements make it possible to negotiate reduced rates from suppliers and result in greater efficiency and quality of services.

The Office’s strategies to contribute to cost saving in 2014 include assessing the markets of the zonal offices for procurement, and thus avoiding transporting commodities from Ndjamen.

Further savings were achieved by reducing paper consumption by printing documents on both sides. Efforts were also made through paperless meetings, reducing waste and saving resources in the office. A green committee was set to help the Office improve its green credentials and reduce cost, with full involvement of the Local Staff Association (LSA).

**Changes in AMP & CPMP**

In Preparing the 2014 Annual Management Plan, the Office will take into consideration the implementation of the 2013 Audit recommendations action plan, recommendations from the 2013 AMR, and the staff retreat. The Plan will continue to be based on proven successful strategies from 2013 and focus on the way forward to increase Office performance and also address those areas that have been identified as high risk through ERM/RCSA review workshops, in view of securing evidence-based decision-making, mitigating potential risks and maximising opportunities and results.

The programme of cooperation will go through a Mid-Term Review (MTR) in 2014. The Office will take that opportunity to make an in-depth review of the management structures in supporting achievement of the Country Programme planned results for children in Chad. The MTR will also assess the performance of management processes and formulate recommendations including adjustments to the CPMP. The CO will also consider the emerging regional and global priorities as well as the national programmatic environment.
With regard to the activities associated to the move towards a single Global Shared Services Centre, the Office will participate to the exercise and ensure compliance with the guidelines.

To better respond to the needs of CAR refugees in Chad, the Office may request a separate emergency mail poll Programme and Budget Review (PBR) to establish a UNICEF presence in the South of Chad.

The following areas will be considered by Management for improvement:

- sensitisation of staff on better utilisation of office utilities for security and safety purposes as well as energy savings,
- implementation of the green office initiative,
- better management of fleet and in-country logistics transportation arrangement, fuel consumption and field monitoring,
- better government capacity building in line with HACT implementation, and
- timely delivery of operations support to programme implementation.

### Summary Notes and Acronyms

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<tr>
<th>Acronym</th>
<th>Definition</th>
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<tr>
<td>AMP</td>
<td>Annual Management Plan</td>
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<td>AMR</td>
<td>Annual Management Review</td>
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<td>BCP</td>
<td>Business Continuity Plan</td>
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<td>CAR</td>
<td>Central African Republic</td>
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<td>CBI</td>
<td>Competency-Based Interview</td>
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<td>CLTS</td>
<td>Community Led Total Sanitation</td>
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<td>CMT</td>
<td>Country Management Team</td>
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<td>CO</td>
<td>Country Office</td>
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<td>ECOSIT</td>
<td>Enquête sur la Consommation et le Secteur Informel</td>
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<td>e-MTCT</td>
<td>Elimination of Mother to Child Transmission of HIV</td>
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<td>EPR</td>
<td>Emergency Preparedness and Response</td>
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<td>ERM</td>
<td>Enterprise Risk Management</td>
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<td>FACE</td>
<td>Funding Authorisation and Certification of Expenditure</td>
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<td>GAM</td>
<td>Global Acute Malnutrition</td>
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<td>General Service</td>
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<td>HACT</td>
<td>Harmonized Approach to Cash Transfer</td>
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<td>HDR</td>
<td>Human Development Report</td>
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<td>ICT</td>
<td>Information, Communication Technology</td>
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<td>IDPs</td>
<td>Internally Displaced People</td>
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<td>INSEED</td>
<td>Institut National de la Statistiques, des Etudes Economiques et Démographiques</td>
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<td>IP</td>
<td>Internationally Recruited Staff</td>
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<td>IPSAS</td>
<td>International Public Sector Accounting Standards</td>
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<td>JMP</td>
<td>Joint Monitoring Programme for Water Supply and Sanitation (WHO/UNICEF)</td>
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<td>LAN</td>
<td>Local Area Network</td>
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<td>MDGs</td>
<td>Millennium Development Goal</td>
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<td>MEPCI</td>
<td>Ministère de l’Economie, du Plan et de la Coopération Internationale</td>
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<td>Evaluation of the UNICEF response to the food and nutrition crisis in the Sahel - case study of Chad</td>
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