<table>
<thead>
<tr>
<th>Key Results Expected (restate, <strong>EXACTLY</strong> as in the original Summary Results Matrix approved by the Board as part of the original approved CPD)</th>
<th>Key Progress Indicators (state the indicator, baseline and most recent status: use the <em>same</em> indicators and baselines contained in the original Summary Results Matrix approved by the Board, and show the latest available value for each indicator, stating the years for the baseline and value)</th>
<th>Description of Results Achieved (<strong>a brief</strong>, precise description of aggregate achievements for each Key Result contained in column 1)</th>
<th>Constraints and facilitating factors (<strong>a brief</strong> and precise description for each Result description in column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.1 Child Survival and Development</strong></td>
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</tbody>
</table>
| – **Contribute to the reduced Under-5 Child and Maternal morbidity and mortality** | – Under-5 Child mortality rate  
RS: 179 (2010) | The program has helped to provide a set of basic proven survival and development services that have contributed to the reduced morbidity and mortality among under-5 children and women, particularly in the areas affected by conflict and facing other emergency situation such as, unprecedented malnutrition crisis in Sahel belt. In addition to the timely delivery of the key services for thousands of children and women facing humanitarian crisis during the cycle, UNICEF advocacy and follow-up support led to the key policy shifts like, adoption of a national policy for the use of ORS / Zinc, national health policy focusing on “continuum-of-care” and free maternal care services for the pregnant women. In addition, the country also adopted new national protocol for the management of malnutrition and a national hygiene code. | ✓ The geo-political instability and fragile security situation of the country meant that for the major part of the programme cycle the country programme operated in the post-conflict situation. This had severely limited the regular development programming for the general population as most of the resources and efforts were redirected to respond to the humanitarian crisis in conflict affected areas and other emergency situations such as chronic malnutrition crisis in the Sahel belt |
| | – Infant Mortality Rate (IMR)  
| | – % of women assisted by qualified personnel at the time of giving birth  
BL: 20.7% (2004)  
RS: 23% (2010) | | |
| | – % of children with diarrhea receiving ORS  
BL: 15.1% (2004)  
RS: 23% (2010) | | |
| | – % of population having access to safe water and sanitation facilities  
BL: 30%, 4% (2004)  
RS: 44%, 12% (2010) | | |
| | – % of 12-23 months children immunized  
BL: 2004  
(BG V)  
40%  
(RS 2010)  
46%  
(DPT3)  
20%  
(20%)  
OPV3  
36%  
32%  
Measles  
23%  
35%  
AVS:  
ND  
83%  
% of women receiving TT vaccination  
BL: 2004  
29,3% (2004)  
RS: 43% (2010)  
| | |
| | – Number of confirmed Polio cases  
BL: 0 (2004)  
RS: 24 (2010) | | |
| | – % Global Acute Malnutrition  
BL: 14% (2004)  
RS: 16% (2010) | | |
| | – % Severe Acute Malnutrition | | |
| | **Polio is eradicated, measles under control, neonatal tetanus eliminated and new vaccines introduced** | – Towards immunisation, the program has provided technomanagerial support, 100% vaccines, other key supplies and cold chain. In addition, UNICEF provided 20 million doses of Polio vaccines towards the polio eradication programme in Chad. Efforts to ensure immunisation services for the population affected by conflict ensured close to 90% immunisation coverage for children living in areas affected by the humanitarian crisis. UNICEF advocacy and follow-up support led to continued targeted efforts for the eradication of polio and introduction of new vaccines like, the vaccine against yellow fever and Pentavalent. Consistent advocacy on part of UNICEF and partners also ensured government for the first time committing to fund purchase of 100% vaccines for the routine immunisation programme in Chad. | ✓ The well documented weak institutional capacity both at national and decentralised levels, coupled with poor infrastructure and governance continues to pose significant challenge for programme management |
| | – % of women assisted by qualified personnel at the time of giving birth  
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RS: 23% (2010) | | |
| | – % of children with diarrhea receiving ORS  
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RS: 43% (2010)  
| | |
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BL: 0 (2004)  
RS: 24 (2010) | | |
| | – % Global Acute Malnutrition  
BL: 14% (2004)  
RS: 16% (2010) | | |
| | – % Severe Acute Malnutrition | | |
| | **Effective management of global and severe acute malnutrition for** | | |
| | – Under-5 Child mortality rate  
RS: 179 (2010) | | |
| | – Infant Mortality Rate (IMR)  
| | – % of women assisted by qualified personnel at the time of giving birth  
BL: 20.7% (2004)  
RS: 23% (2010) | | |
| | – % of children with diarrhea receiving ORS  
BL: 15.1% (2004)  
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BL: 30%, 4% (2004)  
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| | – % of 12-23 months children immunized  
BL: 2004  
(BG V)  
40%  
(RS 2010)  
46%  
(DPT3)  
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OPV3  
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% of women receiving TT vaccination  
BL: 2004  
29,3% (2004)  
RS: 43% (2010)  
| | |
| | – Number of confirmed Polio cases  
BL: 0 (2004)  
RS: 24 (2010) | | |
| | – % Global Acute Malnutrition  
BL: 14% (2004)  
RS: 16% (2010) | | |
| | – % Severe Acute Malnutrition | | |
| | – The program contributed to improve the nutritional situation, most notably in the Sahel Belt saving thousands of lives as the region faced an unprecedented nutritional crisis aggravated by the ever increasing government revenue primarily from Oil, there has | | |

**CONSOLIDATED RESULTS REPORT**

**UNICEF CHAD, Programme Cycle: 2006-2011**
1.3 HIV/AIDS and children

- At least 80% of HIV positive children and mothers receive proper treatment and care support
  - No. of sites providing PMTCT services
  - No. of HIV-positive Children and women receiving ARV treatment
  - % of women aged 15 to 24 with correct knowledge about HIV/AIDS transmission and prevention methods
  - % of women aged 15 to 24 HIV-tested
    BL: 0.9% (2004)  RS: 7.8% (2010)

- During the programme cycle, UNICEF has ensured the leadership for PMTCT and HIV / AIDS paediatric care services in Chad. The PMTCT programme support primarily includes capacity building of health personnel, social mobilization, supply of HIV testing kits and laboratory consumables. In addition, UNICEF together with partners have advocated with government leading to the adoption of the Law on the Fight against HIV and free ARV drugs for people living with HIV / AIDS.

- Towards the programme goal of increased awareness and knowledge about HIV / AIDS transmission and correct prevention methods among youth, particularly the girls, UNICEF supported establishment of 26 Youth friendly centres that provides HIV /AIDS information and counselling services. In addition these centres also provide STI testing facilities to the youth.

- The limited number and capacity of implementing partners and lack of international resources including the absence of the Global Fund has compromised the up-scaling of the key HIV / AIDS services

- Low coverage of institutional maternal care services particularly the prenatal care is one of the major limiting factors in increasing the PMTCT coverage

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1.2 Basic education and gender equality

- 86% of school-age children, including 78% girls are enrolled and complete primary education
  - Gender Parity Index (primary level)
    BL: 0.76 (2004)  RS: 0.87 (2010)
  - Gross Enrolment Rate (GER)
  - Net Enrolment Rate (primary level)
  - Primary school completion rate
  - Repetition Rate (Primary level)
    BL: ND  RS: 22% (2010, UNESCO)
  - % of children in grade one who attended preschool the year before
    BL: ND  RS: 2.6% (2010)

- The program contributed to the improvement in primary enrolment and quality. UNICEF together with partners helped the government in the integrating the Essential Educational Package in the multi-year education plan of the country. In addition, the program directly covered 1,105 schools benefiting about 286,500 children, including 85,750 girls, in 10 regions.

- Approximately 60,000 children age 3 to 5 years, including 60% of girls were coached in 279 pre-schools. During the programme cycle, UNICEF also trained about 25,000 parents of children aged 0 to 2 years to provide them essential learning on key family practices and parenting skills related to ACSD. In addition, the program also contributed to ensure quality primary education for children affected by the conflict situation. In total, since 2008, the programme supported education for about 90,000 children living in the refugees’ camps. The programme also supported close to 33,000 preschool age children in the areas affected by conflict.

- Insecurity, lack of infrastructure and deep rooted cultural and traditional norms severely impacted the access of primary schooling, particularly for the girls

- Lacks of investment in education sector, and insufficient number and quality of teachers are couple of key systemic challenges. In addition, lack of standardization of curriculum and other quality parameters are major issues

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| Reduced morbidity and mortality | BL: 3,1 (2004) | RS: 6,3% (2010) | | Decreasing rain falls and other related climate change implications. The number of UNICEF supported therapeutic feeding centres have increased from 120 in 2009 to 204 in 2010 and about 45,000 Under-5 children suffering from severe acute malnutrition have benefited from the services at these centers. In addition approximately 20,000 children benefited from the general distribution of plumpydoz. | Been no proportionate increase in the resources for the key social sector |
### 1.4 Child Protection against violence, exploitation and abuse

- By 2010, a code of Child Protection is elaborated and the national legislation is harmonized with the CRC.
- Children victims of abuse, exploitation and violence are identified and benefit from appropriate prevention, rehabilitation and reintegration measures.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline 2004</th>
<th>Baseline 2010</th>
<th>RS: 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of women who consider domestic violence justly</td>
<td>BL: ND</td>
<td>RS: 44% (2010)</td>
<td></td>
</tr>
</tbody>
</table>

- During the programme cycle, UNICEF leadership and follow-up support on the issue of children associated with the armed forces and groups led to the development and adoption of a comprehensive national policy. The program helped securing release of nearly 1,000 children from various armed forces and groups and helped majority of them to reintegrate with their families and communities. In addition, the DDR Regional conference led to the “N’Djamena Declaration” that brought together six participating nations that committed to put an end to the phenomenon of recruitment of children for armed conflict.

- The programme has provided psychosocial care and support to about 30,000 children through 50 Child Friendly spaces in camps meant for refugees and internally displaced people in eastern and Southern Chad. In addition, UNICEF together with partners have worked with government for a national strategy to comprehensively address the issue of Gender Based Violence (GBV).

- Lack of political commitment coupled with the weak legal and governance structure continues to be the significant challenge for a protective and supportive environment for children particularly the girls.
- Traditional and cultural practices contribute to the perpetuation of violence and restrictions of the rights of girls and women.

### 1.5 Policy, advocacy and partnership for child rights

- Policy relevant data and analysis on the situation of children to guide advocacy and follow-up action.
- Evidence based advocacy and support for improved resources for social sectors and protection mechanism for vulnerable women and children.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline 2004</th>
<th>Baseline 2010</th>
<th>RS: 2010</th>
</tr>
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<tbody>
<tr>
<td>Data related to children are available, regularly updated and disseminated</td>
<td>MICS 2010, updated SITAN, Two rounds of SMART surveys</td>
<td>Support for National Census 2009</td>
<td>35 studies, assessments and evaluations</td>
</tr>
<tr>
<td>Increased social sector resources</td>
<td>budget allocation to 6 key social sectors up by 194% (2002 to 2010)</td>
<td>Improved social sector policies</td>
<td>Free ARV drugs for people with HIV/AIDS</td>
</tr>
</tbody>
</table>
| Free assisted delivery and emergency care: Maternal Health | 100% vaccines funded by state resources: Child Survival | Adoption of national policy supporting the goal of Education for all: Education | Using the policy relevant disaggregated data and analysis, UNICEF together with partners have successfully highlighted the situation and needs of women and children especially that of the most vulnerable and marginalised to put the children and women at the core of the national development priorities.

- The program supported the elaboration of the second National Strategy for Poverty Reduction and contributed to the reorientation of national policies and strategies in the field of survival, protection and development of women and children leading to increased resources for the key social sectors.

- The external communication, advocacy and Communication for Development (CAD) components of the program have made noticeable contribution towards some of the key stated results such as, nation-wide social mobilization to support polio eradication programme, improved family practices in the area of child survival. National campaign on Sexual and Gender Based Violence (SGBV) etc.

- The changing country context from post-conflict to peace consolidation and development could provide one of the biggest opportunities to expand / upscale the high-impact sustainable survival and development interventions.

- The geo-political stability could lead to incremental increase in much needed social sector resources.

- Any event destabilising the geo-political and security situation could significantly impact the development efforts.

**Note:** If not indicated differently the source of the baseline data and recent status is EDST 2004 and MICS 2010.