

Chad

Country programme document 2012-2016

The draft country programme document for Chad (E/ICEF/2011/P/L.22) was presented to the Executive Board for discussion and comments at its 2011 annual session (20-23 June 2011).

The document was subsequently revised, and this final version was approved at the 2011 second regular session of the Executive Board on 15 September 2011.

Basic data[†]

(2009, unless otherwise stated)

Child population (millions, under 18 years)	5.9 ^a
U5MR (per 1,000 live births)	209 ^b
Underweight (% , moderate and severe, 2010) (urban/rural, richest/poorest)	30 22/33, 30/21
Maternal mortality ratio (per 100,000 live births, 1998-2004)	1100 ^c
Primary school attendance (% net, male/female, 2010)	55/48 ^d
Survival rate to last primary grade (% , 2010)	89 ^d
Use of improved drinking water sources (% , 2008)	50 ^e
Use of improved sanitation facilities (% , 2008)	9 ^f
Adult HIV prevalence rate (%)	3.4
Child labour (% , 5-14 years old, 2010)	48
Birth registration (% , under 5 years, 2010) (male/female, urban/rural, poorest/richest)	16 16/15, 42/9, 5/46
GNI per capita (US\$)	620
One-year-olds immunized with DPT3 (%)	23 ^g
One-year-olds immunized against measles (%)	23 ^h

[†] More comprehensive country data on children and women can be found at www.childinfo.org/. Preliminary data from MICS 2010 is available; although reporting has not been completed, results of the survey are final.

^a Census 2009: child population: 6.4 million.

^b MICS 2010: U5MR: 179 per 1,000 live births.

^c 1,200 deaths per 100,000 live births is the 2008 estimate developed by the Maternal Mortality Estimation Interagency Group (WHO, UNICEF, UNFPA and the World Bank, together with independent technical experts), adjusted for underreporting and misclassification of maternal deaths. For more information, see www.childinfo.org/maternal_mortality.html.

^d Survey data.

^e MICS 2010: use of improved drinking water sources: 52%.

^f MICS 2010: use of improved sanitation facilities: 16%.

^g MICS 2010: one-year-olds immunized with DPT3: 20%.

^h MICS 2010: one-year-olds immunized against measles: 35%.

Summary of the situation of children and women

1. Chad faces numerous and varied challenges that have hindered its ability to make progress towards the Millennium Development Goals. The country, among the poorest and most deprived in the world, is ranked 163 out of 169 on the 2010 Human Development Index. More than half of the population (55 per cent) lives below the poverty line, and inequality is pervasive. A recent study found that 63 per cent of the population is multidimensionally poor, and an additional 28 per cent was at risk.¹ In addition to wealth, key factors determining inequality and deprivation are place of residence, gender and ethnic and regional affiliation.

¹ Alkire and Santos, 2010.

2. Children under 18 make up 57 per cent of the 11.3 million population, growing at an average annual rate of 3.6 per cent. In addition to the well-documented socio-economic and development challenges, the country has faced protracted geopolitical instability and recurrent armed conflicts since independence. This has severely hampered the country's development and outcomes for children. Further, Chad hosts around 320,000 refugees from Sudan and the Central African Republic and approximately 170,000 internally displaced persons in various camps.

3. Growing government revenues, primarily from oil, have contributed to the gradual improvement in the country's economic situation since 2003. But given the continued fragile security, the bulk of the incremental financial resources have been spent on military/defence. Between 2004 and 2010, the education share of the national budget fell from 15.4 per cent to 7 per cent, and the health share declined from 6.6 per cent to 5.6 per cent. Nevertheless, in gross terms, allocations to social sectors have increased. This is reflected in the 194 per cent increase in the budget of six key social sectors between 2002 and 2010. However, during the same period external financing fell by about 38 per cent, partially offsetting the increase.

4. The under-five child mortality rate decreased from 191 in 2005 to 179 in 2010. Despite this decline, it still is unacceptably high, and progress is slow. Polio has resurfaced as a major public health challenge, with 26 reported cases in 2010. Maternal mortality, at 1,200 per 100,000 live births, is one of the highest in the world. Only 23 per cent of women were assisted by a qualified person while giving birth. Inequality in access to health services is striking: less than 10 per cent of the poorest households use maternal and child health services, compared to 40 per cent for households in the richest quintile.

5. During the past decade, chronic malnutrition was aggravated, partially by the manifestations of climate change, coupled with the absence of systematic, institutional response mechanisms. Between 2005 and 2010, the percentage of underweight children climbed from 28 to 30, chronic malnutrition increased from 28 per cent to 39 per cent and acute malnutrition grew from 14.6 per cent to over 16 per cent, including 6.3 per cent children with severe acute malnutrition. Almost one in five newborns are born with low birthweight, and only 3 per cent of women practise exclusive breastfeeding.

6. In the same period, though, safe water and sanitation coverage improved. The percentage of people with access to safe water grew from 30 per cent to 44.3 per cent, and access to sanitation tripled, from 4 per cent to 12 per cent. However, overall coverage levels continue to be very low.

7. The number of people living with HIV/AIDS in Chad is estimated at 210,000, including 23,000 children under 15 years of age. The epidemic is evolving with noticeable disparities between women and men (4 per cent infected versus 2.6 per cent), rural versus urban settings (2.3 per cent versus 7 per cent) and in certain regions (N'Djamena: 8.3 per cent, Logone Oriental: 9.8 per cent). HIV prevalence among young people aged 15 to 24 years is 2.5 per cent for women and 1 per cent for men. The prevention of mother-to-child transmission (PMTCT) coverage, at 7 per cent, is insufficient, as is coverage of anti-retroviral treatment for children infected with HIV, at 9 per cent. The number of children orphaned by HIV/AIDS is estimated to be around 120,000.

8. The net primary school enrolment rate has increased from 39 per cent in 2000 to 52 per cent in 2010. However, education quality remains low, with a 21 per cent repetition rate and a 16 per cent dropout rate (UNESCO 2010). The primary school completion rate increased from 23 per cent in 2000 to 49 per cent in 2010. Community teachers, recruited by the community but not having undergone formal training in teacher training schools, represent 67 per cent of all teaching personnel. Given the growth in the number of students, teaching personnel would have to increase by at least 14 per cent every year to keep up with demand. With a gender parity index of 0.87 at primary level, and 22 per cent literacy among women aged 15–24 years, girls' education faces significant challenges. Income and place of residence are two of the most important factors influencing access to education.

9. Aided by effective advocacy and follow-up support, Chad has adopted a national policy against the use of children in armed conflict. The UNICEF-supported disarmament, demobilization and reintegration programme has helped in the release and reintegration of about 1,000 children associated with various armed forces and groups since 2007. However, the overall protection environment for children and women in the country is extremely weak. It is reflected in low levels of child birth registration (16 per cent) and the absence of supportive policies and institutional mechanisms to protect vulnerable children and women. Sexual and other forms of violence against women are common but rarely addressed in the absence of legal and institutional frameworks. Some 44 per cent of women aged 15-49 have suffered some form of female genital cutting, and a law prohibiting the practice has yet to be approved.

10. The key factors impeding fulfilment of the basic rights of children and women in Chad include protracted geopolitical instability, fragile security, widespread poverty, top-down and multifaceted inequality, insufficient social infrastructure and resources, weak institutional capacities, poor governance and the absence of institutional protection mechanisms for the vulnerable and marginalized parts of the population.

Key results and lessons learned from previous cooperation, 2006-2010

Key results achieved

11. The programme supported the development of a wide range of policy-relevant data, analysis and evidence on the situation of women and children. This included about 35 sectoral and inter-sectoral studies, assessments and evaluations. In addition, UNICEF led a nationwide multiple indicator cluster survey and a situation analysis in 2010, which provided vital data on women and children in Chad. The programme also supported other major nationwide surveys including a demographic and health survey, the Survey on Consumption and the Informal Sector (ECOSIT) and the 2009 National General Population and Habitat Census.

12. The programme contributions in *child survival and development* include the following key results: (a) integration of the concept of a 'continuum of care' in the national health plan; (b) free maternal care services for pregnant women; (c) adoption of a new national policy on oral rehydration salts (ORS) and zinc; (d) commitment of the State to 100 per cent funding of vaccines for routine immunization; (e) introduction of new vaccines, including for yellow fever and the

pentavalent vaccine; and (f) adoption of national protocols to prevent and treat malnutrition. Other results include adoption of the National Hygiene Code and the law protecting people living with HIV/AIDS from discrimination and providing free anti-retroviral drugs.

13. In *education*, the key results include the integration of the Essential Learning Package into the strategy for education quality improvement. Results in *child protection* include the country's commitment to end recruitment and use of children in armed forces and groups and a campaign mounted against sexual and gender-based violence.

14. UNICEF delivered a package of survival and development interventions for children and women, emphasizing those living in areas affected by conflict or emergency. The programme provided 100 per cent of vaccines, consumables and the cold chain for routine vaccination; 20 million doses of oral polio vaccine; and ORS/zinc for 2.5 million children under 5 years old. The number of therapeutic nutritional centres increased to 120 in 2009 and then to 204 in 2010, benefiting approximately 45,000 children under 5 suffering from severe acute malnutrition. The programme supported the construction of over 650 boreholes and 5,000 latrines for vulnerable populations and introduced the community-led total sanitation approach in 55 villages.

15. UNICEF support also led to a near tripling of sites offering PMTCT services (up from 37 to 104). The number of pregnant women screened at these sites increased from 5,400 in 2006 to 44,120 in 2010. The number of pregnant women receiving anti-retroviral prophylaxis also tripled, from 312 in 2006 to 1,000 in 2010, while the number of HIV-positive children undergoing treatment increased from 6 in 2005 to 976 in 2010.

16. In education, the programme supported 1,105 schools benefiting 286,500 students, including 85,750 girls in 10 regions. Around 60,000 children aged 3 to 5 years (60 per cent girls) attended 279 preschool establishments to prepare them for primary school. In addition, about 25,000 parents of children under 2 years old benefited from the parental education activities related to the Accelerated Child Survival and Development Strategy. In the area of protection, around 1,000 children demobilized from armed forces and groups benefited from transitional care, and a majority of them were reintegrated into their families.

17. As part of humanitarian support for the population affected by conflict (refugees, internally displaced persons and host communities), the programme ensured 90 per cent immunization coverage for children under 5. Approximately 16,000 children received nutritional treatment. The rate of severe acute malnutrition was kept at 10.6 per cent in refugee camps in the east and under 5 per cent for those in southern Chad. Additionally, over 400,000 people affected by conflict benefited from improved water and sanitation services. Since 2008, the programme has supported the enrolment of over 90,000 refugee and displaced children in primary school and 33,000 in preschool. In addition, close to 30,000 refugee and internally displaced children benefited from psychosocial care in 50 UNICEF-supported child-friendly spaces.

Lessons learned

18. Given the fragile country context of Chad, the geopolitical instability and security situation continue to be the main determinants of development priorities, use of resources and follow-up action. This was reinforced by the destabilizing events during the first half of the programme cycle, including attempts by rebel forces to take over the capital city in April 2006 and February 2008, which significantly hampered development progress.

19. The 2008 midterm review and other assessments suggest that even evidence-based interventions might not yield expected results in Chad unless they are suitably adapted to the country context.

20. Programme implementation and service delivery could benefit from community-based approaches, which improve effectiveness and results by bringing programme management, monitoring and oversight closer to realities on the ground.

21. Given the magnitude and complexities of the development challenges, tough work environment and limited resources in Chad, it is crucial to build synergies between agencies, programmes and interventions for efficient use of resources and real results for children and women.

22. The impact of climate change in Chad is still unfolding and therefore not yet fully understood. The Government and development partners need to be prepared to adopt innovative strategies to respond to its unpredictable variables.

The country programme, 2012-2016

Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child survival and development	17 885	49 200	67 085
Basic education and gender parity	7 500	10 000	17 500
Child protection	7 500	10 000	17 500
Strategic communication	6 250	6 250	12 500
Social policies, planning, monitoring and evaluation	6 250	6 250	12 500
Humanitarian action and emergency response	2 500	5 000	7 500
Cross-sectoral costs	8 700	8 300	17 000
Total	56 585	95 000	151 585

Preparation process

23. The country programme is the result of a systematic participatory process that included comprehensive internal reviews and formal and informal exchange with the Government and other partners. These discussions shaped the thematic and geographical contour of the new programme and ensured alignment with national priorities as well as the United Nations Development Assistance Framework

(UNDAF). The drafting committee emphasized mainstreaming key principles, such as human rights, gender and equity approaches. To guide the preparation of the programme, a new situation analysis was undertaken in 2010. In consultation with the Government, six focus areas were identified, and thematic working groups were constituted. Each group prepared a short strategic note that was used to guide the structured discussion with partners to elaborate each of the components. The draft CPD was shared with the Government and other partners, and has been updated to reflect their feedback.

Programme and component results and strategies

24. The programme will contribute to achievement of the Millennium Development Goals and the priorities of the UNICEF medium-term strategic plan, the Chad poverty reduction strategy paper (PRSP) and the UNDAF (2012-2015). The programme aims to achieve the following objectives by 2016:

(a) Increase the rate of prenatal and post-natal consultations to 50 per cent and 25 per cent, respectively;

(b) Improve the vaccination coverage for children aged 12 to 23 months to 80 per cent;

(c) Reduce the prevalence of global and severe acute malnutrition to under 12 per cent and 3 per cent, respectively;

(d) Increase access to potable water to 60 per cent, the percentage of the population using appropriate sanitation to 25 per cent and the adoption of proper hygiene practices to 30 per cent;

(e) Increase the proportion of young women (15-24 years old) with correct knowledge of HIV transmission and prevention to 70 per cent; and the proportion of HIV-positive pregnant women and children with access to anti-retroviral drugs to 80 per cent;

(f) Increase the net school enrolment rate to 70 per cent, the completion rate to 60 per cent, the parity index to 0.95 and the percentage of children in the first year of primary school who attended preschool the year before to 8 per cent;

(g) Increase the percentage of children with a birth certificate to 50 per cent; increase the percentage of demobilized children who benefit from adequate protection and are reintegrated into society to 100 per cent; and decrease the percentage of women (15-49 years old) who approve of female genital cutting practices to 25 per cent.

25. The cross-sectoral components aim to enhance the data, analysis and evidence base on the situation of women and children to support policy engagement and advocacy, undertake measures for key behavioural changes, implement a gender-sensitive social protection programme and ensure essential services for women and children affected by conflict or emergencies.

26. The following strategies will support the achievement of programme and component results:

(a) Reinforce regular development programming, aligned with stated national goals and priorities, to improve equitable coverage of high-impact

evidence-based basic interventions, particularly focused on vulnerable and marginalized women and children;

(b) Increase focus on targeted, simple interventions, using cross-sectoral integration, synergies and innovative approaches, to ensure sustained delivery of services. The goal is to enhance equity and reach vulnerable and marginalized groups, including people living in areas affected by conflict or emergencies as well as girls and nomadic people;

(c) Adjust geographical positioning to ensure balanced field presence and increased focus on high-risk regions in the Sahel belt, including the four regions in the east known as 'recovery zones', and selected regions in the south with high inequality;

(d) Continue the focus on humanitarian action within the framework of early recovery and durable solutions for people living in areas affected by conflict;

(e) Provide dedicated and institutionalized resources for emergency preparedness and response to deal with chronic hunger and food insecurity, recurring disease outbreaks and natural disasters;

(f) Increase emphasis on innovative solutions and testing of cross-sectoral, evidence-based strategies based on human rights, gender and community empowerment approaches, including community-led total sanitation and a gender-sensitive social protection programme.

Relationship to national priorities and the UNDAF

27. The key results and strategies of the country programme are fully aligned with the stated national priorities and goals as enumerated in the Chad PRSP 3 (in process) and UNDAF (2012-15). The programme will contribute to three UNDAF strategic intervention axes: (a) a favourable environment for economic growth, including allocation of resources and development of social sector policies and strategies; (b) support for governance; and (c) support for human capital, including for basic social services.

Relationship to international priorities

28. The key results of the country programme are fully aligned with the objectives and targets of the Millennium Development Goals. The programme focus areas and strategies are also consistent with the medium-term strategic plan (2006-2013) focus areas and strategies. The programme strategies are tailored to ensure renewed focus on results for the most vulnerable and marginalized groups of women and children. They are also closely linked with relevant articles of the Convention on the Rights of the Child and other international agreements and protocols on the rights of women and children.

Programme components

29. **Child survival and development.** This component will bring together the health, nutrition, water, sanitation and hygiene (WASH) and HIV/AIDS sub-components. It will mainstream interventions to build synergy and improve efficiency and results for the most vulnerable and marginalized women and children. Integration and geographic convergence are expected to improve

equitable access to and coverage of a set of proven, high-impact and cost-effective interventions.

30. *Health.* This sub-component will implement the Accelerated Child Survival and Development Strategy and its three elements, expanded programme on immunization (EPI+), antenatal care (ANC+) and integrated management of childhood illness (IMCI+). The EPI+ element will be reinforced by strengthening the cold chain and logistics facilities, investing in building the capacity of government health personnel on EPI management, improving programme monitoring and adopting the Reaching Every District approach.

31. To support polio eradication, UNICEF will further expand the social mobilization and communication campaign. ANC+ services will include a focus on critical post-natal care. Emphasis will be placed on strengthening the capacities of families and communities to improve care practices at home. Malaria treatment will be included in the IMCI+ package, and treatment of neonatal sepsis and pneumonia will be introduced using community health workers. The programme will use both fixed site and service-bundling approaches to improve efficiency by delivering multiple high-impact interventions at the same time. The programme will also use new approaches, such as mobile clinics in targeted areas to reach the unreached and cash transfers for identified groups of vulnerable women to increase use of key maternal and child health services.

32. *Nutrition.* This sub-component will seek to improve the nutritional status of under-5 children and pregnant and lactating women. The treatment of severe acute malnutrition will be strengthened by increasing the number of nutritional centres and the quality of care. Key family practices will be promoted, with emphasis on exclusive breastfeeding during the first 6 months and appropriate complementary feeding practices. A nutritional surveillance system will be established and the institutional capacities of the National Nutritional and Food Technology Centre will be strengthened. Efforts against micronutrient deficiencies will combine supplementation, targeted distribution of fortified food, universal salt iodization and promotion of diversified diets in several vulnerable communities.

33. *WASH.* This sub-component will support the development and operationalization of the national water, sanitation and hygiene policy. The programme will seek to improve equitable access to safe water and basic sanitation services while promoting hygiene through sustainable and cost-effective approaches. Specific attention will be given to ensuring access to safe water and sanitation services by vulnerable groups, and in settings such as primary schools and health and nutrition centres. The capacities of local partners will be strengthened for delivery, monitoring and maintenance of services. Interventions such as manual borehole drilling, community-led total sanitation and hand-washing will be scaled up.

34. *HIV/AIDS.* This sub-component aims to scale up PMTCT services and improve the knowledge and ability of young people to practise safe behaviour. To ensure quality of PMTCT services, the programme will provide a regular supply of consumables, support capacity building, monitor service delivery and support community mobilization. Emphasis will be placed on synergies between interventions in maternal health and PMTCT services. Paediatric HIV/AIDS care services will be strengthened. Interventions aimed at youth will be further expanded.

35. **Basic education and gender parity.** This component will focus on primary school enrolment and retention, especially among girls and children belonging to marginalized groups. The programme will also support interventions aimed at the physical, cognitive and psychological development of children aged 2 to 5 years and strengthen the community based Essential Learning Package for parental education.

36. Social mobilization and behaviour change communication will be used to increase demand for education, and micro-planning will give targeted support to the education of girls and vulnerable groups. An analysis of obstacles will be carried out to determine demand and supply-side obstacles to guide policies. The child-friendly school strategy will be strengthened and efforts will be made to ensure increase government ownership for sustained action.

37. The programme will support training of community teachers. It will provide teaching and learning materials for teachers and students and work to strengthen institutional capacities for effective management of the education system. The programme will also contribute to the development of integrated interventions making use of community approaches to strengthen child survival and development.

38. **Child protection.** This component will contribute to strengthening of the protective environment for vulnerable children, including those affected by armed conflict and faced with or at risk of sexual or gender-based violence. It will seek to strengthen the national legal protection framework and institutional mechanisms. Key strategies will include policy advocacy and follow-up support for birth registration; institutionalization of the programme for transitional care and rehabilitation of children associated with armed forces and groups; and the campaign against sexual and gender-based violence.

39. As head of the task force established through United Nations Security Council resolution 1612, UNICEF will continue its efforts to monitor and report on the six grave violations against children. An awareness campaign on the risks of mines and unexploded ordnance will be carried out and victims will be supported in their rehabilitation. As part of the reinforced efforts to prevent sexual and gender-based violence, the programme will focus on reducing female genital cutting, early and/or forced marriages, and domestic violence. The programme will contribute to documentation of these phenomena and development of implementation strategies. It will also undertake behaviour change communication and ensure care and support to victims of sexual and gender-based violence.

40. **Strategic communication.** This cross-sectoral component will strive to ensure capacity building for national institutions and other key stakeholders, including communities and civil society organizations.

41. *External relations and advocacy.* This sub-component will work to enhance programme documentation and visibility and to expand strategic partnerships and alliances. Such partnerships will include the media to increase the visibility of key development priorities and aid in raising resources.

42. *Communication for development.* This sub-component will be based on five axes: (a) behaviour change communication; (b) social mobilization; (c) partnerships with the private sector and civil society; (d) media relations; and (e) interpersonal communication. The programme will help to improve key individual, family and

community behaviours. It will focus on increasing the coverage of routine and polio immunization, use of ORS/zinc for treatment of diarrhoea, exclusive breastfeeding, hand-washing, girls' education, birth registration and prevention of sexual and gender-based violence.

43. **Social policies, planning, monitoring and evaluation.** This cross-sectoral component has two separate sub-components.

44. *Social policy.* This sub-component will support complementary interventions aimed at using human rights advocacy, women's empowerment and community approaches to improve girls' education and reduce maternal mortality. The focus on social protection is guided by the growing body of evidence suggesting that broad-based action looking beyond immediate causes is needed to address issues like maternal and child mortality.

45. This initiative is also supported by four distinct country features: (a) a concentrated revenue base (two thirds of revenue comes from oil); (b) widespread poverty and top-down inequality; (c) the country's reported budget surplus and fiscal space, implying that resources could be available to support investment for social protection measures; and (d) the need for evidence-based interventions in view of the country's institutional and structural weaknesses.

46. Strategic programme elements will include (a) development of policy and institutional framework; (b) improved data gathering and analysis to guide programme design; (c) detailed feasibility study and piloting of three to four social protection interventions; (d) evidence synthesis and documentation and dissemination of piloting experiences and results; (e) policy engagement, advocacy and follow-up support for adoption of a gender-sensitive national social protection programme; and (f) technical and management assistance, monitoring and partial financial support for phased implementation of the selected interventions.

47. *Planning, monitoring and evaluation.* This sub-component will strengthen the collection and analysis of data. This will create a strong evidence base to support policy advocacy and strategic planning for efficient implementation of key interventions. The main strategies will include technical support for the use of results-based planning and management tools in developing national plans. The programme will also support micro-planning at decentralized levels for key interventions. The monitoring and evaluation functions will seek to increase the availability of disaggregated data on the situation of women and children, with a focus on the most vulnerable and marginalized. National monitoring and evaluation capacities will be strengthened, as will the internal country office capacity. In addition, the programme will spend about 7 per cent of total programmable resources to support monitoring and evaluation functions, including sectoral and cross-sectoral surveys, studies and evaluations.

48. **Humanitarian action and emergency response.** This cross-sectoral component will contribute to anticipating, preparing for and responding to humanitarian and emergency situations.

49. *Humanitarian action.* This sub-component will support the continuation of basic survival and development services and protection measures for women and children in areas affected by conflict. Together with partners, the programme will support the implementation of the interventions outlined in the National

Programme for Early Recovery in the East, and other measures aimed at sustained and durable solutions for the people living in the recovery zones.

50. *Emergency response.* This sub-component will help to strengthen institutional and community capacities to prevent and mitigate emergency risks by improving preparedness and an effective response system. An updated early warning/early action system will be put in place to guide it. Institutionalizing emergency response will ensure improved and coordinated action and synergy between routine programming and emergency response activities.

Major partnerships

51. Given the well-documented structural and institutional weakness of the country, UNICEF will further expand partnerships to strengthen policy engagement and advocacy, programme management and monitoring and oversight, particularly for interventions aimed at vulnerable and marginalized women and children. Collaborations with key government ministries and departments will be further strengthened at both national and decentralized levels. Similarly, collaboration with United Nations agencies will be reinforced to build synergy, avoid duplication and ensure coordinated response. More focus will be given to strengthening partnerships with key international financial institutions, including the African Development Bank, the World Bank and the International Monetary Fund. The programme will strengthen partnerships with the bilateral institutions in Chad. Efforts will be made to expand partnerships with other key nations represented by embassies or offices in Cameroon. The programme will continue to associate with international and local non-governmental organizations, including community- and faith-based groups and the private sector where possible.

Monitoring, evaluation and programme management

52. Overall programme management, monitoring and evaluation will be a joint responsibility of the Government of Chad and UNICEF. This will involve periodic analysis of the situation of women and children using reliable, disaggregated data, use of programme implementation and monitoring data on the key indicators outlined in the summary results matrix, and sectoral analyses, assessments and evaluations led or supported by UNICEF, as part of the Integrated Monitoring and Evaluation Plan. In addition, annual work plans will be developed in consultation with the Government and partners for each of the six programme components, which will be used for formal programme reviews quarterly and annually. A midterm review will be organized in 2014. Towards the end of the programme (in 2014/2015) multiple indicator cluster survey 5 will provide the nationwide household data that will be used for the overall programme evaluation. In addition, the programme will benefit from the use of relevant data and analysis from other United Nations agencies and partner organizations.
