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United Nations Population Fund

Country programme document for Chad

Proposed indicative UNFPA assistance:	\$60.0 million: \$15 million from regular resources and \$45.0 million through co-financing modalities or other resources
Programme period:	5 years (2024-2028)
Cycle of assistance:	Eight
Category:	Tier I
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2024-2026

I. Programme rationale

1. Chad is a landlocked country, home of protracted crises with poor socio-economic indicators with an area of 1,284,000 km² located in Central Africa. The population, estimated at approximately 18 million (2023), of which 73.8 per cent live in rural areas, is growing at an annual rate of 3.6 per cent per year. Women and men represent 50.7 per cent and 49.3 per cent, respectively, of the total population (Chad GPHC 2, 2009 projection). The population is young; more than two of three of Chadians are under the age of 25. According to Chad's Voluntary National Sustainable Development Goals (SDG) Review report for 2021, there is some progress, especially in ending violence against children and the retention of girls in primary school (from 28.8 per cent in 2011 to 41.5 per cent in 2019). The poverty rate decreased slightly (from 43.3 per cent in 2011 to 42.3 per cent in 2019), with rural areas at 49.7 per cent and urban areas at 19.3 per cent. The Human Development Index (HDI) was 0.394 in 2022 (ranked 190 of 191).

2. The COVID-19 pandemic has radically changed the macroeconomic outlook of the country. Falling demand for exports, reduced inflows of foreign direct investment and inflation have hampered the country's economic performance. A socio-economic impact study of the COVID-19 pandemic in Chad, carried out in June 2020, revealed that the simulations integrating the effects of this pandemic show that the projected real gross domestic product (GDP) growth to 6.9 per cent in 2020, including 27.5 per cent for the oil sector and 6.2 per cent for the non-oil sector, would drop to -0.4 per cent. According to the 2023, National Financial Law (National Budget), the GDP rebounded to 5.1 per cent in 2022.

3. The maternal mortality ratio has remained extremely high over the last 20 years despite the Government's attention and efforts. According to the latest World Health Organization (WHO) estimations, the maternal mortality ratio has decreased slightly (from 1,366 per 100,000 live births in 2000 to 1,063 per 100,000 live births in 2020). Maternal deaths account for 45 per cent of all deaths of women aged 15-49 years; and 60 per cent of maternal deaths are among adolescent girls (aged 15-19 years). Direct causes are pre-eclampsia/eclampsia (21.6 per cent); haemorrhage (20.3 per cent); dystocia/prolonged labour (14.8 per cent); postpartum infection (6.3 per cent); and complications from abortion (6 per cent).

4. The total fertility rate is 6.4 children per woman (6.8 in rural areas and 5.4 in urban areas). The proportion of children aged 15-19 years who are already mothers or pregnant for the first time is 37 per cent; the adolescent fertility rate is 130 births per 1,000. Despite the fact that there is a law forbidding child marriage, it remains an alarming issue (61 per cent in 2022 [UNICEF data, March 2023]). This high child marriage rate and the weak health system are among the critical causes for the high maternal mortality ratio and obstetrical fistula, particularly the low availability and access to basic and comprehensive obstetric and newborn care; low skilled birth at delivery and institutional delivery; and the low levels of girls' education, which deny girls the right to education, to fulfil their potential and to contribute to the country's development.

5. The modern contraceptive prevalence rate is low despite some slight increase (from 5 per cent in 2015 to 6.7 per cent in 2019); among adolescents aged 15-17 years, the prevalence rate is 2.0 per cent. The unmet need for family planning is high among married women or in a union (30.2 per cent) and among girls aged 15-19 years (26.7 per cent). The low modern contraceptive prevalence rate is due to the poor availability of high-quality sexual and reproductive health and rights (SRHR) services alongside the prevailing social norms and the low status of women and girls.

6. Gender inequality is persistent (gender inequality index of 0.710) and deeply rooted in society, with entrenched social norms, widespread fragility and the persistence of discrimination due to the low status and low education levels of women and girls. The gender-based violence (GBV) prevalence is high, with 29 per cent of women and 17.9 per cent of adolescent girls having experienced at least one form of physical violence. The child marriage trend has been growing over the last three decades, increasing from 43 per cent in 1994 to 61 per cent in 2022. Child marriage is a dramatic violation of girls' rights, with life-long consequences that will affect their ability to achieve their full potential, in addition to making them particularly vulnerable to GBV, early pregnancy and childbirth-related health risks that can result in maternal death or lead to obstetrical fistula, besides also perpetuating the cycle of poverty. Female genital mutilation (FGM) has decreased slightly over the last 20 years but remains high (45 per cent in 2004; 38 per cent in 2015; and 34 per cent in 2019).

7. The root causes of the high fertility rate, the high maternal mortality ratio and the high GBV prevalence stem from persistent and growing social and economic inequalities that affect especially women, young people and other populations furthest left behind; weak governance and low capacity of government institutions; persistence of insecurity and communal conflicts; and increased poverty with population growth since the country's independence.

8. Chad has ratified all international human rights conventions and has several policies and plans in place to empower women and girls and address GBV; ensure promotion of SRHR; protect vulnerable groups and promote youth development through government social action funds; and protect and promote enjoyment of the human rights by all, including persons with disabilities; however, their application in practice faces many constraints due of the entrenched socio-cultural burdens. Because of the duality of law in Chad (judicial law and traditional law), along with governance and justice issues, communities and individuals often resort to the traditional resolution of conflicts.

9. Chad is prone to many protracted man-made and natural disasters. Climate change has affected Chad particularly in the northern region (Sahara), which represents two thirds of the territory, the central Sahel region and the Southern region (Sudanese zone). Every year, the Sahelian and Sudanese zones experience the effects of climate change, particularly floods and droughts. When a drought and flood occur, they have a direct and indirect impact on women and girls and their sexual and reproductive health (SRH). Drought and flood cause losses in crops, livestock and livelihoods, resulting in increased poverty, malnutrition and food insecurity, which further negatively affect maternal and newborn health. In 2022, floods affected nearly 1.4 million persons in the Sahelian and Sudanese zones.

10. The country is affected by multiple geopolitical issues involving neighbouring countries. Other crises are inter-communal conflicts over access to natural resources (land for agriculture and for grazing), resulting in conflicts between farmers and nomadic breeders; armed rebellions since the independence of the country, resulting in the insufficient investment in human capital; action by non-State armed groups, resulting in population displacement, both internally and from neighbouring countries. Chad hosts numerous refugees and asylum seekers (597,728), internally displaced peoples (381,289) and returnees (101,551), and these numbers continue to grow. Chad has a recurrent vulnerability due to the various crises. In 2022, 5.5 million people were in need of humanitarian assistance, among whom were 2.7 million children; 3 million women aged 15-49 years and 1.7 million people with disabilities (health, food security, nutrition, protection, shelter and education).

11. Chad started the preparation of its third Population and Housing Census in 2018 but the process was delayed due to financial and political crises. The new authorities are committed to resuming the census; cartographic mapping is planned for 2023 (using high-resolution satellite maps) while the enumeration is planned for 2024. The census will enable the country to have timely, accurate and disaggregated data to strengthen national development planning.

12. The midterm review of the previous country programme cycle called for an adequate human resource capacity to deliver, with a greater focus on the three transformative results of UNFPA and the six outputs of the new strategic plan, adopting a life-cycle approach in women's and girls' empowerment programming. The programme achieved the following: (a) religious resistance to birth spacing has disappeared, though little progress has been made on modern contraceptive use; (b) Chad made a voluntary ICPD25 commitment to allocate 25 per cent of the overall health budget to maternal health, though it has not yet been implemented so far; (c) strengthened midwifery, through education, association, and deployment of a network of over 100 midwives ; (d) 40 functioning emergency obstetric and neonatal care facilities in a network of 109 facilities; (e) fistula prevention and care for 1,753 women; (f) 330 683 births assisted by skilled staff; (g) the application decree to the Reproductive Health Law (promulgated in 2002) was signed by the Government in 2022; (h) new users of family planning increased (from 60,407 in 2017 to 644,237 in 2022); (i) 250,886 young people and adolescents benefited from SRH services and information; (j) reduction of stockouts (service delivery points with no stockouts increased from 15.6 per cent in 2017 to 31.4 per cent in 2020); (k) national GBV elimination strategy adopted and a National Action Plan for United Nations Security Council resolution 1325 adopted; (l) eight GBV one-stop centres for holistic assistance to GBV survivors in hospitals established; (m) 9,340 GBV survivors benefited from holistic care; (n) technical preparation of the third General Population and Housing Census; and (o) support to participation of women and young people in political dialogue and transition coordination structures (Security Council resolutions 1325 and 2250).

13. Partnerships and strategic alliances with religious and traditional leaders and women and youth associations contributed to making progress in the SRHR, GBV and family planning. Synergies with World Bank projects, the Muskoka Fund, joint projects and initiatives with partner United Nations agencies have boosted these achievements.

14. The lessons learned and the challenges are the following: (a) strong collaboration and involvement of Muslim religious leaders has helped remove religious barriers to increased demand and utilization of maternal health services, including family planning, in the intervention areas; (b) sustained policy dialogue and good partnerships are necessary for the success of any programme; (c) the results of the 2017 symposium on Islam, the demographic dividend and family welfare was an important trigger for the acceptance of modern family planning methods in Muslim communities; and (d) establishment of an centre for emergency obstetric and neonatal care and family planning coaching and continuing education, through a hands-on approach at main hospitals, enabled the technical capacity building of midwives and nurses recruited and deployed in the field. However, besides the negative impact of the

COVID-19 pandemic, the entrenched social norms within the country did not allow the programme to achieve the expected results, particularly on child marriage, which is the main cause of girls' death, depriving them of hope and prosperity which keeping the country in poverty.

15. UNFPA actively supported the elaboration of the Common Country Analysis (CCA) and the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2024-2026, and brings its comparative advantage in efforts on sexual reproductive health and rights; maternal health and family planning; adolescents and youth development; a human rights-based approach; humanitarian response; prevention and response services on GBV and other harmful practices; and population data and statistical systems to support delivery of joint programmes, including in humanitarian settings.

II. Programme priorities and partnerships

16. The new country programme is aligned to national priorities; the 2030 Vision “The Chad We Want”; the African Union Agenda 2063; the 2030 Agenda for Sustainable Development; the International Conference on Population and Development (ICPD) Programme of Action; the Convention on the Elimination of All Forms of Discrimination against Women; the UNFPA Strategic Plan, 2022-2025, and the UNSDCF, 2024-2026. The programme is designed to accelerate achievement of the three transformative results, monitor the implementation of voluntary national ICPD25 commitments and the Sustainable Development Goals (SDGs). The programme vision is that all women and young people, especially those living in the most vulnerable and marginalized communities, are empowered to enjoy healthy and productive lives through universal access to sexual and reproductive health and to realize their reproductive rights.

17. Considering the larger context of megatrends, the new programme will mobilize efforts to accelerate the achievement of the three transformative results, in development, peace and humanitarian contexts, by supporting the Government, communities, civil society organizations, women and youth organizations and networks to accelerate actions to enhance universal access to SRHR, especially in reducing preventable maternal deaths, reducing unmet need for family planning, and preventing GBV and harmful practices.

18. While accelerating action on maternal health, family planning and GBV through its five outputs, the programme will consider human rights principles and gender-transformative approaches in challenging social norms and practices that perpetuate inequalities and vulnerabilities. It will integrate the three zeros in addressing megatrends (poverty reduction; food insecurity; climate change; conflicts and crises) by leveraging partnerships and coalitions to advocate policies and resource allocation for girls' human capital; it will use South-South and triangular cooperation for knowledge sharing and skills transfer; and innovations and technology to address challenges in accelerating progress towards the transformative results. Special attention will be given to the victims of the devastating floods of 2022, which destroyed the homes, fields, livestock and the means of survival of so many.

19. The programme will adopt institutional and community mobilization approaches in pursuing five interlinked strategies: (a) creating an enabling environment; (b) strengthening supply chain systems; (c) mobilizing demand through grassroots communication and community empowerment for social and behaviour change; (d) building investment cases on child marriage and family planning; and (e) supporting data systems to generate evidence for planning and action.

20. The programme was developed in consultation with government and civil society partners and representatives of persons with disabilities, gender minorities, women and girls from remote locations and older persons at national and provincial levels. Applying human-rights based and gender transformative approaches, the programme will address social norms that hamper the achievements of the three transformative results, social exclusion and inequalities, with a focus on women and young people, especially most left behind, persons with disabilities and people living in remote areas. Emphasis will also be placed on supporting the government to deliver on its voluntary commitment to financing for the full achievement of the International Conference on Population and Development (ICPD) Programme of Action.

21. The country programme will prioritize the ‘convergence provinces’ of the UNSDCF, where most of the United Nations agencies operate; this will strengthen the coordination and commitment of ‘delivery as one’ and other joint programming arrangements with other United Nations agencies. UNFPA will also cover the provinces where synergy with other donors is possible, to ensure stabilization and a humanitarian-development continuum. In addition to the traditional implementation areas (Lake Chad; Kanem; Hadjer Lamis; Salamat; Logone Oriental; and Moyen Chari), the programme will scale up from these six provinces to 12 (the six additional provinces are Ouaddai, Mayo Keby Est,

Mayo Keby Ouest, Logone Oriental, Wadi Fira and Mandoul), ensuring 52 per cent geographical coverage of the country to ensure context-specific responses to socio-cultural factors and humanitarian situations that perpetuate inequalities and vulnerabilities, while advocating for further increased coverage. All these provinces are priority provinces for the transitional UNSDCF (2024-2026); and among the UNFPA implementation provinces, five host refugees and all are subject to fragility due to natural disasters (floods and drought).

22. The programme will continue to establish new partnerships – with the Government, civil society, women’s and youth networks, persons with disabilities networks, academia, the private sector, the media, parliamentarians and development partners – to address legal and policy implementation gaps, expand the reach of services, promote positive social and gender norms, including positive masculinity, and strengthen synergies for accelerated achievement of the SDGs. UNFPA will also build on multisectoral partnerships with donors and other entities to strengthen the impact of its work. The programme will also prioritize a shift from funding to financing of the programme through advocacy with the Government and other stakeholders.

A. Output 1. By 2028, increased national capacity to deliver comprehensive high-quality maternal health services, including in humanitarian situations

23. This output, which contributes to UNSDCF outcome 1, will be achieved through support to and strong collaboration with the Ministry of Public Health and its related departments in the provinces, United Nations agencies; non-governmental organizations (NGOs), women and youth organizations and local community members; this includes: (a) support for the accreditation of midwifery schools and the recruitment, deployment and retention of midwives in rural areas, including the humanitarian midwives network; (b) adequate coverage of obstetrical and neonatal emergency care and the promotion of their use; (c) strengthening the national capacity of prevention and treatment of women with obstetric fistula. The programme will ensure that the health system is able to deliver resilient, high-quality, accessible, available and acceptable comprehensive sexual and reproductive health services, with a focus on women, adolescents and youth, as well as persons with disabilities, in selected provinces, across the humanitarian-development continuum.

B. Output2. By 2028, increased national capacity to strengthen enabling environments, increase demand for and supply of modern contraceptives and improve the quality of family planning services, including in humanitarian situations

24. This output, which contributes to UNSDCF outcome 1, will be achieved through the Ministry of Health and Ministry of Gender and National Solidarity, United Nations agencies, NGOs, women and youth organizations and local community members; this includes: (a) advocating for the implementation of laws and regulations norms and standards on family planning in partnership with traditional and religious authorities, youth and women organizations; (b) strengthening the commodities supply chain and logistics management system to reach those left furthest behind in remote areas; and (c) expanding high-quality family planning services through advanced strategies and community-based services, particularly for married adolescent girls. The programme will address both supply-side and demand-side issues by focusing on social norms and barriers to the use of integrated and high-quality SRH and family planning information and services, particularly for adolescents and young people.

C. Output3. By 2028, increased national capacity to provide prevention and response services for gender-based violence and harmful practices against girls and women, including in humanitarian situations

25. This output, which contributes to UNSDCF outcome 2, will be achieved through collaboration with the Ministry of Gender and National Solidarity, the Ministry of Public Health, United Nations Agencies, NGOs, women and youth organizations and local community members; this includes: (a) strengthening communication for behavioural change with the involvement of women, youth and traditional and religious leaders for the prevention, protection and response to gender-based violence, child marriage and for initiation rites without FGM; (b) scaling up holistic, survivors-centred assistance to GBV survivors through GBV one-stop centres; (c) enhancing national legislation for GBV prevention and promotion of gender equality, including their adoption as well as support for the implementation of available laws; (d) supporting the implementation of the Law against Child Marriage through step-by-step sensitization of traditional and religious leaders, parents, and girls and boys; (e) support affirmative action to empower the most vulnerable populations, including first-time young mothers, adolescents and youth, as well as persons with disabilities, people from minority groups, refugees, internal displaced people and those in hard-to-reach areas, while linking such groups

to SRH and GBV services and income-generating opportunities. The programme will target and empower women, girls, boys and men, including persons with disabilities, key HIV population groups, refugees and community members to adopt healthy lifestyles and use SRH and GBV services within a supportive social system in order to sustain the behavioural change.

D. Output 4. By 2028, increased access to high-quality and youth-friendly reproductive health services for marginalized adolescent girls, including those at risk of child marriage, including in humanitarian situations

26. This output, which contributes to UNSDCF outcomes 1 and 2, will be achieved through the Ministry of Public Health, the Ministry of Gender and National Solidarity, the Ministry of Youth, youth associations, networks of people with disabilities and other vulnerable people, and NGOs. This output will be achieved by: (a) scaling up the delivery of life education and reproductive health programmes for in-school and out-of-school settings to address discriminatory social norms; (b) promoting positive masculinities and raising young people's awareness of their reproductive rights; (c) supporting the implementation of the Law against Child Marriage through step-by-step sensitization of traditional and religious leaders, parents, girls and boys; (d) increasing access for adolescent and marginalized girls to information and sexual and reproductive health services through community-based outreach; and (f) supporting the development of girls' empowerment projects, including for those with disabilities, refugees, internal displaced people, in synergy with projects on women's empowerment and the demographic dividend and across the humanitarian, development and peacebuilding continuum. The programme will build the capacities of adolescents and youth to be agents of change, to be able to make informed decisions about their bodies, their lives and their world and embrace a healthy lifestyle, adopt positive health attitudes and reach their full potential.

E. Output 5. By 2028, strengthened national capacities on data and statistics to provide evidence on population dynamics and inform development policies and programmes

27. This output, which contributes to UNSDCF outcome 4, will be implemented through the Ministry of Economic Prospective and International Partnerships and the National Statistical Office. This will be achieved by: (a) strengthening the capacity of government institutions to collect, analyse and disseminate disaggregated population data, to inform inclusive policies, budgets and programmes, to support their monitoring, and to connect the three zeros to megatrends; (b) supporting the third general population and housing census, civil registration and vital statistics data, functional observatory and the national database for gender equality and equity, investment cases on child marriage and family planning; (c) equipping policymakers with knowledge and skills on population and development and its interlinkages with the SDGs; (d) providing support to analysis of population megatrends, including on the demographic dividend, population ageing and internal migration, and interlinkages with the three transformative results. The output aims at integrating population dynamics and evidence into policies and plans at national and local government levels, while increasing the use of innovation and new technologies.

III. Programme and risk management

28. The programme will be coordinated by the Ministry of Economic Prospective and International Partnership and Forecasting in synergy with the ministries in charge of public health, women, youth and education. A programme coordination steering committee, chaired by the Minister of Economic Prospective and International Partnership and co-chaired by the Minister of Public Health and Minister of Women Affairs, will be established.

29. UNFPA will create strategic partnerships with United Nations agencies, civil society, financial institutions, and multilateral and bilateral partners, including the Sahel Women's Empowerment and Demographic Dividend (SWEDD) regional initiative, the Ouagadougou Partnership and the private sector, aimed at institutionalizing strategic and sustainable measures to protect women's rights, especially their sexual and reproductive rights, and to promote gender equality and universal access to sexual and reproductive health services. A partnership and resource mobilization plan will be elaborated, to be implemented during the programme.

30. The programme will be realized through various implementing partners, including national, provincial and district-level government agencies and multiple stakeholders, facilitating participatory joint planning and implementation of workplans with key partners, following appropriate risk and capacity assessments. UNFPA will use the harmonized approach to cash transfers, including direct cash transfers, direct payments and reimbursements, depending on the risk assessment and spots checks undertaken.

31. The programme will benefit from technical, operational and programmatic support from the regional office and UNFPA headquarters and will leverage South-South and triangular cooperation. Staff realignment undertaken late in the previous programme will be updated, to align with the new programme delivery needs.

32. Programme risks include: (a) political sensitivities and deep-rooted socio-cultural norms that undermine public confidence and affect policy and resource allocation decisions for interventions related to SRH and GBV programmes; (b) continuing or growing social unrest within the country and security crises in neighbouring countries; (c) continued humanitarian crises, including natural disasters, pandemics and health emergencies; and (d) external economic shocks, jeopardizing resource mobilization.

33. The country office will develop contingency plans to mitigate the potential risks: (a) promoting financing within national institutions; (b) promoting positive masculinity; (c) developing a contingency plan for the implementation of the Minimum Initial Service Package for SRH in crisis situations; (d) reinforce national and regional initiatives and institutional networks, such as the G5 Sahel, to leverage resources mobilization; (e) and redirecting resources, if needed, to support emergency responses, in coordination with the Government.

34. The financing landscape presents opportunities and limitations. The multifaceted and interlinked crises, including security crises, have narrowed the fiscal space and reduced the government ability to finance the human capital sector. Chad has not been a country attractive to donors for decades, despite having some of the worst SDG indicators, and unlike in other Sahel countries, traditional donors and other strong supporters of the UNFPA mandate have provided very limited bilateral support in Chad to address the three transformative results, including in humanitarian situations. Many of the traditional donors to UNFPA do not have representation in Chad, which is also a challenge. This situation could also be an opportunity that calls for greater investment and resource mobilization from non-traditional donors and innovative financing (a pillar of the new country programme resources mobilization plan).

35. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

36. The programme will apply the principles of results-based management, which will be guided by a comprehensive budgeted monitoring and evaluation plan that will include results monitoring, analysis and adapting various approaches. UNFPA and the Ministry of Economic Prospective and International Partnership will oversee implementation of the programme; they will hold periodic programme reviews to assess progress towards programme milestones and annual targets and to determine whether any adjustment to programme strategies is required. The Programme Coordination Steering Committee will call for annual reviews that will enable it to follow up on the progress, according to the workplans, and address challenges encountered by implementing partners in the field.

37. A midterm review and a final evaluation at the end of the country programme will be conducted, and will, where possible, contribute to the evaluation of the UNSDCF. Thematic and project-specific evaluations, appreciative inquiry, documentation of innovation and sharing of good practices will also be conducted within the programme.

38. Monitoring and evaluation of the country programme will be aligned to the monitoring of the UNSDCF as well as UNFPA Strategic Plan, 2022-2025, integrated results and resources framework. UNInfo will be used as the primary monitoring platform and will inform discussions on UNSDCF progress. UNFPA will continue to be engaged in the inter-agency working groups of the United Nations Monitoring and Evaluation Group within the coordination mechanisms of the United Nations country team for the UNSDCF annual planning and reporting of progress. UNFPA will actively contribute to efforts to strengthen national, provincial and local capacities for results-based planning, monitoring, reporting and evaluation, in particular for monitoring of the SDG indicators.

39. UNFPA will support the United Nations country team processes by engaging, and providing strategic leadership, in outcome and result groups, relevant UNSDCF plans and joint programmes, reporting and quality assurance mechanisms, including the United Nations joint system for reporting in Chad.

40. UNFPA will support national efforts, including developing capacity and reinforcing a culture for results-based management by its partners to strengthen results-based monitoring, reporting and evaluation.

RESULTS AND RESOURCES FRAMEWORK FOR CHAD (2024-2028)

NATIONAL PRIORITY: AXIS IV of Vision 2030 aimed at improving the quality of life of the Chadian population				
UNSDCF OUTCOME(S): By the end of 2026, the most vulnerable populations, including women, girls and children, especially those under 5 years old, including refugees, displaced persons, returnees, migrants, nomads, people with disabilities and key populations in targeted areas, have equitable access to and use of basic social services.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF Outcome indicator(s):</u> <ul style="list-style-type: none"> Maternal mortality rate <i>Baseline: 1,063 per 100,000 live births (2020); Target: 500 per 100,000 live births (2028)</i> <u>Related UNFPA Strategic Plan outcome indicator(s):</u> <ul style="list-style-type: none"> Proportion of births attended by skilled health personnel <i>Baseline: 34.5% (2019); Target: 50% (2028)</i> 	Output 1. By 2028, increased national capacity to deliver comprehensive high-quality maternal health services, including in humanitarian situations.	<ul style="list-style-type: none"> Proportion of national emergency obstetric and neonatal care network health facilities in the programme intervention area offering emergency obstetric and neonatal care <i>Baseline: 23% (2020); Target: 90%</i> Number of national training schools supported and accredited on standards of International Confederation of Midwives that initiated training of midwives. <i>Baseline: 5 (2022); Target: 7 (2028)</i> Proportion of births attended by qualified personnel in the programme intervention area <i>Baseline: 34.5% (2019); Target: 50.0% (2028)</i> Number of cases of obstetric fistula treated with UNFPA support <i>Baseline: 1,753 (2022); Target: 2,000 (2028)</i> 	Ministry of Public Health and related departments; non-governmental organizations; United Nations organizations; bilateral and multilateral donors; NGOs.	\$15 million (\$2.0 million from regular resources and \$13.0 million from other resources)
<u>UNSDCF Outcome indicator(s):</u> <ul style="list-style-type: none"> Modern contraceptive prevalence rate. <i>Baseline: 6.7% (2022); Target: 20% (2028)</i> Modern contraceptive prevalence rate of adolescents aged 15-19 years <i>Baseline: 3.6% (2022); Target: 5.0% (2028)</i> <u>Related UNFPA Strategic Plan outcome indicator(s):</u> <ul style="list-style-type: none"> Percentage of service delivery points reporting no stockouts of any contraceptives <i>Baseline: 11% (2020); Target: 60% (2028)</i> Percentage of first-level service delivery points 	Output 2. By 2028, increased national capacity to strengthen enabling environments, increase demand for and supply of modern contraceptives and improve the quality of family planning services, including in humanitarian situations.	<ul style="list-style-type: none"> Percentage of women of childbearing age using a modern contraceptive method (disaggregate by age) <i>Baseline: 8.5% (2022); Target: 10.6%</i> Percentage of health districts with functional logistics management information systems to forecast and track reproductive health commodities <i>Baseline: 26.5% (2023); Target: 35.3% (2028)</i> Percentage of service delivery points with at least 3 modern family planning methods <i>Baseline: 74.3% (2020); Target: 85% (2028)</i> 	Ministry of Public Health and related departments; non-governmental organizations; United Nations organizations; bilateral and multilateral donors; NGOs; Supreme Council for Islamic Affairs ; Evangelical Churches and Missions Agreement in Chad.	\$20 million (\$4.5 million from regular resources and \$15.5 million from other resources)

<p>offering at least three contraceptive methods <i>Baseline: 17.4% (2020); Target: 22% (2028)</i></p> <ul style="list-style-type: none"> • Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods <i>Baseline: 17.4% (2019); Target: 25% (2028)</i> • Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care <i>Baseline: 14.3% (2015); Target: 18% (2028)</i> 				
<p>UNSDCF Outcome indicator(s):</p> <ul style="list-style-type: none"> • Proportion of women in decision-making bodies <i>Baseline: 25% (2021); Target: 35% (2028)</i> <p>Related UNFPA Strategic Plan outcome indicator(s):</p> <ul style="list-style-type: none"> • Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence in the previous 12 months, by age and place of occurrence <i>Baseline: 35% (2015); Target: 26% (2028)</i> • Prevalence of FGM among women <i>Baseline: 34% (2019); Target: 25% (2028)</i> 	<p>Output 3. By 2028, increased national capacity to provide prevention and response services for gender-based violence and harmful practices against girls and women, including in humanitarian situations.</p>	<ul style="list-style-type: none"> • Number of one-stop centres established for managing cases of GBV <i>Baseline: 4 (2023); Target: 12(2028)</i> • Percentage of reported GBV cases that received at least one essential service (psychosocial, clinical/medical, legal/judicial assistance and livelihoods) <i>Baseline: 100% (2022); Target: 100% (2028)</i> • Percentage of communities/departments in target provinces that have made a commitment/declaration to end (a) female genital mutilation and (b) child marriage <i>Baseline: FGM: 0%; child marriage: 0 %; Target: at least 50%, respectively.</i> • Proportion of women, adolescents and youth, including women and young people with disabilities, who benefited from high-quality services related to sexual and reproductive health, prevention and protection from gender-based violence (including services related to mental health and psychosocial support) and harmful practices <i>Baseline: 0 (2023); Target: 30% (2028)</i> 	<p>Ministries of: Women; Youth; Health; civil society organizations; United Nations organizations.</p>	<p>\$6.5 million (\$2.0 million from regular resources and \$4.5 million from other resources)</p>

<p><u>UNSDCF Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Proportion of young people in decision-making bodies. <i>Baseline: 8% (2022); Target: 20% (2028)</i> <p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> Comprehensive sexuality education is integrated into policies or plans that have universal health coverage as the primary objective <i>Baseline: Yes (2022); Target: Yes (2028)</i> 	<p>Output 4. By 2028, increased access to high-quality and youth-friendly reproductive health services for marginalized adolescent girls, including those at risk of child marriage, including in humanitarian situations.</p>	<ul style="list-style-type: none"> Percentage of adolescents disaggregated by sex reached with sexual and reproductive health services <i>Baseline: 5.7% (2022); Target: 7.0%</i> Percentage of adolescents disaggregated by sex trained on comprehensive sexuality education <i>Baseline: 2% (2022); Target: 5% (2028)</i> Number of innovative initiatives, including digital solutions, for accelerating the achievement of the transformative results, led by the youth with support from UNFPA <i>Baseline: 0 (2023); Target: 3 (2028).</i> 	<p>Ministries of: Youth; Education; Women; and related departments; civil society organizations; United Nations organizations; multilateral and bilateral donors.</p>	<p>\$7.6 million (\$4.0 million from regular resources and \$3.6 million from other resources)</p>
<p>NATIONAL PRIORITY: AXIS 2: Strengthening good governance and the rule of law.</p>				
<p>UNSDCF OUTCOME(S): By the end of 2026, the State has implemented reforms and national development policies based on evidence of quality access, promoting renewable energy, technological innovations, driving inclusive economic growth that creates jobs and opportunities, particularly for young people, adolescents, women, including refugees, displaced persons, returnees, migrants and people with disabilities.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.</p>				
<p>UNSDCF outcome indicators, baselines, targets</p>	<p>Country programme outputs</p>	<p>Output indicators, baselines and targets</p>	<p>Partner contributions</p>	<p>Indicative resources</p>
<p><u>UNSDCF Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Youth underemployment rate (formal and informal) <i>Baseline: 3.4% (2020); Target: 2.6% (2028)</i> <p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> The country conducted a general population and housing census <i>Baseline: No (2023); Target: Yes (2028)</i> 	<p>Output 5. By 2028, strengthened national capacities on data and statistics to provide evidence on population dynamics and inform development policies and programmes.</p>	<ul style="list-style-type: none"> Number of completed population-based reports, including subnational population projections and routine vital statistics, produced <i>Baseline: 0 (2023); Target: 3 (2028)</i> Existence of functional national GVB databases <i>Baseline: No (2023); Target: Yes (2028)</i> Existence of investment cases on child marriage and family planning <i>Baseline: No (2023); Target: Yes (2028)</i> 	<p>Ministry of Economic Foresight and International Partnerships, National Institute of Statistics, United Nations organizations multilateral and bilateral donors.</p>	<p>\$9.4 million (\$1.0 million from regular resources and \$8.4 million from other resources)</p>
<p>Programme coordination and assistance</p>				<p>1.5 million from other resources</p>