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UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Final country programme document for Chad

Proposed indicative UNFPA assistance: \$22 million: \$12 million from regular resources and \$10 million through co-financing modalities and/or other, including regular, resources

Programme period: Five years (2012–2016)

Cycle of assistance: Sixth

Category per decision 2007/42: A

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health and rights	6.9	7.0	13.9
Population and development	2.3	1.5	3.8
Gender equality	2.3	1.5	3.8
Programme coordination and assistance	0.5	-	0.5
Total	12.0	10.0	22.0

I. Situation analysis

1. Chad has an area of nearly 1.3 million square kilometres. The population, which is approximately 11.9 million, is unevenly distributed. Fifty-two per cent of the population is under 18, and 78 per cent of the population lives in rural areas. Though Chad has benefited from oil revenues since 2004, 54 per cent of the population lives below the poverty line.

2. The annual population growth rate is 3.1 per cent. The high total fertility rate (6.3 children per woman) is due to: (a) the high teenage fertility rate (58 per cent of girls give birth by age 18); and (b) the low contraceptive prevalence rate (1.6 per cent in 2010). The unmet need for family planning is 23 per cent, due to insufficient family planning services and behaviour-change communication efforts.

3. Poor living conditions and an inadequate health-care system affect access to and the quality of services. The maternal mortality ratio increased from 1,099 deaths per 100,000 live births in 2004 to 1,200 in 2008. The infant mortality rate increased from 102 deaths per 1,000 live births in 2004 to 108 in 2010. The high maternal mortality ratio is due to: (a) a low skilled birth attendance rate (16.2 per cent in 2010); (b) the poor quality of reproductive health care, including emergency obstetric care; (c) an inadequate referral system for emergency obstetric care; (d) a lack of trained service providers; and (e) harmful traditional practices.

4. In 2005, the HIV/AIDS prevalence rate was 3.3 per cent among people aged 15-49, and 5 per cent among those aged 15-24. Females account for 58 per cent of the overall HIV prevalence rate. Women aged 15-24 account for 50 per cent of HIV infections among pregnant women. Limited knowledge of HIV and low condom use contribute to HIV prevalence rates.

5. Gender inequality is pervasive. The literacy rate in the 15-24 age group is 54 per cent for males and 37 per cent for females. The gender

parity index for primary school enrolment was 0.7 in 2009, up from 0.67 in 2005. Few women hold decision-making positions. In 2010, women accounted for only 22 per cent of cabinet ministers and 6 per cent of parliamentarians.

6. Twelve per cent of married women have reported experiencing sexual violence, and 18 per cent have reported experiencing physical violence. The prevalence of female genital mutilation/cutting is 44 per cent. Women have limited access to resources. Gender mainstreaming is weak in development strategies and policy documents. Gender inequality is primarily due to unequal power relations and a lack of legal provisions and mechanisms to protect women's rights.

7. The socio-political situation is stable. However, the presence of large numbers of refugees (250,000 Sudanese refugees and 150,000 internally displaced persons in the eastern part of the country, and 50,000 refugees from the Central African Republic in the southern part of the country) has made it difficult to provide basic social services.

8. Challenges in the area of population and development include: (a) a lack of reliable and disaggregated data; (b) a limited number of population specialists; and (c) insufficient monitoring and evaluation systems.

II. Past cooperation and lessons learned

9. UNFPA assistance to Chad began in 1986. The fifth country programme, 2006-2010, supported government efforts in the areas of social reform, policy and strategy development.

10. Achievements in the area of reproductive health and rights included support to: (a) strengthened emergency obstetric care in six regional hospitals and in refugee camps; (b) awareness raising on family planning; (c) strengthened fistula treatment in four regional hospitals; (d) the establishment of a national reproductive health and obstetric fistula

treatment centre; (e) community-based distribution of contraceptives in two pilot health districts; (f) the implementation of a strategy to provide mobile reproductive health services; and (g) the adoption of the road map for accelerating the reduction of maternal and neonatal mortality and morbidity.

11. In the area of population and development, achievements included support to: (a) the adoption of the national population policy; (b) training for national staff on integrating demographic variables into policy frameworks and developing a database; (c) conducting the second national census; (d) the completion of a multiple indicators cluster survey; and (e) the teaching of population and development at the Masters degree level at the University of N'Djamena.

12. In the area of gender equality, results included: (a) integrating gender issues into the second national poverty reduction strategy paper; (b) developing key strategic documents, such as the national gender policy, and strategies to address gender-based violence and female genital mutilation/cutting; (c) establishing an inter-agency thematic group under the leadership of UNFPA; (d) establishing a network of men to support gender equality and efforts to reduce maternal mortality; (e) establishing a hotline and providing legal, psychosocial and medical support to survivors of gender-based violence; and (f) supporting the establishment of cooperatives by women and young people in rural areas.

13. In the area of humanitarian response, the programme mobilized resources for timely and improved interventions in the areas of reproductive health and gender-based violence. Advocacy activities mobilized resources for the second census, the national road map for accelerating the reduction of maternal and neonatal mortality and morbidity, and activities on gender. Diversified partnerships with United Nations organizations, bilateral organizations, non-governmental organizations (NGOs) and

civil society organizations contributed to programme achievements.

14. The success of the sixth programme will depend on: (a) strengthening capacity; (b) intensifying behaviour-change communication and advocacy efforts; (c) strengthening partnerships; (d) mobilizing resources; and (e) strengthening national execution.

III. Proposed programme

15. The sixth country programme will help to improve the quality of life of the people of Chad by promoting human rights, gender equality, and high-quality reproductive health services. The programme is a collaborative effort between the Government, NGOs, civil society stakeholders and UNFPA. It is in line with the Programme of Action of the International Conference on Population and Development, the Millennium Declaration and the Beijing Platform for Action.

16. The programme is also aligned with the second national poverty reduction strategy paper, the national population policy, the Maputo Plan of Action, the campaign to accelerate the reduction of maternal mortality in Africa, the United Nations Development Assistance Framework (UNDAF), and the recommendations of the final evaluation of the fifth country programme.

17. The proposed programme has three components: (a) reproductive health and rights; (b) population and development; and (c) gender equality. It contributes to the achievement of four of 11 UNDAF outcomes.

Reproductive health and rights component

18. In the area of reproductive health and rights, the programme will focus on: (a) the reinforcement of the health system; (b) the referral system for emergency obstetric care; and (c) capacity-building for service providers in eight of the 22 regions of Chad.

19. This component has two expected outcomes: (a) populations, especially women of childbearing age and adolescents, are knowledgeable about and adopt essential health practices and have increased access to high-quality maternal and child health services; and (b) vulnerable groups, in particular young people, have access to prevention services and adopt behaviour conducive to preventing HIV/AIDS. This component has four outputs.

20. Output 1: Enhanced availability of high-quality reproductive health services, including emergency obstetric care, for women of childbearing age. This will be achieved by: (a) integrating reproductive health policies and strategies into national development documents; (b) strengthening health-care systems; (c) strengthening and expanding fistula treatment and coordination programmes; (d) conducting evidence-based studies and assessments to improve the quality of services; and (e) advocating and strengthening intersectoral partnerships.

21. Output 2: Increased availability of high-quality family planning services, including in humanitarian settings, for women, adolescents and men. This will be achieved by strengthening: (a) advocacy and behaviour change communication efforts that will reposition family planning in the development agenda; (b) the capacity of service providers and facilities; (c) male involvement to increase the utilization of services; (d) community-based distribution; and (e) commodity security and logistics information systems.

22. Output 3: Improved knowledge of modern contraceptive methods among women, men, youth and adolescents in the programme area. This output will be achieved by: (a) developing and implementing an integrated communication plan on essential practices and rights in the areas of reproductive health and gender equality; (b) advocating, with decision makers, the promotion of reproductive health and rights, in particular for vulnerable groups; (c) providing institutional

support to civil society organizations and NGOs for behaviour change communication efforts, including at the community level; and (d) encouraging male involvement to increase the utilization of reproductive health services.

23. Output 4: Enhanced availability of information and youth-friendly reproductive health services to prevent sexually transmitted infections and HIV. This output will be achieved by: (a) integrating reproductive health and HIV services; (b) supporting culturally sensitive comprehensive condom programming; and (c) strengthening youth-friendly services in health and youth centres.

Population and development component

24. In the area of population and development, the expected outcomes are: (a) national and local institutions and development partners have the operational capacity to effectively implement national and regional programmes; and (b) national statistical institutions produce and disseminate reliable socio-economic data disaggregated by sex to formulate, monitor and evaluate policies and strategies. This component has three outputs.

25. Output 1: Strengthened capacity of local authorities to implement plans and programmes. This output will be achieved by: (a) advocating resource mobilization; (b) strengthening the teaching of population and development issues in institutions of higher education; and (c) strengthening technical and institutional capacity in population and development issues.

26. Output 2: Strengthened capacity of the national execution unit of the Ministry of Planning, Economy and International Cooperation to participate in formulating, monitoring and evaluating plans, programmes and projects. This will be achieved by: (a) building the institutional and technical capacity of the national execution unit; (b) developing monitoring and evaluation tools;

and (c) advocating improved programme coordination.

27. Output 3: Enhanced capacity of the national statistical system to produce and disseminate social and demographic data. This will be achieved by: (a) developing tools to mobilize resources for the third census; (b) establishing a national database to monitor progress in achieving the goals of the International Conference on Population and Development and the Millennium Development Goals; (c) supporting the third demographic and health survey; and (d) strengthening the capacity of the national statistical office to analyse census data.

Gender equality component

28. In the area of gender equality, the programme will promote the education of girls, promote the inclusion of women in decision-making, and prevent and respond to gender-based violence. The expected outcome is: the capacity of national authorities to develop and use gender-sensitive laws and protection mechanisms for women and youth is strengthened. This component has three outputs.

29. Output 1: Strengthened capacity of national authorities to develop and apply laws and policies that promote respect for human rights, especially for women and girls in programme areas. This will be achieved by: (a) supporting advocacy and sensitization efforts to promote the development and adoption of laws on gender equity; (b) strengthening the capacity of judicial personnel, police and the gendarmerie, health personnel, and administrative and military authorities; and (c) carrying out awareness campaigns for opinion leaders, youth, women and men.

30. Output 2: Improved capacity of civil society organizations to provide guidance on gender equity and on preventing and responding to gender-based violence. This will be achieved by: (a) strengthening the capacity of women's organizations, young people, faith-based

organizations and human-rights networks; (b) supporting advocacy with decision makers and opinion leaders; (c) sensitizing communities regarding human rights, gender and gender-based violence; and (d) providing training to young people and women in rural areas.

31. Output 3: Women and youth in rural areas autonomously manage their cooperatives. This output will be achieved by: (a) intensifying advocacy and awareness-building efforts for community leaders and women on the empowerment of women and the promotion of their rights; (b) strengthening the capacity of young people and organizations of rural women in management techniques; and (c) developing partnerships with microfinance institutions and other development organizations.

IV. Programme management, monitoring and evaluation

32. National entities will implement the sixth country programme in accordance with the results-based management approach, on the basis of annual workplans. The Ministry of Economy and Planning, through its national execution unit, will coordinate the programme, in collaboration with the programme harmonization group of the United Nations country team. The Government and UNFPA will develop monitoring, evaluation and resource-mobilization plans in accordance with those of the UNDAF.

33. The UNFPA country office in Chad consists of a representative, a deputy representative, an assistant representative, two international advisers, a monitoring and evaluation officer, an international operations manager, and a number of national programme officers and support staff. Staff members in the Abeche sub-office and in Goz Beida include a coordinator, a humanitarian affairs officer, a database specialist, two national programme officers, and several support staff. UNFPA regional and subregional offices, headquarters units, international consultants and national consultants will provide technical support.

RESULTS AND RESOURCES FRAMEWORK FOR CHAD

National priority: (a) to promote good governance to reinforce social cohesion and the effectiveness of policies; and (b) to develop human resources UNDAF outcomes: (a) populations, especially vulnerable groups, access in a fair manner and use basic social services and are involved in the management of these services; and (b) populations have equitable access to and use effective services for the prevention, care and treatment of HIV/AIDS				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p>Outcome 1: Populations, especially women of childbearing age and adolescents, are knowledgeable about and adopt essential health practices and have increased access to high-quality maternal and child health services</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Antenatal care rate Baseline: 23%; Target: 70% • Skilled birth attendance rate Baseline: 12%; Target: 40% • Contraceptive prevalence rate Baseline: 1.3%; Target: 7% <p>Outcome 2: Vulnerable groups, in particular young people, have access to prevention services and adopt behaviour conducive to preventing HIV/AIDS</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> • Percentage of young people aged 15-24 who have accurate knowledge on HIV Baseline: Male, 20.2%; female, 8.1% Target: Males and females: 80% 	<p>Output 1: Enhanced availability of high-quality reproductive health services, including emergency obstetric care, for women of childbearing age</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Percentage of health centres that offer basic emergency obstetric care Baseline: 44%; Target: 80% • Percentage of health centres that offer emergency obstetric care Baseline: 40%; Target: 80% • Caesarean section rate Baseline: 0.7%; Target: 3% <p>Output 2: Increased availability of high-quality family planning services, including in humanitarian settings, for women, adolescents and men</p> <p>Output indicator:</p> <ul style="list-style-type: none"> • Percentage of health centres that offer at least three contraceptive methods Baseline: 60%; Target: 90% <p>Output 3: Improved knowledge of modern contraceptive methods among women, men, youth and adolescents in the programme area</p> <p>Output indicator:</p> <ul style="list-style-type: none"> • Percentage of the population familiar with at least two modern contraceptive methods Baseline: 7%; Target: 15% <p>Output 4: Enhanced availability of information and youth-friendly reproductive health services to prevent sexually transmitted infections and HIV</p> <p>Output indicator:</p> <ul style="list-style-type: none"> • Percentage of health centres and youth centres offering youth-friendly services Baseline: 0%; Target: 60% 	<p>Government</p> <p>Joint United Nations Programme on HIV/AIDS; United Nations Children's Fund (UNICEF); World Bank; World Health Organization (WHO)</p> <p>NGOs</p>	<p>\$13.9 million (\$6.9 million from regular resources and \$7 million from other resources)</p>

National priority: (a) to promote good governance to reinforce social cohesion and the effectiveness of policies; and (b) to develop human resources UNDAF outcome: national authorities, in collaboration with relevant stakeholders, ensure effective and efficient coordination for planning, monitoring and evaluating national and regional programmes				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p>Outcome 1: National and local institutions and development partners have the operational capacity to effectively implement national and regional programmes</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> • Sectoral plans to reinforce human resource capacity are in place <p>Baseline: 1 in health; Target: 5</p> <p>Outcome 2: National statistical institutions produce and disseminate reliable socio-economic data disaggregated by sex to formulate, monitor and evaluate policies and strategies</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Number of 2009 census reports available • Percentage of institutions using a results-based management framework <p>Baseline: 1; Target: 5 Baseline: 0; Target: 60%</p>	<p>Output 1: Strengthened capacity of local authorities to implement development plans and programmes</p> <p>Output indicator:</p> <ul style="list-style-type: none"> • Number of regions that have implemented regional development plans and programmes <p>Baseline: 0; Target: 15</p> <p>Output 2: Strengthened capacity of the national execution unit of the Ministry of Planning, Economy and International Cooperation to participate in formulating, monitoring and evaluating plans, programmes and projects</p> <p>Output indicator:</p> <ul style="list-style-type: none"> • Execution rate of the monitoring and evaluation plan <p>Baseline: 0%; Target: 90%</p> <p>Output 3: Enhanced capacity of the national statistical system to produce and disseminate social and demographic data</p> <p>Output indicator:</p> <ul style="list-style-type: none"> • Number of publications incorporating sociodemographic data <p>Baseline: 0; Target: 50</p>	<p>Government; regions</p> <p>United Nations organizations; World Bank</p>	<p>\$3.8 million (\$2.3 million from regular resources and \$1.5 million from other resources)</p>
National priority: (a) to promote good governance to reinforce social cohesion and the effectiveness of policies; and (b) to develop the growth potential of the rural sector UNDAF outcome: government and civil society organizations respect and enforce human rights and the principle of gender equality				
Gender equality	<p>Outcome: The capacity of national authorities to develop and use gender-sensitive laws and protection mechanisms for women and youth is strengthened</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Number of radio stations carrying weekly broadcasts on human rights • Percentage of cases of human-rights violations that are addressed by the justice system <p>Baseline: 3; Target: 6 Baseline: 0%; Target: 50%</p>	<p>Output 1: Strengthened capacity of national authorities to develop and apply laws and policies that promote respect for human rights, especially for women and girls in programme areas</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of laws that are conducive to the exercise of the human rights. Baseline: 3; Target: 6 • Percentage of women who have experienced physical gender-based violence. Baseline: 18%; Target: 10% <p>Output 2: Improved capacity of civil society organizations to provide guidance on gender equity and on preventing and responding to gender-based violence</p> <p>Output indicator:</p> <ul style="list-style-type: none"> • Number of action plans of civil society organizations that are implemented. Baseline: 0; Target: 10 <p>Output 3: Women and youth in rural areas autonomously manage their cooperatives</p> <p>Output indicator:</p> <p>Percentage of cooperative organizations that have become autonomous. Baseline: 33%; Target: 70%</p>	<p>Government; national assembly</p> <p>UNDP; UNICEF; UN-Women; WHO; World Bank</p> <p>NGOs</p>	<p>\$3.8 million (\$2.3 million from regular resources and \$1.5 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.5 million from regular resources</p>