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Draft country programme document**

Chad

Summary

The Executive Director presents the draft country programme document for Chad for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $18,445,000 in regular resources, subject to the availability of funds, and $30,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2006-2010.

* E/ICEF/2005/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF website in October 2005, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.

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Basic data[†] *(2003 unless otherwise stated)*	
Child population (millions, under 18 years)	4.6
U5MR (per 1,000 live births)	200
Underweight (% moderate and severe)	28
Maternal mortality ratio (per 100,000 live births, 1991/1997)[*]	830
Primary school enrolment (% net, male/female, 2001/2002)	70/47
Primary schoolchildren reaching grade 5 (%, 2000/2001)	45
Use of improved drinking water sources (%, 2002)	34
Adult HIV prevalence rate (%)	4.8
Child work (%, children 5-14 years old)	57
GNI per capita (US$)	250
One-year-olds immunized against DPT3 (%)	47
One-year-olds immunized against measles (%)	61

[†] More comprehensive country data on children and women are available at www.unicef.org.
[*] A joint estimate prepared in 2000 by WHO, UNICEF and UNFPA gives an adjusted ratio of 1,100 per 100,000 live births and takes into account the underreporting and misclassification of maternal deaths.

The situation of children and women

1. Living conditions remain precarious for children in Chad, as the State has encountered problems in implementing efficient educational, health and child protection systems, while families have found it hard to adopt good practices in a context of widespread poverty, where 54 per cent of the population lives on less than one dollar a day.

2. In a promising development, the authorities have enacted legislative measures designed to ensure that the country's oil wealth has an impact on growth and poverty reduction, such as the inclusion of all oil revenues in the general budget and the allocation of direct oil revenues to the health-care, educational and rural development sectors. Additional funds have become available thanks to oil revenues, the Heavily Indebted Poor Countries (HIPC) Initiative and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Nonetheless, absorption capacity is limited in the social sectors because of weaknesses in the areas of planning, budgeting and the submission of disbursement requests.

3. The under-five mortality rate, which had improved between 1993 and 1997 (declining from 222 to 194 per 1,000 live births), took a turn for the worse in 2003, reaching 200 per 1,000 live births. Diarrhoeal diseases, neonatal tetanus, malaria and acute respiratory infections are the leading causes of death among children and are related primarily to poor service coverage and performance, the remoteness and inaccessibility of health-care services, inadequate hygienic and sanitation practices (92 per cent of the population does not use latrines), a low level of access to safe drinking water (34 per cent, the lowest in the region) and the underuse of insecticide-treated mosquito nets.

4. The high maternal mortality ratio reflects the low rate of prenatal care coverage (33 per cent), the insufficient coverage of reproductive health-care services, the small proportion of births attended by skilled personnel (8 per cent in rural areas) and high rates of early marriage and of early, numerous and closely

spaced pregnancies. Child malnutrition remains high; 28 per cent of the country's children are underweight as a result of global acute malnutrition, while 12 per cent of them suffer from severe malnutrition (according to a 2000 multiple indicator cluster survey). Only 10 per cent of the country's women breastfeed exclusively.

5. With respect to the education sector, schools are scarce, in poor physical condition (lacking fences, water points, toilet blocks and hand-washing facilities) and overcrowded (with a teacher-student ratio of 1 to 71). Teachers are underqualified and unmotivated (the repetition rate stands at 27 per cent), curricula are ill-suited to students' needs and materials are lacking. During the next cycle, information will be collected on families' attitudes and opinions concerning school, and particularly on the impact of early or forced marriages, so as to highlight this parameter as a factor behind the low enrolment ratios, especially among girls. The gross enrolment ratio among 6- to 11-year-olds (75 per cent in 2000/2001) masks disparities between different regions (with ratios ranging from 31 per cent in Waddi Fira to 66 per cent in Guéra to 110 per cent in Logone Occidental) and between the sexes (at 99 per cent for boys and 66 per cent for girls). Many school-age children live in situations that limit their ability to enrol or remain in primary school (as in the cases of nomads, refugees and girls who work as domestic servants). Fewer than 3 per cent of the country's 3- to 5-year-olds are enrolled in pre-school.

6. The seroprevalence of HIV/AIDS is estimated at 4.8 per cent. According to Chad's national strategic framework to combat AIDS, 2005-2009, the most serious problems are the high mortality rate among AIDS sufferers and the rapid spread of the virus among 15- to 24-year-olds. This reflects the fact that many young people become sexually active at an early age, have numerous partners and do not understand how the disease is transmitted or how to prevent it. Moreover, denial and stigmatization of HIV/AIDS infection tend to delay treatment. The epidemic is active nationwide, affecting all parts of the country to varying degrees. At the national reference hospital, the number of children born to HIV-positive mothers is estimated at 600 per year, yet steps are not being taken to prevent mother-to-child transmission of HIV. AIDS orphans, of whom there are an estimated 96,000, receive little support, except from a few charitable organizations.

7. The peace that has prevailed in the country for the past few years is being jeopardized by instability in border areas. The presence of 200,000 Sudanese refugees in Waddi Fira and Ouaddaï is increasing the risk of communicable diseases and generating tensions related to the need to share resources, including natural resources such as water and firewood, in this region characterized by poverty and insufficient access to basic services. Chad must also cope with the presence of Central African refugees in the southern part of the country.

Key results and lessons learned from previous cooperation, 2001-2005

Key results achieved

8. Thanks to the experimental implementation of the accelerated child survival and development (ACSD) strategy, under-five mortality has declined by 10 per cent in the three targeted districts. In the context of six immunization campaigns carried out in 2004 and 2005, 95 per cent of the under-five population was vaccinated

against polio and received vitamin A supplements. No new polio cases have been reported in Chad since November 2004.

9. The prevalence of iodine deficiency disorders among 6- to 12-year-olds dropped from 63 per cent in 1993 to 6 per cent in 2004. Pockets of such disorders are still found in the Ouaddaï and Waddi Fira regions bordering on the Sudan, which continues to export non-iodized salt.

10. In the 10 subprefectures in which the programme has been active, the gross enrolment ratio for girls rose from 49 per cent in 1998/1999 to 54 per cent in 2002/2003. The areas in question had been characterized by low enrolment ratios and strong resistance to schooling. A strategy for accelerating progress on girls' education up to 2015 was designed and approved. A national early childhood development policy has been drawn up and is in the process of being adopted.

11. Support was provided for the preparation and approval of the Labour Code and the Birth Registration Act, in line with the recommendations of the Committee on the Rights of the Child. Over the course of two years, by means of a locally-based strategy and increased awareness at all levels, 256 child cowherds (employed to tend livestock) were reunited with their families.

12. The programme has redirected its efforts towards responding to the influx of Sudanese refugees and working in synergy with United Nations agencies and non-governmental organizations. The support provided has enabled 45,000 refugee children to return to school. Measles immunization campaigns have reached 97 per cent of the children in refugee camps and host communities. Water has been supplied to some 28,000 people in camps and 45,000 in host communities. Therapeutic goods and anthropometric equipment have been provided, along with technical support, to 11 therapeutic nutrition centres located in camps and in five local hospitals.

Lessons learned

13. The introduction of the ACSD strategy in 3 of the country's 55 health districts has proved to be successful in reducing child mortality. In addition, the introduction of performance contracts has helped to increase ownership on the part of communities and stakeholders at all levels and to improve the follow-up of programme activities, using a results-based approach. This has encouraged emulation on the part of the health-care team, as supervision has been stepped up at the central and peripheral levels. The challenges that remain to be addressed include the appropriation of the strategy by different stakeholders (the Ministry, decentralized services, community leaders and families) and the conditions of its extension by the national authorities.

14. The midterm and annual reviews have found that the decentralized implementation of the programme through reliance on cross-sectoral technical teams with responsibility for coordinating programme interventions has been very difficult because of high staff turnover and weaknesses in the coordination of these teams, which ultimately functioned as intermediaries between the decentralized and central levels for the purposes of requesting and receiving funds. For the 2006-2010 cycle, actions at the regional and community levels will be carried out by decentralized services in accordance with fixed goals and objectives, and will be managed by the respective programmes, together with departmental and subprefectural partners.

The country programme, 2006-2010

Summary budget table*

	(In thousands of United States dollars)		
	Regular resources	*Other resources*	*Total*
Health and nutrition	4 645	16 000	20 645
Education for all	4 300	7 000	11 300
Child protection	3 050	2 500	5 550
Combating HIV/AIDS	2 450	4 000	6 450
Policies, communication and partnerships	2 200	500	2 700
Cross-sectoral costs	1 800	—	1 800
Total	**18 445**	**30 000**	**48 445**

* Some $15 million in consolidated appeals process funding will be sought annually for activities to help refugees in Chad until emergency actions have been terminated.

Preparation process

15. The preparation of the country programme, in line with Chad's national strategies and the United Nations Development Assistance Framework (UNDAF), began with an update of the analysis of the situation of children and women produced by the 2003 common country assessment. The programme was drawn up with the partners through sectoral committees and approved by a steering committee established by the Ministry of Planning, Development and Cooperation. The UNDAF preparation process was hindered by extremely high turnover in the United Nations team and by the need to respond to the humanitarian crisis. Despite these constraints, it was possible to hold a priority-setting workshop with the partners. This was followed by the preparation of results matrices, the development of strategic areas and of each agency's programme components and the organization of a strategy session.

16. The development of the strategic areas and programme components, the choice of convergence zones and the identification of areas and mechanisms of cross-sectoral cooperation and programme management all took into account the recommendations of the midterm review, the lessons learned from studies, surveys and evaluations carried out between 2001 and 2005, the recommendations of the Committee on the Rights of the Child concerning the report submitted by Chad in 1999 and the UNICEF medium-term strategic plan for 2006-2009. Opportunities for collaboration were identified in inter-agency discussions, on the basis of positive experiences in emergency response.

Goals, key results and strategies

17. The overall aim of the country programme is to encourage the Government to invest more in children by placing them at the centre of policies and resource allocations, thereby creating an environment conducive to the exercise of their rights. This is in accordance with the UNDAF, which was developed on the basis of the national poverty reduction strategy and is geared towards seizing the

opportunities offered by Chad's new status as an oil producer. Taking into account the needs of refugee children in the country, the programme will help to reduce infant and child morbidity and mortality; increase school enrolment, especially among girls; stabilize the rate of HIV/AIDS seroprevalence among 15- to 24-year-olds; and strengthen the child protection environment.

18. The key results expected from the country programme by 2010 are as follows:

(a) Polio will have been eradicated, measles will be controlled and neonatal and maternal tetanus will have been eliminated;

(b) In all the health districts in the five targeted regions (18 districts), the components of the ACSD strategy will be in place, with emphasis on sustainability, immunization "plus", the integrated management of childhood illness (IMCI) approach and prenatal care;

(c) In the districts implementing the ACSD strategy, the exclusive breastfeeding rate will have increased (baseline data for the five regions will have been established at the start of the programme); at least 60 per cent of all cases of severe malnutrition will be correctly managed; and 60 per cent of under-fives and pregnant women will receive appropriate micronutrient supplementation and deworming. The documentation of the model's effectiveness, costs and management aspects will facilitate its adoption at the national level;

(d) In the five targeted regions, 250,000 children between the ages of 6 and 11 will be attending 500 primary schools and will benefit from the "essential learning package", which addresses the specific needs of girls and includes the provision of water and sanitation structures. The documentation of the model's effectiveness, costs and management aspects will facilitate its adoption at the national level;

(e) Families' capacity to stimulate and socialize young children will be reinforced, and 6,000 children between the ages of 3 and 5 will have access to 50 community education centres;

(f) In the 18 targeted health districts, 80 per cent of all prenatal care services will include services for the reduction of mother-to-child HIV transmission, and 25 youth-friendly centres will offer services for the prevention of sexually transmitted diseases, including HIV, in the five targeted areas and in the cities of N'Djamena and Kelo;

(g) A child protection code will have been drawn up; an information and documentation system will spread awareness of the problems of violence, abuse and exploitation; and in the convergence zones and in N'Djamena and Kelo, 80 per cent of orphans and HIV/AIDS-infected or -affected children will benefit from comprehensive community care;

(h) The partner institutions' emergency preparedness and response capacity will be strengthened. Refugee children will be enrolled in school, will be protected against disease and will receive psychosocial support and guidance;

(i) Technical staff at the central level and in the convergence zones will draw up and submit their proposed budgets on time and in accordance with government practices, in order to secure the funding needed to implement programmes for children.

19. The key programme strategy is to complement partners' efforts by implementing already-tested models such as the ACSD approach and the "essential learning package", so that the Government can ensure their sustainability, expand them and extend them to other communities in the five regions and to other parts of the country. These five regions, out of a total of 18 in the country, are Mayo Kébbi Est, Guéra, Ouaddaï, Waddi Fira and Tandjilé. Capacity-building will also be aimed at facilitating the expansion and reproduction of models in the areas of child protection and efforts to combat HIV/AIDS. Parallel support will spread awareness of communities' right to benefit from quality basic services and to the promotion of appropriate childcare practices.

20. Partner capacity-building will include the improvement, at the central and regional levels, of the ability to analyse, develop, request and secure budgetary commitments from the State. Marginal budgeting for bottlenecks (MBB) will also be used in the health sector. This support is intended to address the constraints on funds absorption capacity that have restricted the use of oil revenues in social sectors. This approach will strengthen the sustainability of the areas supported and will expedite the achievement of results and performance benchmarks, as defined in the framework of programme resource allocation and budgetary support.

21. Except in the case of immunization programmes, the coverage of community-based activities will be limited owing to the scale of existing needs and budgetary constraints. All activities will be carried out with particular attention to monitoring, research and assessment mechanisms, which will be integrated into interventions from the outset, in order to determine the effects of programmes and management practices on programme implementation and the achievement of results.

Relationship to national priorities and the UNDAF

22. The UNDAF comprises five strategic areas based on the five national priorities identified in the national poverty reduction strategy, enabling the United Nations system to support the country's efforts to achieve the Millennium Development Goals. The UNDAF was approved at a meeting between the Government and United Nations agencies, with civil-society participation. The relevance of the programme of cooperation between the Government of Chad and UNICEF and its alignment with national priorities were confirmed. In accordance with the mandate of UNICEF and its comparative advantages the programme will help the country make progress in four of the Framework's five strategic areas: human capital enhancement; combating HIV/AIDS; promotion of democratic and economic governance; and crisis and emergency management.

Relationship to international priorities

23. The programme will help to build capacity in Chad to respect, protect and promote the rights of children and women, as defined by the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. It will also contribute to the implementation of the Millennium Declaration and the achievement of the Millennium Development Goals by helping to reduce malnutrition and infant mortality, improving hygiene and sanitation, supporting the development of primary education, promoting gender equality through respect for fundamental rights and combating the spread of HIV/AIDS, particularly among young people.

Programme components

24. **Health and nutrition.** This programme will support immunization "plus" at the country level, using the "reach every district" approach, which aims to re-establish full immunization coverage in low-performing areas. The programme will support the country's 55 health districts in eradicating polio, controlling measles and eliminating neonatal and maternal tetanus by supplying vaccines, revitalizing the cold chain and training health workers. Managers at the central level, trained in budget analysis and preparation using the MBB method, will endeavour to secure funding for priority actions such as immunization.

25. The ACSD approach will be extended to 18 health districts, with activities in the areas of immunization "plus", integrated management of childhood illness (IMCI), prenatal care and promotion of exclusive breastfeeding in the convergence zones. In health centres, including those in refugee camps, the programme will supply vitamin A, essential medicines, therapeutic goods, insecticide-treated mosquito nets, educational materials and anthropometric equipment. The technical and managerial training of health programme administrators will facilitate the conduct of activities in the areas of immunization, micronutrient supplementation, promotion of the use of mosquito nets and spraying, and deworming. Registration of births in health centres and communities will be promoted through prenatal care services, based on communication at the local level and in cooperation with protection and education programmes. In health centres located in the target areas, services to prevent mother-to-child transmission of HIV will be provided in the framework of improvements in prenatal care. These services will be put into practice in close collaboration with the United Nations Population Fund (UNFPA). To combat iodine deficiencies in the affected areas, customs officers will be retrained in the monitoring of salt.

26. The programme will support the reduction of diarrhoeal diseases through hygiene education in health centres and schools, in collaboration with the education programme, which will support the development of improved water sources and latrines in schools; in zones with recurrent outbreaks of cholera, support will be provided for the development of prevention and treatment plans. Treatment of diarrhoeal diseases will be supported by capacity-building in health centres and communities, through the training of health-care personnel and the supply of oral rehydration salts.

27. Regional delegates will be trained to prepare and submit technically sound budgets in a timely manner. The documentation of experiences will serve to demonstrate the results, effectiveness, costs and management mechanisms of the approaches used in the target areas. Advocacy will be oriented towards reproducing models in health districts which are not covered in the five convergence zones and in other parts of the country.

28. Regular resources will be used to finance technical support and capacity-building at the national and regional levels in all areas covered by the programme. Other resources will be used to finance supplies for the immunization "plus" programme and for combating diarrhoeal diseases.

29. **Education for all.** This programme comes under the programme of support for education-sector reform in Chad. At the national level, it will provide support for the formulation of policies and plans to achieve education for all and advocacy for

political commitment, as reflected in the provision of increased resources for basic education.

30. An "essential learning package" will be introduced in 500 primary schools in the convergence zones, benefiting 250,000 children, including 10,000 children and 105 schools in nomadic communities. The participating institutions will become "child-friendly" schools, increasing access for 6- to 11-year-olds by at least 10 percentage points overall and at least 15 points for girls. Inspectors, education planners and school principals will be trained in the management of the school system and school mapping, and in the gender equality issues which they are required to integrate into teaching supervision. They will be empowered to prepare budgets, taking into account procedures for submission and approval of funding. A total of 2,000 schoolteachers, 700 community teachers and 400 instructors will receive training, along with textbooks, teaching materials and school furniture. In addition, they will be trained in health-related life skills. The school health programme will include education on personal and environmental hygiene, the distribution of iron and vitamin A, deworming and malaria prevention in collaboration with the health and nutrition programme. Classrooms, 500 water points and 2,000 toilet blocks will be constructed through community management mechanisms involving parents' associations and village committees.

31. Innovative approaches will be proposed to reach children and young people in especially difficult circumstances, such as refugee children, otherwise disadvantaged children or over-age pupils. The training of instructors and facilitators and improvements in the learning environment will be emphasized, in order to promote basic education in refugee camps, non-formal basic education centres and, possibly, Koranic schools. In the five target areas, and in collaboration with parents' associations, 3- to 5-year-olds' access to preschool education will be supported in 50 rural and community education centres linked to the primary schools already being supported, and also through the development of low-cost initiatives.

32. Technical assistance, capacity-building and the introduction of the "essential learning package" in 200 primary schools will be provided using regular resources. Other resources will be used to support the introduction of the package in a further 300 primary schools and the provision of educational activities for nomadic children.

33. **Child protection.** On the national scale, this programme will support the drafting of a children's code. The Penal Code, the Code of Penal Procedure, the Labour Code and legislation on the organization of the civil registry will be reviewed in order to bring them into line with international agreements. Child protection standards will be defined and applied in childcare institutions and facilities in the target areas, as a result of the provision of technical support and capacity-building for State and civil-society actors.

34. More will be known about violations of children's rights once studies have been conducted and information disseminated on gender disparities, sexual exploitation, child labour, children in conflict with the law, violence and female genital excision. The Ministry of Social Action and the Family will be responsible for monitoring and reporting on such violations. Experience gained in the target areas will influence the national dialogue on these subjects. In order to ensure the protection of children in emergency situations, partners will be trained in developing

appropriate responses for dealing with unaccompanied, separated and refugee children.

35. Leaders, parents and children will be sensitized about protection issues and provided with local educational, leisure and learning opportunities in the convergence zones, while the protection activities carried out in refugee camps will continue. Community structures will be strengthened in order to monitor and reintegrate child cowherds in Moyen Chari and Mandoul (in the southern part of the country) and to discourage the practice of using children as cowherds. Cooperation with the country's High Commissioner for Demining will continue in affected areas and will address the dangers of mines for all children, including those in refugee camps.

36. Activities in target areas will be funded from regular resources. Studies and research aimed at addressing the lack of data and information, support for centres located outside target areas and support for activities aimed at building partners' capacities will be funded from other resources.

37. **Combating HIV/AIDS.** This programme will advocate the adoption of a policy on children affected by HIV/AIDS. Technical assistance will be provided for the preparation of a national framework for the prevention of mother-to-child transmission of HIV, based on internal and external experience. The programme will also advocate the adoption of the existing draft policy on combating stigmatization and discrimination.

38. In cooperation with the health and nutrition programme, 80 per cent of health and maternity centres in the target areas will offer services for the prevention of mother-to-child transmission of HIV, in coordination with UNFPA-supported activities. Counselling and health-care capacities will be strengthened and comprehensive care for HIV-positive mothers and children will be provided in conjunction with the national AIDS programme and the Joint United Nations Programme on HIV/AIDS (UNAIDS). In the target areas, comprehensive care will be provided to orphans and other affected children through medical, family and community interventions. Respect for the right of such children to be free of stigmatization and discrimination will be promoted in conjunction with communication and protection activities. Experiences in this area will contribute towards the development of policies on children and the preparation of a children's code.

39. The 250,000 pupils attending the 500 primary schools participating in the "education for all" programme will receive life skills training to encourage them to adopt risk-free behaviour. Twenty-five "youth-friendly" centres will be established, based on existing outreach centres, in order to provide services to children who do not attend schools located in the participating communities. Counselling centres will be set up in refugee camps in partnership with participating NGOs. Low-cost, easily sustainable initiatives will be documented with a view to extending them to other regions.

40. Technical assistance, capacity-building and activities aimed at primary schools in target areas will be funded from regular resources. Other resources will be used for "youth-friendly" centres and activities targeting adolescents outside the school system.

41. **Policies, communication and partnerships.** This programme will support the overall programme at the national level and in the convergence zones. Strengthening the capacities of managers in the preparation and timely submission of budget requests, in line with government mechanisms, will help to secure financing from the national budget and oil revenues. The programme will make the country programme's impact on the five target regions more visible by documenting these effects, as well as implementation costs and management issues, with a view to encouraging the models' replication on a larger scale.

42. A coordinated strategy of communication on sectoral programmes will encourage parents, families and communities to participate in activities. The main actions to be carried out in connection with the programmes will include research to identify behaviour to be modified or encouraged, message development, identification of appropriate channels and evaluation of the scope of interventions. In line with the recommendations of the Committee on the Rights of the Child, the gender component will be incorporated into all stages of research, action and evaluation, and the stakeholders' capacities in this regard will be strengthened.

43. In cooperation with the United Nations Development Programme (UNDP) and other United Nations agencies, and through the use of the *DevInfo* database, the country's Institute for Statistics and technical ministries will receive capacity-building in the area of monitoring child-related indicators. This will facilitate the preparation of reports relating to the Millennium Development Goals and to the implementation of the Convention on the Rights of the Child. Support will also be provided for the preparation of Chad's next report to the Committee on the Rights of the Child.

44. **Cross-sectoral costs** consist of costs relating to staff responsible for supplies, logistics and assistance for the programme as a whole.

Major partnerships

45. In the context of the UNDAF and the implementation of the country programme, UNICEF will strengthen its synergies and cooperation with United Nations agencies. Joint programming initiatives will be carried out with the World Food Programme (WFP) in relation to the "child-friendly school" approach, and with UNFPA and the World Health Organization (WHO), with technical assistance from UNAIDS, in relation to the prevention of mother-to-child transmission of HIV. Close cooperation will continue with the United Nations High Commissioner for Refugees in the context of support for refugees and in line with the UNICEF Core Corporate Commitments for children in emergencies, and with UNDP in the context of mine risk education and the development of the *DevInfo* database in the national statistical office. UNICEF will also work in partnership with the World Bank and French official assistance agencies in strengthening the budget preparation capacities of programme managers. In the context of the programme to combat HIV/AIDS, the programme will seek to build synergies with the World Bank, which supports a component on information, education and communication for young people throughout the country. Cooperation with non-governmental organizations and associations will be strengthened, based on the experiences of successful partnerships in emergency response.

Monitoring, evaluation and programme management

46. The country programme is planned, implemented and monitored through tripartite arrangements among the implementing partners, including non-governmental organizations and associations, UNICEF and the Ministry of Planning, which is responsible for overall programme coordination. Annual work plans are reviewed and approved by the Secretaries-General of ministerial departments and signed by the Ministers and the UNICEF representative. The Secretaries-General of each Ministry designate focal points to serve as links for facilitating contacts and strengthening cooperation.

47. A yearly and five-yearly integrated monitoring, research and evaluation plan will be drawn up. Capacity-building among UNICEF staff and partners on performance standards, field visits and meeting records will improve the monitoring, evaluation and documentation of interventions. An analysis of the 2004 demographic and health survey before the start of the programme will provide baselines in the target areas, while the conduct of a multiple indicator cluster survey in 2009 will make it easier to measure the progress made in relation to predicted results. The ACSD strategy and the essential learning package will be evaluated during the cycle in order to determine the effectiveness and costs of these strategies. In this way, the participants will continuously draw lessons from the programme's implementation, with a view to replicating actions. Semi-annual and annual reviews will be conducted and the midterm review will be carried out jointly in 2008 with the Government and other United Nations agencies within the context of the UNDAF.

48. Support for refugee populations (from the Sudan and the Central African Republic) will be provided in conjunction with the Government and United Nations agencies, using mechanisms developed to maximize the coordination and coverage of priority interventions targeting this group. The three sub-offices currently operating in eastern Chad will be closed once the crisis dies down; in the meantime, they will provide support for UNICEF-backed activities aimed at Sudanese refugees and for regular programme activities carried out in the regions of Ouaddaï and Waddi Fira.