



Independent evaluation of the capacity of UNFPA in humanitarian action 2019–2025

Case Study

Chad



UNFPA Independent Evaluation Office

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Acronyms and Initialisms

Acronym	Definition
AIDS	Acquired Immune Deficiency Syndrome
BCC	Behaviour Change Communication
CERF	Central Emergency Response Fund
CMR	Clinical Management of Rape
COVID	Coronavirus Disease
CPD	Country Programme Document
CSE	Comprehensive Sexuality Education
DRM	Disaster Risk Management
DRR	Disaster Risk Reduction
FGD	Focus Group Discussion
GBV	Gender-Based Violence
GBVIMS	GBV Information Management System
GDP	Gross Domestic Product
HDI	Human Development Index
HDP	Humanitarian-Development-Peace
HIV	Human Immunodeficiency Virus
HQ	Headquarters
IDP	Internally Displaced Person
MISP	Minimum Initial Services Package
NGO	Non Governmental Organization
PSS	Psychosocial support
RC	Resident Coordinator
RH	Reproductive Health
SADD	Sex, Age and Disability Disaggregation
SP	Strategic Plan
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
UN	United Nations
UNDAF	UN Development Assistance Framework
UNEG	UN Evaluation Group
UNSDCF	UN Sustainable Development Cooperation Framework
WCARO	[UNFPA] West and Central Africa Regional Office
WFP	World Food Programme
WG	Working Group
WHO	World Health Organisation
YPS	Youth, Peace and Security

Introduction

The purpose of this evaluation is to:

- Assess and report on how the UNFPA capacity to prepare for and respond to emergencies has evolved based on the lessons learned and recommendations from the 2019 evaluation of the UNFPA capacity in humanitarian action (accountability).
- Draw lessons for UNFPA's present and future humanitarian action in view of the implementation of the next UNFPA strategic plan (learning).

The objectives of the evaluation are to:

- a. Assess the relevance of UNFPA's humanitarian programming and, in particular, its ability to adapt to emerging changes in both the scale and nature of emergency responses worldwide and the related needs of different categories of affected people;
- b. Assess the extent to which UNFPA's internal systems, processes, policies and procedures (in particular human and financial resources) allow for efficient and timely humanitarian action at all levels of the organization (global, regional, and national). progress on institutionalization and standardization of processes related to its SRHR and GBV inter-agency mandates, as well as UNFPA's approach on preparedness and pre-positioning of humanitarian supplies;
- c. Assess the effectiveness as well as the coverage of UNFPA's humanitarian interventions, in terms of preparedness, anticipatory action, response to and recovery from humanitarian crises across different thematic areas (GBViE, SRHRiE, young people in emergencies, and data for humanitarian assistance etc.) and locations;
- d. Analyze the extent to which humanitarian principles, humanitarian minimum standards, human rights, gender equality, disability inclusion, climate action, and social and environmental standards are integrated in UNFPA's humanitarian programming;
- e. Analyze UNFPA's ability to strengthen the "resilience and adaptation, and complementarity among development, humanitarian and peace-responsive efforts" in line with the humanitarian-development-peace (HDP) nexus approach;
- f. Propose recommendations for UNFPA's present and future humanitarian action.

The scope of the evaluation has the following dimensions:

- o Geographically: All countries, regions, and globally, with a focus on all countries considered as "priority countries" by UNFPA since 2019.
- o Thematically: All UNFPA strategies and programmes implemented in humanitarian settings.
- o Temporally: From 2019 to the end of the data collection phase in 2024/2025.

The primary intended users of the evaluation are:

- (i) UNFPA senior management;
- (ii) The UNFPA Humanitarian Response Division;
- (iii) Other UNFPA business units at headquarters;
- (iv) UNFPA regional and country offices.

The results of the evaluation should also be of interest to a wider group of stakeholders, such as UNFPA Executive Board members and other United Nations organizations.

The purpose of this country briefing note is to complement the evaluation report with a standalone country-specific document (annexed to the evaluation report) that presents initial findings within the framework of the evaluation questions for Chad.

Methodology

Evidence for this country note (both qualitative and quantitative) has been collected through a range of methodologies, including:

- Key informant interviews (see Annex I for list of key informants),
- Desk review of documentation (see Annex II for list of documentation reviewed),
- Group interviews with providers of services supported by UNFPA through its implementing partners,
- Community-based focus-group discussions (FGDs) (see Annex III for FGD methodology).

The country field visit was conducted in accordance with the United Nations Evaluation Group (UNEG) *Norms and Standards for Evaluations*, the UNEG *Ethical Guidelines for Evaluations*, the UNFPA *Country Programme Evaluation Handbook*, and the WHO *Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies*, and with adherence to the following principles:

- **Consultation** with, and participation by, key stakeholders
- **Methodological rigor** to ensure that the most appropriate sources of evidence for answering the evaluation questions are used in a technically appropriate manner
- **Technical expertise and expert knowledge** to ensure that the assignment benefits from knowledge and experience in the fields of gender-based violence (GBV) and sexual and reproductive health and rights (SRHR)
- **Independence** to ensure that the findings stand solely on an impartial and objective analysis of the evidence.

The Chad country field mission was conducted from 23-28 March 2025 by the evaluation team leader, Brian O' Callaghan, and the M&E Advisor from the UNFPA WCA regional office, Loveena Dookhony, who is supporting the Independent Evaluation Office for this evaluation. The mission included interviews with institutional stakeholders, partners and UNFPA staff in N'Djamena and a field visit to the Lake Chad region. The team conducted interviews with **31** key informants and **28** FGD participants. For a full list of key informants, see Annex I. The schedule of interviews and visits is presented in Annex III.

Background

Chad Country Context

Chad is a **landlocked country in the Sahel region of Central Africa**, sharing borders with Libya to the north, Sudan to the east, the Central African Republic (CAR) to the south, and Cameroon, Nigeria, and Niger to the west. It covers a vast area characterized by diverse climate zones – from arid Sahara desert in the north to semi-arid Sahelian plains and slightly more humid savannah in the south. Chad faces acute environmental challenges, **including severe climate change impacts**. Recurrent droughts and advancing desertification have contributed to the dramatic shrinkage of Lake Chad, whose surface area has plummeted from about 25,000 km² in 1963 to just a tenth of that size in recent years. This environmental degradation endangers livelihoods (especially farming and herding) and exacerbates water scarcity. According to the World Bank, Chad is highly vulnerable to climate shifts, with the **drying up of Lake Chad and accelerating desertification** posing major threats to communities.¹ The country is routinely ranked among the most climate-vulnerable and disaster-prone nations, suffering frequent droughts and floods that undermine agriculture and infrastructure. These geographic and environmental conditions set the backdrop for Chad's development and humanitarian situation.

Population and Demographics

Chad has a **rapidly growing population**, which was approximately **15.8 million in 2019** and is estimated to have surpassed **17 million by 2023**, given an annual growth rate around 3% (). It is a **young and culturally diverse society**. Over half of Chadians are under the age of 18 (), reflecting one of the world's highest fertility rates (about **6.4 children per woman** ()). The population comprises numerous ethnic groups and languages, and while **Islam is the majority religion (around 52%)**, there are significant Christian and Indigenous faith communities, making Chad a religiously plural country (). Population distribution is uneven – most people live in the more fertile southern third of the country, with much lower densities in the arid north. Rapid population increase, coupled with climate pressures, contributes to urbanization and strains on services. Chad's **demographic profile poses challenges** for human development: for example, adult literacy is only about **22%**, among the lowest in Africa (). Life expectancy remains low at just **53 years** (as of late 2010s) (), and the country's age structure and high dependency ratio place stress on healthcare, education, and employment systems.

Economic Development and Poverty

Chad remains one of the world's most fragile and underdeveloped economies, despite intermittent growth driven by oil production since 2003. The country is heavily dependent on oil, which in 2022 accounted for 28% of GDP and nearly 78% of export revenues. However, global oil price volatility has exposed Chad to repeated economic shocks, with a major recession in 2016 following a decade of oil-fuelled growth. Per capita GDP remains low at around \$680 (2023), and recent growth has not outpaced population increases, resulting in stagnant incomes. Most of the workforce is employed in agriculture, a sector highly vulnerable to climate shocks. Poverty is widespread, affecting 44.8% of the population in 2022, with rural areas disproportionately impacted. Chad also ranks among the lowest globally on human development indicators, with severe underinvestment in health and education contributing to high child mortality, stunting, and limited school attainment. These challenges significantly constrain the country's development prospects.

Governance and Political Stability

Chad's political landscape over the past decade has been dominated by authoritarian rule, instability, and a fragile transition. Former President Idriss Déby ruled for over 30 years until his death in 2021 during a rebel offensive, prompting a military takeover led by his son, Mahamat Idriss Déby. The transitional government dissolved key democratic institutions and postponed elections, eventually

¹ [Chad Overview: Development news, research, data | World Bank](#)

extending the transition through a national dialogue in 2022. A new constitution was approved in late 2023, and Mahamat Déby officially won the 2024 presidential election, although the process was marked by the exclusion of opposition candidates and allegations of irregularities. While Chad formally returned to constitutional order, governance remains weak and marked by limited institutional capacity, corruption, and repression. Security conditions are volatile, with threats from Boko Haram/Islamic State militants in the west, rebel incursions from Libya and Sudan in the north and east, and escalating communal violence over scarce resources. Despite constrained capacity, Chad contributes to regional peacekeeping efforts.

Humanitarian Challenges and Social Development Indicators

Chad is facing a prolonged humanitarian crisis driven by conflict, climate shocks, and chronic underdevelopment, with over one million forcibly displaced people, including approximately 580,000 refugees and more than 300,000 internally displaced persons as of 2023. The influx of Sudanese refugees in 2023 further strained host communities already grappling with extreme poverty and scarce resources. Food insecurity is severe, with over 6.5 million people affected by the end of 2023, and child malnutrition remains critically high. Basic services are extremely limited—only 43% of the population has access to safe drinking water, and millions lack primary healthcare. Chad has some of the world's highest child and maternal mortality rates, and education indicators are among the lowest globally. Nearly 8 million people required humanitarian assistance in 2023, double the number from 2015. Despite efforts to link relief with development, international funding remains insufficient, leaving the country in a highly fragile state with overlapping emergency and development needs.

Chad's protracted humanitarian crises have significantly heightened GBV risks for women and girls, who are already affected by widespread child marriage and FGM. With two-thirds of women married before 18 and 34% subjected to FGM, these harmful practices result in severe health and social consequences. Conflict, displacement, and poverty have further exacerbated GBV, with displaced women and children—comprising 88% of the displaced population—facing heightened vulnerability to sexual violence and exploitation, while economic hardship has led to increased use of child marriage as a coping strategy.

Access to Healthcare and SRH Services

The humanitarian crisis in Chad has severely constrained women's access to healthcare, particularly SRH services and maternal care, in a context already marked by one of the world's highest maternal mortality rates. Since 2019, conflict, displacement, and disasters have further weakened health infrastructure, leading to service disruptions and shortages of essential supplies, especially for displaced women in remote or insecure areas. Gender inequalities and restrictive norms further hinder access to SRH services, resulting in low contraceptive use and high unmet need for family planning, increasing the risk of maternal death and adverse reproductive health outcomes.

UNFPA Chad Country Office

The humanitarian response efforts of UNFPA in Chad are structured around successive Country Programme Documents (CPD), with those relevant to this review being the 7th CPD (2017-2021) and the 8th CPD (2024-2028). The two CPDs were separated by a two year period when the 7th country programme was subject to two one-year extensions approved by the UNFPA board. These extensions were implemented to align the UNFPA country programme with the UNDAF/UNSDCF cycles, and ensure harmonization with national development planning and priorities.²

UNFPA's humanitarian programming in Chad has evolved to become more integrated and comprehensive over time. The (2017-2021) CPD acknowledged the serious security crises due to Boko Haram attacks and the influx of refugees and internally displaced persons (IDPs). It emphasized the need for a humanitarian response alongside building resilient systems for basic social services, including reproductive health. Specific achievements included service provision for women and girls affected by displacement and the implementation of the minimum initial service package at the onset of humanitarian crises, which helped reduce maternal morbidity and mortality and prevent GBV. The program targeted humanitarian regions like the Lake Chad Basin.

The subsequent CPD for 2024-2028 demonstrates a more pronounced integration of humanitarian concerns across its strategic outcomes and outputs. The situation analysis highlights Chad's continued vulnerability to man-made and natural disasters, hosting a large number of refugees, IDPs, and returnees. The new programme explicitly aims to accelerate the three transformative results (ending preventable maternal deaths, unmet need for family planning, and GBV and harmful practices) in development, peace, and humanitarian contexts. It also gives special attention to victims of the devastating 2022 floods.

Strategies have evolved to include institutional and community mobilization approaches, strengthening supply chains in humanitarian settings, and building investment cases related to child marriage and family planning, explicitly considering humanitarian situations. The geographical coverage has also expanded to include more provinces affected by fragility and hosting refugees. Furthermore, the alignment with the UNSDCF (2024-2026) reinforces the humanitarian-development-peace nexus, ensuring a more coherent and longer-term approach to addressing vulnerabilities. This indicates a shift towards a more proactive and integrated approach to humanitarian programming, building on the lessons learned from previous crises and aiming for greater resilience and impact.

² UNFPA Extensions of Country Programmes, DP/FPA/2021/11 and DP/FPA/2022/11, UNFPA 2021, 2022

Findings

EQ1 (Relevance/Appropriateness) To what extent do UNFPA's humanitarian strategy and programmes correspond to the identified needs of affected populations, including the needs of the marginalized and vulnerable groups, while remaining aligned with the UNFPA mandate?

Findings

1. UNFPA strategies in Chad have increasingly reflected humanitarian considerations, reflecting UNFPA commitments at global level, and the substantial humanitarian needs that exist, although most recent strategy does not follow the trend.
2. UNFPA's mandate areas are broadly reflected in external strategic planning documents such as the UNDAF, HNOs and HRPs.
3. UNFPA and its partners use a broad variety of methods for assessing humanitarian needs in Chad although there are weaknesses in their coverage and effectiveness.

Finding 1. UNFPA strategies in Chad have increasingly reflected humanitarian considerations, reflecting UNFPA commitments at global level, and the substantial humanitarian needs that exist, although most recent strategy does not follow the trend.

As summarised in the background section above, UNFPA CPDs for Chad have increasingly integrated commitments to the global architecture governing humanitarian action, particularly related to humanitarian settings, over the 2019-2024 period. These CPDs also demonstrate alignment with UNFPA Global Strategic Plans and are explicitly linked to the UNSDCF and preceding UNDAF.

The (2017-2021) CPD explicitly addresses humanitarian response through service provision and the implementation of the MISP at the beginning of humanitarian crises. The 2024-2028 CPD further strengthens this integration, with the programme rationale acknowledging Chad's history of protracted crises. UNFPA explicitly states that it brings its comparative advantage in humanitarian response, including prevention and response services.

The two CPDs covered by this evaluation scope also explicitly align with the UNFPA Strategic Plans (for 2018-2021 and 2022-2025), with an explicit focus on humanitarian situations and strengthening national preparedness – thus reflecting the global UNFPA strategic priorities. The CPDs are also linked to the UNDAF and UNSDCF, with the CPD for 2024-2028 prioritising 'convergence provinces' of the UNSDCF, where most UN agencies operate, aiming to strengthen coordination in humanitarian settings.

Evidence from key informants underscores this strategic approach in programme plans. UNFPA stakeholders emphasised that the integration of humanitarian contexts across all activities is a deliberate strategy, with development of dedicated humanitarian work planning a more recent development, indicating a strategic shift towards a more explicit humanitarian approach.³ This development aligns with UNFPA's global commitments to respond effectively in humanitarian settings. The extent of the 2024 UNFPA humanitarian appeal for Chad (USD\$20m) significantly exceeds the annual CPD budget (\$12m), indicating a recognition of needs beyond regular programming.

This said, much of the commitment to humanitarian response programming in the latest UNSDCF (2024-2026) and CPD for UNFPA Chad (2024-2028) is in the nature of a cross-cutting theme across priorities – key outputs are articulated for development goals, with the addendum of “including in humanitarian situations” to each. This is a somewhat cursory approach to integration of humanitarian response work – the inclusion of humanitarian programming in the UNFPA 2021-2024 global strategy as a specific output (with related results and targets) was considered by UNFPA humanitarian specialists to be a more substantive commitment than designating it as “cross-cutting”.

³ UNFPA key informants.

Finding 2. UNFPA's mandate areas are broadly reflected in external strategic planning documents such as the UNDAF, HNOs and HRP.

Analysis of external humanitarian plans for Chad (the HRP and HNO, the UNDAF and UNSDCF) indicate that UNFPA's mandate areas are integrated into these strategic and operational documents to a moderate degree. GBV and population data are the most prominently featured and linked to UNFPA (notably in the UNSDCF), with specific strategies, coordination modalities, and indicators dedicated to them. SRHR is integrated mainly through the lens of health, with some indirect mentions related to harmful practices. Youth is largely addressed within the framework of child protection and as part of vulnerable populations requiring targeted assistance. The shift from UNDAF (2017-2021) to UNSDCF (2024-2026) shows a continued emphasis on gender and human rights, which is central to several of UNFPA's mandate areas. Some specific examples of this integration are as follows:

The UNDAF (2017-2021) identifies GBV (and FGM) as a key issue for the humanitarian response community to address for the period of the plan. This is also reflected in the UNSDCF (2024-2026), which commits to gender and human rights, including via a thematic group on Gender and Human Rights, indicating a continued focus on GBV-related issues. Population data is also reflected in the UNDAF, with UNFPA cited as a reference agency for a specific "Etat de la population" (State of the Population) indicator in its results matrix.

The HNOs and HRP (2019, 2020, 2021, 2022) consistently highlight GBV as a critical protection concern, with clear descriptions of the GBV sub-cluster as part of the protection strategy and efforts to strengthen mechanisms for surveillance, awareness, and complaint management in line with accepted standard operating procedures highlighted, including as part of an Accountability to Affected Populations (AAP) strategy that can ensure safe and accessible mechanisms for reporting GBV.⁴

The SRHR mandate area is present in these documents but less explicit compared to GBV, although it is often linked to GBV and general health programming. The HRP focus significantly on preventing and responding to sexual and gender-based violence, which is a critical aspect of SRHR.

Youth is largely addressed within the framework of child protection and as part of vulnerable populations requiring targeted assistance, rather than a specific sector in its own right. A 2021 evaluation of UNFPA's youth work noted that the 2017-2021 CPD had limited consideration of young people in that programme cycle.⁵

The inclusion of UNFPA's mandate areas in overarching strategies was validated by sectoral stakeholders interviewed for the evaluation. For example, subcluster representatives highlighted that the HRP data related to GBV and SRH were generated via the work of the GBV subcluster and SRH working group and that considerable efforts are made by response agencies to maintain a focus on protection and GBV issues during a recent reprioritization exercise due to budget cuts.⁶

Finding 3 UNFPA and its partners use a broad variety of methods for assessing humanitarian needs in Chad although there are weaknesses in their coverage and effectiveness.

Population humanitarian needs in Chad are assessed through various mechanisms, including multi-sectoral assessments, vulnerability analyses, perception surveys, and data collection by humanitarian actors. The most prominent of these is the annual HRP/HNO process, for which OCHA consolidates information from various partners to present a common understanding of the crisis and the most pressing humanitarian needs. These assessments from the beginning of the crisis have paid specific attention to the vulnerabilities of certain groups with a direct bearing on UNFPA's mandate such as children, pregnant and breastfeeding women, people living with disabilities, girls, and young adolescents.⁷ The annual process is supported by a variety of more ad-hoc multi-sectoral assessments conducted by various humanitarian actors, often jointly (and including UNFPA⁸), to evaluate the

⁴ 2021 Humanitarian Response Plan for Chad, OCHA, 2020

⁵ Final evaluation report of the "Strengthening the participation and representation of youth in conflict prevention and management mechanisms at the community level" project, UNFPA, 2021

⁶ GBV subcluster key informants.

⁷ 2020 Humanitarian Needs Overview, OCHA 2019.

⁸ UN Resident Coordinator key informant.

humanitarian situation and the level of vulnerability of affected populations, including new arrivals. For example, Displacement Tracking Matrix (DTM) data, collected by IOM, provides information on the presence and locations of internally displaced persons, returnees, and other mobile populations.

Other joint field missions are undertaken by the protection cluster, GBV sub-cluster, and child protection sub-cluster to identify gaps in service delivery, obtain good practices, and suggest ways to improve service delivery. These missions involve direct interaction with vulnerable populations through focus group discussions and informal interviews and include evaluation of other sectors for a better inter-sectoral response.⁹

Perception surveys of affected populations are conducted to gather information on their priority needs and their level of perception of the assistance received. These surveys, often supported by third party research organizations, aim to adapt the humanitarian response to the priority needs of affected populations.¹⁰ For example *Project 21*, an inter-agency protection monitoring tool, was used to collect regular and reliable data at entry points in eastern Chad to better advocate and tailor responses for people fleeing Sudan. Between April 2023 and October 2024, over 28,234 households and 1,269 key informants were surveyed.¹¹

UNFPA and its partners also attested to the use of a broad variety of methods for assessing humanitarian needs. Despite capacity and resource challenges, local government key informants noted undertaking planning on the basis of structured community consultations in line within national planning processes.¹² Similarly, UNFPA implementing partners stated that they use a combination of community feedback and government data to determine needs and strategies, and that UNFPA “sometimes” follows this process.¹³

However, the data also reveals weaknesses in the coverage and effectiveness of some of these assessments. UNFPA partners noted that the Joint needs assessments do not substantively capture granular detail on UNFPA mandate areas, and highlighted that consultations on SRHR and GBV needs by UNFPA did not receive any follow-up.¹⁴ Likewise, women returnees and natives participating in FGDs reported an absence of any consultation on commodity needs before they were provided with income-generating goods (such as sewing machines and agricultural equipment), some of which were not suitable or usable for their context.

At a broader level, HNOs¹⁵ consistently highlight the lack of up-to-date data specific to certain issues, such as data disaggregation by age and gender, recent data on key health indicators, information from the northern zone of the country, and epidemiological data from neighbouring countries.

The weakness of health infrastructure in Chad presents challenges and leads to gaps in assessing and addressing health system capacity during heightened times of crisis, for example during COVID-19. Specifically, the 2023 HNO noted poor GBV coordination mechanisms in all affected regions.

⁹ 2022 UNFPA annual report on the use of CERF funds, UNFPA 2022.

¹⁰ 2021 Humanitarian Needs Overview, OCHA 2020

¹¹ Sudan Regional Refugee Response Plan – January-December 2025, Chad Country chapter, OCHA 2024

¹² Local government (health) key informant.

¹³ Implementing partner key informants.

¹⁴ Implementing partner, local government key informants.

¹⁵ Noted in HNOs for 2020, 2022, 2023

EQ2 (Effectiveness/Coverage) To what extent do UNFPA humanitarian interventions contribute to an improved access to and increased use of quality sexual and reproductive health services for affected populations, including the most vulnerable and marginalized groups?

Findings:

4. Although UNFPA has undertaken good efforts to ensure the accessibility of quality SRH services in humanitarian settings in Chad between 2019 and 2024, persistent coverage challenges limit the comprehensiveness and consistency of SRH service access across all affected areas.
5. UNFPA, through a variety of supports to SRH services, has facilitated the uptake – and in many cases is the sole provider – of crucial services such as antenatal care, safe deliveries, postnatal care, family planning, and related care, though social/cultural norms present ongoing challenges to access by women and girls

Finding 4. Although UNFPA has undertaken good efforts to ensure the accessibility of quality SRH services in humanitarian settings in Chad between 2019 and 2024, persistent coverage challenges limit the comprehensiveness and consistency of SRH service access across all affected areas.

There is good evidence to indicate that UNFPA Chad has consistently worked to increase the provision of essential SRH services in line with communities' needs over the evaluation period, from primary health-care to referral-level, including in refugee and IDP camps in covered provinces. For example, UNFPA has been central to the rollout of the MISP in Chad, organizing training sessions at provincial levels and collaborating closely with partners for implementation, particularly in the eastern part of the country. UNFPA's commitment is further demonstrated through its joint work (with partner the IRC) on a global MISP assessment that includes Chad, aiming to review and enhance its application.¹⁶ However, while the MISP is designed for rapid response (i.e. within 48 hours of a crisis declaration), the actual speed of its operationalization in Chad can be hindered by delays in obtaining necessary approvals from OCHA and the Government.¹⁷ Nevertheless, UNFPA's efforts in training and partnerships signify a significant contribution to establishing the MISP framework within the humanitarian response in Chad.

A key strategy has been the repositioning of commodities such as RH kits and modern contraceptives and medications through government and local partners.¹⁸ UNFPA has also supported qualified health personnel, including midwives and counsellors, to targeted sites to provide clinical management of rape (CMR), first-line psychosocial support to survivors of GBV, and referral to other care services. Humanitarian midwives are specifically trained and deployed for emergency preparedness and response, often within 48 hours of an emergency. They are deployed to health facilities to provide safe deliveries and sexual and reproductive care to women and girls. This deployment is facilitated through strategic partnerships with the government.¹⁹ Although the numbers of midwives has varied over time depending on availability of funding (22 were reported in 2020, 52 midwives and 20 GBV/SEA counsellors in 2022, and 25 were deployed in the Lake Chad region at the time of research), UNFPA has mitigated the varied nature of donor funding cycles by building a database of humanitarian midwives with over 300 trained directly, of whom 148 were supported by UNFPA or employed by implementing partners at the time of research.²⁰

¹⁶ Implementing partner key informant.

¹⁷ Local government key informant.

¹⁸ 2020 UNFPA annual report on the use of CERF funds, UNFPA 2021

¹⁹ 2022 and 2020 UNFPA annual report on the use of CERF funds, UNFPA 2020, 2022, also UNFPA, implementing partner and government key informants.

²⁰ UNFPA key informant.

UNFPA also supports the equipping of maternity facilities and the provision of medical products, including RH kits. For example, in 2022, CERF funding was used to procure and distribute 44 RH kits to four referral hospitals and four health centres and posts.²¹

To reach remote populations, UNFPA has utilised mobile clinic modalities and operationalised referrals from safe spaces to SRH services to provide a continuum of care and support.²² For example, in the Lake Chad region, UNFPA established three health clinics in three islands (in Lake Chad), providing continuous access to midwifery services for women from almost 40 islands. This was noted by stakeholders as being particularly impactful as there are no other easily-accessible health services available to the estimated 100,000 people that inhabit these areas.²³

UNFPA works with various **implementing partners**, including local NGOs and governmental entities, involving them in the humanitarian programming process and strengthening their capacity. Collaboration with international NGOs such as Concern Worldwide, Intersos, IRC, ALIMA Alerte Santé, MSF, and Premières Urgences is also undertaken to support their mobile clinic SRH lifesaving activities.²⁴

UNFPA and partners reach substantial numbers of at-risk women and girls with SRH service provision. For example, in Eastern Chad in 2023 following the influx of refugees from Sudan, UNFPA supported mobile SRH posts and supplied implementing partners with dignity and RH kits that reached 21,533 pregnant women with antenatal consultations and assisted with 5,040 live births.²⁵

However, the scale of need in Chad resulting from the multiple crises far outweighs the available resources to UNFPA to implement comprehensive SRHR programming and fully meet its mandate. The above example of UNFPA reaching 21,533 pregnant women in 2023 contrasts with the interagency target for assisted deliveries of over 700,000 within the 2023 HRP.²⁶ The security situation, poor infrastructure, population movements and difficult geographical conditions often limit physical access to essential services, including SRHR care, for humanitarian actors.²⁷ Challenges in the logistics systems, particularly last-mile delivery of goods can lead to frequent stock shortages of essential SRHR supplies.²⁸ In Eastern Chad, the influx of refugees has overwhelmed the national health system, which was already impacted by a shortage of qualified health professionals, essential medicines, and medical equipment.²⁹

UNFPA itself acknowledges that it does not cover the entire country with its presence, although it supplies the entire country with SRH commodities and equipment.³⁰ Gaps in funding and operations are a constant concern in guaranteeing and improving the availability of SRHR information and services. Addressing the need for greater investment and resource mobilization from non-traditional donors and innovative financing is recognised by UNFPA as a challenge which could impact the scale and sustainability of SRH service provision, particularly given the US funding downturn in 2025.³¹

Finding 5. UNFPA, through a variety of supports to SRH services, has facilitated the uptake – and in many cases is the sole provider – of crucial services such as antenatal care, safe deliveries, postnatal care, family planning, and related care, though social/cultural norms present ongoing challenges to access by women and girls

Based on both primary and secondary data sources, there is significant evidence of the important role UNFPA plays in supporting essential SRH services in Chad. Many stakeholders at national and

²¹ 2022 UNFPA annual report on the use of CERF funds, UNFPA 2023.

²² UNFPA annual reports on the use of CERF funds UNFPA 2020-2023

²³ Local government key informant.

²⁴ 2023 UNFPA annual report on the use of CERF funds, UNFPA 2024.

²⁵ Ibid.

²⁶ 2023 HRP, OCHA, 2022

²⁷ UNFPA Situation Reports for the Humanitarian Response in East Chad for Sudanese Refugees and Chadian Returnees, UNFPA 2024.

²⁸ UNFPA CPD 2017-2021, UNFPA key informants.

²⁹ 2025 HRP, OCHA, 2024

³⁰ UNFPA Humanitarian Leadership Programme - Preparedness Improvement Roadmap for Chad (internal document), UNFPA 2023

³¹ Noted as a challenge in the 2024-2028 UNFPA Chad CPD, also internal and external key informants.

sub-national levels interviewed for the evaluation were unambiguous in their perception that if UNFPA ceased its support, particularly concerning the UNFPA-provided midwives, the health and lives of women and girls would be severely impacted.³² Both primary sources and UNFPA reporting highlight that by deploying midwives, establishing mobile clinics and safe spaces, distributing reproductive health kits, and conducting awareness campaigns, UNFPA has facilitated the uptake of vital SRH services.³³ Although the data shows that coverage is not commensurate with needs, there are many instances where UNFPA is the primary or only organization delivering specific SRH interventions in certain locations, where communities previously relied on traditional birth attendants. In one province, UNFPA is identified as the only organization providing family planning, underscoring its critical role.³⁴

Despite UNFPA's contributions, there is also evidence of persistent challenges posed by social and cultural norms to the uptake of SRH services. An implementing partner stakeholder noted that in their community work with women, the needs are based on selection by UNFPA, implying that demand might not always be spontaneously driven by the community due to prevailing norms.³⁵ Health service providers (midwives) noted that family planning is not very accepted culturally in Chad, with many women having a high number of pregnancies, indicating a barrier to the uptake of these services despite UNFPA's efforts. Prevailing cultural norms where men control reproductive decisions were attested to by both implementing partners and among women refugees themselves in FGDs. Further, stakeholders noted concerns about husbands' resistance to facility-based births and the preference for home births. Despite efforts to increase contraceptive prevalence, data still indicate a limited use of modern methods of contraception in certain contexts, with entrenched social norms a barrier to utilization even when services are available.³⁶ Further, the 2017-2021 CPD indicated a low percentage of young people using SRH services which triangulates with primary data from young women, who claimed not to require the use of SRH services before marriage.

Sensitization work by UNFPA is recognized as having some impact in educating against misinformation related to contraception, suggesting an ongoing effort to overcome these cultural hurdles.³⁷ Implementing partners highlighted that UNFPA's sensitization work is having a small but positive impact in educating communities against misinformation, in particular surrounding attendance at health facilities for births and for contraception. Engagements with religious leaders and community leaders [*Chefs de Cantons*] are also highlighted as a crucial strategy to influence behaviour and encourage women to seek healthcare services, particularly for maternal and reproductive health. The sensitization initiatives by the leaders appeared to have positively influenced the husbands' decisions regarding women's access to hospital care, as mentioned by several participants in the FGDs.³⁸ These initiatives aim to gradually shift social norms and increase acceptance and demand for essential SRH services facilitated and often provided by UNFPA.

³² UNFPA, UN agency, NGO, service provider key informants, also FGD participants

³³ Various key informants, UNFPA annual reports on the use of CERF funds, UNFPA 2020-2024

³⁴ Local government, service provider key informants.

³⁵ Implementing partner key informant.

³⁶ The UNSDCF cited a 2022 CPR of 6.7%, vs. 19% for the WCARO region (UNFPA 2024 data).

³⁷ Service provider key informant.

³⁸ Implementing partner, local government key informants, FGD participants.

EQ3 (Effectiveness/Coverage) To what extent do UNFPA humanitarian interventions contribute to preventing, mitigating and responding to gender-based violence and harmful practices for affected populations, including the most vulnerable and marginalized groups?

Findings

6. While UNFPA has committed to provision of GBV services in the face of significant needs, ensuring consistent accessibility of quality services in humanitarian settings across Chad remains an ongoing challenge.
7. Although UNFPA-supported GBV services are well-received, with evidence of improvements in awareness and decreasing tolerance for GBV, stigma around the issue, limited coverage of services, facilities and prevalence of harmful social norms are persistent issues

Finding 6. While UNFPA has committed to provision of GBV services in the face of significant needs, ensuring consistent accessibility of quality services in humanitarian settings across Chad remains an ongoing challenge.

UNFPA Chad's strategies, those of external actors in Chad (e.g. the UNSDCF and HRP/HNOs) and programme activities consistently highlight the organization's commitment to addressing GBV in humanitarian settings in Chad. UNFPA's work to strengthen GBV referral systems, deploy trained personnel (counsellors, midwives), establish safe spaces, provide psychosocial and legal support, and conduct prevention and awareness activities are well-documented and reported on via a range of secondary data and documentation. The inclusion of GBV as a priority in CERF submissions and the leadership role UNFPA plays in GBV coordination mechanisms further underscore this commitment. For example, as early as 2019, a CERF-funded project aimed at strengthening access to essential services for GBV survivors in the east of Chad focused on reinforcing community mechanisms and decentralized services for GBV response. UNFPA, through partners, documented 3,596 GBV incidents, highlighting the needs. However, UNFPA also noted that insufficient funding impacted the quality and coverage of services.³⁹ In 2020, another CERF project aimed at improving access to essential services for survivors of sexual violence in the Lake Chad region deployed qualified personnel, strengthened community protection mechanisms, and operationalized the GBV information management system (GBVIMS), leading to care for 855 notified GBV cases. The establishment and operationalization of 20 safe spaces in the Lake Chad region in 2020 as part of this project are good examples of concrete actions to improve accessibility for survivors.⁴⁰

Over the course of the evaluation period, multiple CERF rapid response grants continued to address GBV service provision. One allocation focused on improving access to SRH and GBV services for flood victims, including caring for survivors, integrating cash transfers into case management, and included capacity building of partners and service providers.⁴¹ Another rapid response grant aimed at improving GBV and SRH service provision in Eastern Chad following the Sudan crisis.⁴² The secondary data points to regular efforts on the part of UNFPA to meet its mandate around GBV response.

This is well supported by the primary data from key informants and FGD attendees. Multiple external stakeholders noted the commitment of UNFPA to its work in GBV, particularly trying to address harmful practices. Furthermore, OCHA representatives highlighted that despite budget cuts, UNFPA's focus on GBV issues within the protection cluster was maintained. Implementing partners and service providers underscored that UNFPA-funded midwives play a crucial role and are all trained in the GBV Minimum Standards, including case management and treatment of intimate partner violence (IPV).⁴³

³⁹ Final report to CERF on the Strengthening Access to Essential Services for Survivors of Sexual and Gender-Based Violence Project, UNFPA 2020

⁴⁰ 2020 UNFPA annual report on the use of CERF funds, UNFPA 2021

⁴¹ 2023 UNFPA annual report on the use of CERF funds, UNFPA 2024

⁴² Ibid.

⁴³ Implementing partner key informants.

However, despite these efforts and recognition of the scale of GBV as a "huge issue across the entire country"⁴⁴, various factors highlighted in the sources persistently impede the consistent accessibility and quality of GBV services across all humanitarian settings in Chad. These challenges are multi-faceted and include security issues, logistical constraints, socio-cultural norms, and the dynamic nature of the humanitarian crises themselves. Annual HNOs continued to emphasize that specialized GBV services were lacking or insufficient in most humanitarian zones⁴⁵ and primary data strongly indicates the challenges in ensuring consistent accessibility of quality GBV services in humanitarian settings across Chad. UNFPA staff acknowledged that the capacity to cover all areas of need is limited and that GBV response activities are very resource intensive.⁴⁶ Further, local government noted a lack of government leadership on GBV and limited funding for consistent and long-term activities.⁴⁷ The primary and secondary data also indicate inconsistency in services provision – the evaluation field mission to Bagasola found WGSS that only opened for periodic activities (rather than having a regular schedule), and implementing partners noted that WGSS located in the One-Stop-Centre is open but "not operational".⁴⁸ Further, the WGSS visited in Dar es Salaam refugee camp was open to both women and men, and was more akin to a communal space than a WGSS in conformance with the GBV minimum standards.

Several factors contribute to these challenges in consistent accessibility and quality, primarily related to resource flows. Inconsistent and project-based funding means that UNFPA cannot deploy sufficient staff to adequately cover the three humanitarian zones (East, South, and Lake Chad Region), despite being the only UN agency capable of responding to GBV in these areas.⁴⁹ Government key informants expressed that UNFPA places a stronger focus on SRHR programming and identified gaps in providing GBV services and access to justice for survivors. The lack of shelters for survivors was repeatedly identified as a major issue hindering reporting and safety, with a single government-provided shelter identified that was continually at full capacity.⁵⁰

Further, while UNFPA provides commodities for GBV (e.g. post-exposure-prophylaxis kits as part of RH kit 3 for CMR), supplies in refugee camps are sometimes lacking.⁵¹ Exacerbating the lack of coverage among communities is a lack of awareness of existing laws and policies on GBV, particularly in remote areas.⁵² Where awareness-raising or sensitisation of community members or refugees takes place (e.g. in refugee camps), evaluation interviewees noted positive changes – but this is not widespread.

It is likely that, given the funding cuts of 2025, access constraints, coordination challenges, and prevailing socio-cultural barriers, despite best efforts by UNFPA, significant gaps and deficits in the accessibility of these crucial services across the entire country will remain for the future.

Finding 7. Although UNFPA-supported GBV services are well-received, with evidence of improvements in awareness and decreasing tolerance for GBV, stigma around the issue, limited coverage of services, facilities and prevalence of harmful social norms are persistent issues

There is clear evidence from the desk review of reports and other documentation related to UNFPA Chad's GBV programming that there is full uptake of the services supported. The operationalization of the GBVIMS has allowed for better documentation and follow-up of reported GBV cases, with, for example, 3,596 GBV incidents reported in 2019, with 79% of survivors receiving psychosocial support and 41% receiving medical care.⁵³ CERF annual reporting by UNFPA indicates an ongoing provision of GBV services, including awareness-raising, psychosocial care and legal aid, through counsellors and implementing partners, as well as referrals from medical service providers to GBV services.

⁴⁴ UNFPA key informant.

⁴⁵ HNOs 2022, 2023

⁴⁶ UNFPA key informant.

⁴⁷ Local government key informant.

⁴⁸ Implementing partner, service provider key informants.

⁴⁹ UNFPA key informant.

⁵⁰ UNFPA, implementing partner key informants.

⁵¹ Implementing partner, service provider key informants.

⁵² UN, government key informants.

⁵³ Final report to CERF on the Strengthening Access to Essential Services for Survivors of Sexual and Gender-Based Violence Project, UNFPA 2020

The secondary data triangulates well with primary sources, which provide good evidence of high demand for UNFPA-supported interventions. Key informants noted that in the areas where UNFPA works (in cases of crisis), there is good coverage of GBV services, suggesting that when services are available, they are fully utilized.⁵⁴

Primary sources also provide some evidence of improvements in awareness of and to some extent, decreasing social tolerance for GBV in communities where UNFPA and its partners are active. Stakeholders highlighted that religious leaders have become more understanding and supportive of these causes.⁵⁵ Government partners noted that thanks to awareness campaigns, people are now reporting cases of violence, and women now speak openly about GBV and family planning, which was not possible in the past. Other partners observed that GBV has lessened in recent years, possibly due to awareness sessions provided by UNFPA and partners. These accounts suggest that sensitization efforts are having some positive impact on awareness and potentially reducing stigma associated with discussing and reporting GBV.

However, despite the clear evidence of uptake of services and some improvements in awareness, the data consistently highlights that stigma around GBV, limited coverage of services and facilities, and persistent harmful social norms remain significant challenges across Chad. Even when GBV is reported, victims are often ostracized, indicating persistent social stigma that prevents many from seeking help, as traditional attitudes are deeply rooted and take a long time to shift.⁵⁶ Interviews with implementing partners and discussions with community members make clear that the risk of GBV is still omnipresent in Chad and is normalized in many communities with a sense of impunity for perpetrators.

Further, support systems beyond medical care (i.e. access to justice) may not be fully accessible or utilized (where provided, as in Lake Chad by UNFPA partners) due to various barriers including stigma.⁵⁷ UNFPA does not have staff to adequately cover all humanitarian zones, directly limiting the coverage of their services.⁵⁸ While laws and policies prohibiting GBV exist, stakeholders acknowledged significant challenges in their operationalization, and community-based solutions are not always survivor-friendly, pointing to systemic issues and potential stigma affecting access to justice. The repeated mention of the absence of shelters for survivors by various sources further underscores the limited infrastructure and support available for GBV victims, contributing to both accessibility issues and the perpetuation of stigma due to a lack of safe spaces.

⁵⁴ Implementing partner key informants.

⁵⁵ Ibid.

⁵⁶ NGO key informants.

⁵⁷ Government, implementing partner key informants.

⁵⁸ UNFPA key informants.

EQ4 (Effectiveness/Coverage) To what extent do UNFPA interventions contribute to the use and dissemination of reliable and disaggregated programme and population data for evidence-based humanitarian responses?

Findings:

8. While UNFPA plays a key role in some data management aspects, particularly for GBV, and collaborates with national actors in planning, significant gaps exist in ensuring the consistent production, sharing, and effective use of reliable disaggregated data for evidence-based humanitarian responses at all levels.

Finding 8. While UNFPA plays a key role in some data management aspects, particularly for GBV, and collaborates with national actors in planning, significant gaps exist in ensuring the consistent production, sharing, and effective use of reliable disaggregated data for evidence-based humanitarian responses at all levels.

There is good evidence to indicate that UNFPA strengthened data systems for humanitarian programming in Chad. UNFPA's strategic goals, as outlined in the CPDs, and its programming strategies, evident in various project/programme reports emphasize the importance of collecting and using disaggregated data for evidence-based planning in SRH, Gender equality, disability, and protection in humanitarian settings. As discussed under EQ1 and EQ5, UNFPA also actively engages in joint assessments and coordination mechanisms within the humanitarian community, contributing to a broader understanding of needs and informing response strategies – evident through contributions to the HRP/HNO process since the beginning of the response to the crisis in Chad. Further, UNFPA works with implementing partners, involving them in the humanitarian programming process, which includes information sharing and contributing to data collection and reporting.

Specific examples of the work UNFPA has undertaken in humanitarian data are:

GBV:

- Operationalization and support to the GBVIMS which serves as a central tool for coordination, decision-making, and documenting GBV cases in humanitarian contexts. It has been operational since at least 2020 and has been supported by various humanitarian projects since then, e.g. CERF funding.
- Capacity-building of members of community protection mechanisms whose role is in community-level notification and reporting of sGBV cases and first line psychosocial support (PSS).⁵⁹
- Coordination, leadership and provision of technical support to GBV sub-working group meetings around Chad, including on data collection for GBV prevention and response cases and the harmonization of GBV reporting and referral forms.
- Recruitment and deployment of counsellors/GBV case managers who report on applicants and recipients of GBV services.

SRHR

- UNFPA participation/leadership in SRHR coordination mechanisms, such as the SRH working group, and data sub-working group, both of which focus on the reporting and sharing of data via monthly meetings.
- Use of the 4Ws across working groups to share info about responses and activities.⁶⁰

⁵⁹ 2020 UNFPA annual report on the use of CERF funds, UNFPA, 2021

⁶⁰ NGO key informant

- UNFPA collaborates with the government on annual work planning and utilizes shared indicators of success.
- Regular tracking of people reached with SRH services and related health outcomes, such as numbers of assisted/facility/home-based deliveries, ANC/PNC consultations, users of modern FP methods, and recipients of clinical and PSS.
- Alignment of UNFPA health indicators with Ministry of Health indicators (which are integrated into the DHIS2 health data system which was adopted in Chad in 2022).

Population Statistics:

- The CPDs for 2017-2021 and 2024-2028 include objectives around strengthening national capacities on data and statistics, including for GBV tracking.
- UNFPA contributes to UNSDCF annual planning and reporting, which involves using population data.
- Support to pilot programming among implementing partners on civil registration and vital statistics for vulnerable populations (e.g. IDPs).

Despite progress, overall data availability and disaggregation across all humanitarian sectors and at sub-national levels remain a challenge, as noted across the annual HNOs and HRP. This is also highlighted in regular donor reporting by UNFPA. For example, in 2023 UNFPA highlighted a need to strengthen data collection and analysis on the differentiated needs of affected populations to inform targeted interventions. Variations in beneficiary numbers due to population movements also disrupt initial data-driven planning.⁶¹ Further, while the GBVIMS is a useful tool, UNFPA does not have a presence across the entire country, potentially limiting comprehensive data collection.⁶² The challenges around the GBVIMS were also noted by external stakeholders, who reported mixed success or familiarity with its usage – some note that it is very useful for interagency planning and advocacy for resources for GBV programming⁶³, while others were either unfamiliar with it or expressed that technical skills in its use are not adequate among GBV response actors.⁶⁴

Other external stakeholders were more critical of UNFPA data collection, noting it as “quite limited” and with issues around sharing of implementation data that is gathered from community-based service providers that are supported via partners. While activity data on trainings and other outputs are shared, more comprehensive data was noted as lacking.⁶⁵ The DHIS2, in particular, was noted as being a government initiative that has yet to gain significant traction amongst SRHR actors.⁶⁶

⁶¹ 2022-2023 UNFPA annual reports on the use of CERF funds, UNFPA 2023, 2024

⁶² UNFPA Humanitarian Leadership Programme - Preparedness Improvement Roadmap for Chad (internal document), UNFPA 2023

⁶³ OCHA key informant.

⁶⁴ NGO, implementing partner key informants.

⁶⁵ Ibid.

⁶⁶ Ibid.

EQ5 (Effectiveness) To what extent has UNFPA adequately performed its leadership role on SRHiE and GBViE and Youth, Peace and Security?

Findings

9. UNFPA plays a significant leadership role in interagency coordination efforts on SRH and GBV within the framework of the IASC cluster approach in Chad.
10. UNFPA's assumption of leadership on PSEA coordination is generally seen as a positive step towards reinvigorating efforts in this critical area.

Finding 9. UNFPA plays a significant leadership role in interagency coordination efforts on SRH and GBV within the framework of the IASC cluster approach in Chad.

As the leader of the SRHR working group, UNFPA is responsible for systematically positioning SRH issues as priorities within humanitarian planning and response in Chad. This includes ensuring that the MISP is integrated into humanitarian action. UNFPA also works to strengthen partnerships and coordinate SRH service delivery with various UN agencies, international and local NGOs, and government counterparts. The recognition of the MISP as a sectoral objective of the health cluster for the HRP in 2020 indicates UNFPA's successful advocacy and coordination in mainstreaming essential SRH services in emergency response planning.⁶⁷

Similarly, as the leader of the GBV subcluster, UNFPA has led coordination of GBV prevention and response efforts among humanitarian actors in Chad. This involves coordinating actions in the field, building the capacity of service providers, and mobilizing resources for GBV interventions. UNFPA also leads efforts in data management through the GBVIMS (discussed above).

UNFPA's leadership in SRHiE coordination involves convening and facilitating meetings of the SRH working group. These meetings serve as platforms for information sharing, joint planning, and addressing challenges related to SRH service delivery.

UNFPA also actively participates in other strategic inter-agency coordination mechanisms, such as the Humanitarian Country Team (HCT) and Cluster Lead Agencies (CLA) meetings, although engagement at senior levels has varied across time as incumbents in interagency roles change.⁶⁸ This participation allows UNFPA to advocate for SRH priorities within the broader humanitarian coordination framework and ensure alignment with overall humanitarian objectives.

UNFPA's coordination efforts extend to partner engagement, including mapping potential humanitarian partners in SRHR and establishing collaborative relationships. This helps to identify and leverage the capacities of various organizations to deliver SRHR and GBV services.⁶⁹ Further, UNFPA coordination and participation across other clusters can facilitate keeping GBV and SRHR on the agenda of other agencies through advocacy and capacity building.⁷⁰ Field-based stakeholders have expressed appreciation for UNFPA's leadership and coordination via ad-hoc and regular monthly meetings.⁷¹

With respect to youth, there is little evidence among secondary data sources of UNFPA leading interagency coordination specifically on youth in Chad. There have been a number of examples of UNFPA recognising the role of youth (and women) as potential "catalysers" in peace-related programming and emphasising their inclusion and participation in peacebuilding and security efforts. For example, a 2021 Peacebuilding Fund (PBF) project on strengthening the participation and representation of youth in community-level conflict prevention was led by UNFPA in partnership with

⁶⁷ Chad Preparedness Action Plan and Minimum Requirements for Humanitarian Emergencies, UNFPA 2023

⁶⁸ OCHA key informant.

⁶⁹ UNFPA Situation Reports for the Humanitarian Response in East Chad for Sudanese Refugees and Chadian Returnees, UNFPA 2024

⁷⁰ UNFPA key informant.

⁷¹ Local government, implementing partner key informants.

UNESCO and national and local authorities in the East of Chad. UNFPA also has implemented activities aimed at preventing youth from being affected or involved in various conflicts, including rebellion, trafficking, radicalization, violent extremism, and recruitment into terrorist organizations.⁷²

UNFPA has also supported youth-led initiatives in partnership with the Ministry of Youth and local NGOs, a joint mission organized in October 2024 by UNFPA, UNICEF, the Ministry of Youth, the CLAC Programme, and the Scouts and has worked with a youth-focused national NGO partner, the Youth Network for Development and Leadership in Chad. However, no data on specific interagency mechanisms led by UNFPA solely dedicated to the youth, peace and security (YPS) agenda.

This is corroborated by primary data from interviewees and community-level FGD participants (including young people themselves), which indicates that while UNFPA has programming specifically related to youth, it does not convene or lead on YPS interagency coordination in the same way it is for SRH and GBV. Feedback from youth participants in the UNFPA-supported "Future Ambassadors" project in the Lake Chad region indicates a lack of direct consultation by a UNFPA partner on their needs, contrasting with instances where UNFPA directly engaged with youth (in other trainings and an awareness campaign on the Three Zeros). This suggests a potential disconnect between top-level coordination and ground-level engagement with youth on YPS.⁷³

Finding 10. UNFPA's assumption of leadership on PSEA coordination is generally seen as a positive step towards reinvigorating efforts in this critical area.

PSEA has become a critical area in Chad over the 2019-2024 period. The classification of Chad as a high-risk country for SEA according to the IASC⁷⁴ underscores the inherent dangers faced by the affected population, particularly women and children, making robust PSEA measures essential. The development of inter-agency PSEA strategies and action plans and the establishment and strengthening of PSEA Networks demonstrate a collective recognition within the humanitarian community of the need for coordinated efforts to address SEA.⁷⁵ This is underscored by increasing allocation of funding and activities related to PSEA, including allocation of CERF funds specifically for a PSEA-related project – a \$400,000 inter-agency feedback/complaints platform in the Lake Chad region – signifies the prioritization of PSEA at a high level of humanitarian funding and coordination.⁷⁶

UNFPA reportedly “reinvigorated PSEA efforts” after taking over the lead from UNHCR in January 2025 and established working groups at provincial levels and has been responsible for various trainings and sensitisations.⁷⁷

Some key informants underscored the need for ongoing improvement of PSEA efforts (some noted that online PSEA trainings were not very effective).⁷⁸ There was clear consensus that PSEA is a common issue in the community, with examples provided by stakeholders at community levels of specific instances of SEA by armed forces (though none recent examples of UN/NGO staff engaging in SEA).⁷⁹ There was also evidence of stigma and reprisals against SEA survivors and the service providers who provide assistance, for example a case cited by key informants of a refugee SEA survivor that had to go return to Sudan to escape the repercussions of reporting the issue.⁸⁰ This evidence underscores the continued prevalence of PSEA and the ongoing need for effective coordination and response.

⁷² 2023 UNFPA annual report on the use of CERF funds, UNFPA 2024

⁷³ FGD participants.

⁷⁴ SEARO Index 2024 – Chad is #12 highest risk globally. See

<https://psea.interagencystandingcommittee.org/iasc-sea-risk-overview-index>

⁷⁵ Sudan Regional Refugee Response Plan – January-December 2025: Chad Country Chapter, OCHA 2024

⁷⁶ 2025 HRP for Chad, OHCA 2024

⁷⁷ Implementing partner key informant.

⁷⁸ NGO key informants.

⁷⁹ Implementing partner, NGO key informants, FGD participants.

⁸⁰ UN agency, NGO key informants.

EQ6 (Efficiency) To what extent are internal resources, structures, systems, processes, policies and procedures at UNFPA conducive to efficient and timely humanitarian action, at all levels of the organization (global, regional, national)?

Findings

11. UNFPA's institutional, management, and policy arrangements have had mixed results in supporting timely humanitarian action in Chad, with some aspects facilitating efficient response, and others hindering it.
12. UNFPA's humanitarian commodities and supplies are a key pillar of life-saving service provision in SRHR and GBV programming, and can act as important incentives for women to access services, albeit with challenges around procurement and distribution.
13. UNFPA human resources in Chad operate at the limits of capacity for effective humanitarian response, with geographical and population coverage spread very thinly and pending cuts risking provision of essential services to extremely vulnerable populations.

Finding 11. UNFPA's institutional, management, and policy arrangements have had mixed results in supporting timely humanitarian action in Chad, with some aspects facilitating efficient response, and others hindering it.

UNFPA Chad has adopted an integrated approach to its programming, embedding humanitarian interventions within its overall country programme to optimise resources and enhance efficiency. This allows for leveraging existing structures and partnerships for humanitarian response.

UNFPA also actively participates in inter-agency coordination mechanisms on GBV, SRHR and more generally through participation in the HCT (and an external Crisis Response Team) that facilitates quick action. For example, in 2021, following inter-community conflict in Cameroon, UNFPA mobilized service providers (humanitarian midwives and GBV case managers) using core funds, albeit with a low coverage, to provide care for pregnant and breastfeeding women in the two spontaneous refugee sites and the affected host communities. Subsequent CERF allocations strengthened the number of providers in a timely manner.⁸¹ Similar responses were seen with responses to flooding in 2023 in the Lake Chad region, with trained midwives quickly deployed for immediate response at crisis onset, ensuring SRH and GBV service continuity for displaced populations and host communities. This said, Although rapid deployment of midwives has occurred in response to emergencies, the process can be hindered by lengthy OCHA and government approval times.⁸²

External key informants to the evaluation specifically noted UNFPA's efficient and effective management arrangements for coordination, particularly in putting GBV on the agenda across different clusters.⁸³ Cluster and sector leads and co-lead agency representatives also highlighted that UNFPA's advocacy and implementation modalities mean that resources notwithstanding, GBV and SRHR are reasonably well covered. Sub-national government partners also acknowledged UNFPA as an effective and efficient partner, aligning with national plans and providing crucial support in a targeted and timely manner. The deployment of midwives within the first week during 2024 flooding was also cited as a very useful and fast response.⁸⁴ Additionally, UNFPA's initiation and support for tools like the GBVIMS are helpful for planning humanitarian responses.⁸⁵

UNFPA's strategic partnerships with government partners (Ministries of Health, Women, etc.), local and international NGOs, and UN sister agencies are also noted across in various project/programme

⁸¹ 2022 UNFPA annual report on the use of CERF funds, UNFPA 2023

⁸² UNFPA, NGO key informants.

⁸³ UN agency key informants.

⁸⁴ Local government key informant.

⁸⁵ UNFPA key informant.

reports and validated by primary data from internal and external stakeholders as being crucial for implementing activities and reaching affected populations. UNFPA involves implementing partners in the humanitarian programming process, including defining CERF prioritization strategies and identifying activities for funding. This ensures partners are informed of requirements and strengthens the response.⁸⁶ UNFPA has also utilised mechanisms such as surge and fast procedures (FTPs) to accelerate the response to humanitarian crises, particularly in terms of HR recruitment and administrative actions. Regular site supportive supervisions also strengthen the response as well as deployment of focal points to the field to facilitate coordination and response.⁸⁷

However, several aspects of UNFPA's institutional, management, and policy arrangements appear to hinder timely and efficient humanitarian action. UNFPA stakeholders noted the absence of a specific and separate humanitarian workplan before 2024, with humanitarian aspects being integrated across all programmes, limited engagement with implementing partners and the ability to respond quickly to sudden crises.⁸⁸

Further, financial and administrative procedures are reported as complex and can cause delays for implementing partners, with insufficient training provided initially. Implementing partners highlighted challenges with UNFPA's financial policies and tools (e.g. Quantum Plus) and disbursement of funding, as well as complicated reporting formats and a lack of adequate training on their systems, leading to delays and potential audit issues.⁸⁹

The lack of year-to-year consistency in supporting impactful projects has led to staffing limitations, with insufficient personnel to adequately cover all humanitarian zones, potentially delaying responses in certain areas. The issue of chronic underfunding in the Lake Chad region and for humanitarian response plans generally is a significant challenge. Funding levels often do not meet the significant needs on the ground and are inconsistent from year to year (or from one funding allocation round to the next), preventing UNFPA from providing consistent support, either through direct service provision or via partners – some of which have limited capacity. While UNFPA provides capacity building to implementing partners to improve their humanitarian response work, the irregularity of such donor-dependent support is a challenge.⁹⁰

Finding 12. UNFPA's humanitarian commodities and supplies are a key pillar of life-saving service provision in SRHR and GBV programming, and can act as important incentives for women to access services, albeit with challenges around procurement and distribution.

UNFPA's humanitarian supplies and commodities, including kits and to a limited extent cash and voucher assistance (CVA) provision, have played a significant role in supporting humanitarian action and ensuring timely responses in Chad between 2019 and 2024. RH kits, modern contraceptives and medications, and dignity kits are procured, prepositioned and distributed to facilitate a quick and effective response to crises. The availability of these supplies allows UNFPA and its partners to provide essential SRH and GBV services in crisis settings – not just in terms of ensuring that the appropriate supplies are available to those in need, but also as a way to bring women and girls to supported facilities, where discriminatory and harmful social norms might otherwise prevent or inhibit them from accessing them.

UNFPA has taken steps to strengthen its supply chain management for humanitarian supplies. This includes the prepositioning and storage of RH and dignity kits with partners (WFP and the Central Pharmaceutical Agency) for the storage of these prepositioned items. Additionally, UNFPA utilizes the trucks of WFP and other logistics suppliers via long term agreements (LTAs) to transport supplies to affected sites.

There is extensive reporting by UNFPA on the prepositioning and distribution of commodities over the course of the evaluation period, for example⁹¹:

⁸⁶ UNFPA annual reports on the use of CERF funds, 2020-2023

⁸⁷ UNFPA Chad Country Office Humanitarian Operational Plan, UNFPA 2024

⁸⁸ UNFPA key informants

⁸⁹ Implementing partner key informants

⁹⁰ Noted by implementing partners key informants, also in UNFPA CERF annual reporting.

⁹¹ All data from UNFPA annual reports on the use of CERF funds, 2020-2023

- **2020:** UNFPA prepositioned and distributed **4,600 dignity kits**. Emergency RH kits were also procured and supplied to health facilities.
- **2022:** UNFPA purchased and distributed **99 different RH kit types**, including 24 for obstetrical needs, 7 for clinical management of rape, and 14 for contraception to referral hospitals and health centers. Additionally, **3,000 dignity kits** and **30,000 menstrual hygiene management kits** were distributed. This project reached **2,448 cases of GBV**, provided **16,543 prenatal consultations**, and assisted with **2,288 deliveries**.
- **2023:** At the start of a flood crisis, UNFPA distributed pre-positioned RH kits and over **8,100 dignity kits and menstrual hygiene kits** were distributed. Midwives recorded zero maternal deaths during the response period.

The distribution of these supplies has directly contributed to the provision of essential SRH services, including safe deliveries, prenatal and postnatal care, family planning, and clinical management of rape, as well as providing dignity and hygiene items to vulnerable women and girls. The deployment of trained humanitarian midwives with pre-positioned supplies has been a key factor in ensuring timely access to these services.

The importance of these commodities has been validated from primary data from a variety of external stakeholders participating in the evaluation research. Health service providers and partners highlighted the importance of UNFPA-provided PEP kits to survivors of GBV, minimizing the likelihood of contracting HIV/AIDS.⁹²

These commodities also act as important incentives for women to access essential health services. Community-based stakeholders noted that the various commodities and kits supplied by UNFPA are an excellent incentive for women to come to health centres and facilities for births, specifically highlighting the mama kits for newborns – as home-based deliveries are still a common and culturally-accepted practice.⁹³ Health service providers noted observing a definite positive impact in the areas where UNFPA works, including increases in facility-based births. Thus, the availability of these kits can overcome barriers to access and promote the utilisation of vital SRHR services.

Despite their crucial role, the procurement and distribution of UNFPA's humanitarian commodities and supplies faces challenges. Service providers and implementing partners reported sometimes experiencing stockouts of RH commodities, specifically medications related to CMR for GBV survivors (e.g. PEP kits)⁹⁴ and less crucial, but still impactful, items such as dignity kits.⁹⁵ UNFPA key informants acknowledged this shortfall, noting it is a countrywide issue and related to limited resources. Such stockouts can severely hinder timely responses, particularly in cases of GBV where immediate access to PEP is essential. Importation challenges in Chad can also affect the effectiveness of the response within shorter project durations.⁹⁶ Project duration of 6 months for some CERF projects has been highlighted by UNFPA in CERF reporting as a constraint, potentially impacting the efficiency of international procurement processes for supplies. A 12-month duration has been suggested by UNFPA as more favourable.⁹⁷

Further, the logistics of distribution present obstacles. Poor infrastructure and difficult geographical conditions frequently limit physical access to intervention sites. Senior humanitarian leadership noted that while the UN system can move quickly with service and supplies, approvals from OCHA and the Government can take a long time. Stakeholders also noted challenges faced by UNFPA in logistics for the last mile distribution of kits, relying on NGO partners operating health facilities, with the process being somewhat informal. Key informants also highlighted challenges with authorisations from sub-national governments, who may want visibility and control at their level, despite having limited capacity for last-mile distribution, leading to potential expiration of kits. Even at camp level, security concerns and movement restrictions can affect the promptness and availability of certain services,

⁹² UNFPA, implementing partner, local government, service provider key informants.

⁹³ Local government key informant.

⁹⁴ Service provider, implementing partner key informants.

⁹⁵ FGD participants

⁹⁶ 2023 UNFPA annual report on the use of CERF funds, UNFPA 2024, also UNFPA key informants.

⁹⁷ Ibid.

such as the targeted distribution of dignity kits, while the movement of populations back and forth across borders in response to conflicts can disrupt targeted distributions of supplies.⁹⁸

Finding 13. UNFPA human resources in Chad operate at the limits of capacity for effective humanitarian response, with geographical and population coverage spread very thinly and pending cuts risking provision of essential services to extremely vulnerable populations.

The data indicates a mixed picture regarding the adequacy of UNFPA's humanitarian human resources in meeting the needs of response programming in Chad. Surge mechanisms have been utilized, bringing in staff with GBV and SRH skills to the Lake and East regions. However, there are notable gaps and challenges. Health cluster members highlighted UNFPA as one of the only UN agencies capable of responding in all three humanitarian zones (East, South, and Lake Chad Region) but also noted that it lacks sufficient staff to cover these areas adequately.

Recruitment and retention of field staff for remote areas was noted as a challenge, with key informants highlighting, for example, that only 4 out of the 25 UNFPA-supported midwives in the Lake Chad area were local.⁹⁹ This reliance on a limited number of personnel, many of whom are from other areas of Chad and thus unfamiliar with the communities, inevitably leads to a thin geographical spread of essential services.¹⁰⁰ This said, other key informants noted that the overall poor economic situation in Chad means that there is a demand for jobs, particularly in professional sectors such as health, and the UNFPA strategy of paying a premium on the standard government salary for midwives to account for the challenging circumstances has proven useful for recruitment and retention. The UNFPA Humanitarian Operational Plan 2024 indicates that six UNFPA Focal points had been deployed to the field in various locations.

The limitations on resources (and periodicity of funding cycles from donors and CERF) presents a further challenge to human resource capacity overall, which has a direct impact on the provision of essential services to extremely vulnerable populations. Many key informants, donors included, acknowledged that the service provider staff funded by UNFPA (notably the humanitarian midwives) play a crucial role, and their absence would have "devastating consequences" for the already fragile health infrastructure noting that "...in many health centres, [the midwives] are the sole providers of essential care."¹⁰¹ Further, service providers themselves attested to the positive impact of these midwives on increasing facility-based births.¹⁰²

The situation is further exacerbated by pending funding cuts that directly threaten the already stretched human resource capacity, with potential cuts to UNFPA-supported midwives due to funding constraints being considered at the time of research.¹⁰³ This prospect (which has become evident to all following the substantial reductions in US donor funding from early 2025) has raised significant concerns and is a source of stress and alarm in the communities where UNFPA or its partners works. Service providers expressed that any reductions in front-line staff will make it impossible to meet the overwhelming needs, potentially leading to a reversal of progress and loss of life.¹⁰⁴ Strategies for replacing the shortfall of international funding were still emerging at the time of research, with the challenge of a lack of consistent government leadership and funding being noted as a notable issue that needed to be addressed.¹⁰⁵ Therefore, these impending cuts pose a significant risk to the continued provision of life-saving

Even at the country office level, UNFPA staffing for humanitarian response is quite limited, with a single humanitarian coordinator, and no other sectoral humanitarian staff stretching human resource capacity for overall humanitarian action management.

⁹⁸ Various UNFPA annual reports on the use of CERF funds.

⁹⁹ Local government key informant.

¹⁰⁰ Implementing partner key informant

¹⁰¹ Donor key informant

¹⁰² Service provider key informants.

¹⁰³ UNFPA management key informant.

¹⁰⁴ Service provider key informants.

¹⁰⁵ UNFPA, UN agency, government key informants.

To address this, UNFPA has employed some available strategies, notably the use of the surge mechanisms and the rapid deployment of trained humanitarian midwives within 48 hours of an emergency from an internal roster (which had approximately 300 candidates at the time of research). These rapid emergency response teams, drawing on the pre-existing pool of trained personnel have contributed to significant results, such as zero maternal deaths recorded in some emergency responses.¹⁰⁶ These deployments have also periodically included deployment of specialists to the field as counsellors for GBV case management.¹⁰⁷ Further, UNFPA builds the technical and managerial capacity of implementing partners and service providers on an ongoing basis, although the limited capacity of some partners (staff availability, logistics capacity) has somewhat hindered the implementation of activities. Building this capacity has been highlighted in internal strategic planning by UNFPA as a key need.¹⁰⁸

¹⁰⁶ 2023 UNFPA annual report on the use of CERF funds, UNFPA 2024

¹⁰⁷ Noted in CERF annual reporting in 2020 and 2022.

¹⁰⁸ UNFPA Humanitarian Leadership Programme - Preparedness Improvement Roadmap for Chad (internal document), UNFPA 2023

EQ7 (Coherence) To what extent are UNFPA humanitarian interventions internally coherent and complementary to that of other humanitarian actors, thus reducing gaps, avoiding duplications and creating synergies?

Findings

14. UNFPA has strategically embedded its humanitarian interventions within its overall country programme in Chad to optimize resources and enhance efficiency, and has progressively adopted an integrated approach that addresses both SRHR and GBV needs for vulnerable populations, including women, young girls, and boys.
15. While UNFPA actively coordinates (as a participant and leader) with other agencies to avoid duplication and enhance cooperation, inter-agency rivalry and competition for resources hinder greater synergy.

Finding 14. UNFPA has strategically embedded its humanitarian interventions within its overall country programme in Chad to optimize resources and enhance efficiency, and has progressively adopted an integrated approach that addresses both SRHR and GBV needs for vulnerable populations, including women, young girls, and boys.

UNFPA's approach in Chad emphasizes addressing the interconnected needs of affected populations, particularly women, girls, and young people, within humanitarian settings. A key strategy involves embedding humanitarian interventions within the overall country programme (and in line with the UNSDCF) to optimize resources and enhance efficiency, naturally fostering integrated programming. Key informants noted that this has positives and negatives (discussed above) – it is positive from the perspective of promoting more integrated programming across the HDP nexus, and optimising the skills and experience of all staff in what is a substantially humanitarian context. On the other hand, it means that, in a resource-limited environment, humanitarian staff are very thinly spread.¹⁰⁹

Further the humanitarian midwives deployed by UNFPA often provide clinical management for GBV survivors and first-line psychosocial support, alongside their SRHR duties. This dual role ensures that women and girls accessing SRH services can also receive GBV support and vice-versa, demonstrating a practical integration on the ground.¹¹⁰

Although the degree of support (i.e. resources) available varies from year to year, the establishment and operationalization of safe spaces ensures locations where GBV survivors can receive safe care, including psychosocial support, and potentially access SRH information and services or referrals, suggesting an integrated approach. Social workers in these spaces provide culturally sensitive care and mental health support as part of the GBV response. They also provide sensitisation on key SRHR issues such as education on various family planning methods and the importance of ANC, facility-based deliveries and appropriate PNC.

However, the integration of programming for youth with SRHR and GBV is less clear in UNFPA humanitarian response programming. The mid-term evaluation of the previous cooperation programme (2012-2016) highlighted that the limited consideration of youth in programming consistently weakened the demand for SRH care and services.¹¹¹ While this is from before the evaluation timeframe, it indicates previous challenges in fully integrating youth needs with other programming.

There is some evidence to indicate that this issue was addressed over the course of the 2017-2023 country programme (and the new Country Programme Document for 2024-2028 is reported to aim to more explicitly address adolescents and youth development alongside SRHR and GBV).

¹⁰⁹ UNFPA key informants.

¹¹⁰ Documented in various CERF annual reports between 2020 and 2023, also noted by service providers, UNFPA and implementing partner key informants.

¹¹¹ Report of the Mid-Term Review of the 7th Chad-UNFPA Cooperation Programme, UNFPA 2020

For example, UNFPA has supported partners to undertake SRH education tailored for youth and adolescents that is delivered in youth centres and Women and Girls Safe Spaces (WGSS), utilizing a Ministry of Health-validated approach.¹¹² WGSS also function as points where UNFPA-supported midwives provide family planning training and services to young people, reaching a significant number weekly.¹¹³ Further, awareness campaigns addressing violence prevention are conducted in schools and colleges, and sensitization efforts tackle issues like early marriage among young girls.¹¹⁴ In humanitarian crisis zones, UNFPA has supported teacher training on PSS for children and SRHR education, acknowledging the specific vulnerabilities of young people in these contexts.¹¹⁵

Nonetheless, this area is not consistently supported - funding for adolescent counselling in a social centre in Bol was discontinued in 2022, and primary data from young people many unmet needs in SRHR in educational settings. Moreover, youth recognize PSEA as an ongoing and common issue, indicating a need for more targeted prevention and response mechanisms involving young people.

Finally, there is little evidence that humanitarian programming integrates with UNFPA's work in population data/statistics. Stakeholders noted the potential for good overlap and synergy between these two areas, but humanitarian programming is more focused on the HRP outputs. While government census data is periodically used to develop humanitarian programming this is reported as limited.¹¹⁶ Existing datasets produced and managed by other agencies (e.g. the UNHCR data hub, the IOM Displacement Tracking Matrix and OCHA data/sitreps) are generally more used for humanitarian response programming.¹¹⁷

Finding 15. While UNFPA actively coordinates (as a participant and leader) with other agencies to avoid duplication and enhance cooperation, inter-agency rivalry and competition for resources hinder greater synergy.

From an external perspective, UNFPA leads coordination efforts in GBV (as the GBV Area of Responsibility co-lead with the Ministry of Women's Affairs) and SRH (as the co-lead of the SRH working group¹¹⁸), which creates a framework for integrated responses. These platforms facilitate information sharing among partners, with the use of 4Ws matrices to track activities and potentially avoid duplication.¹¹⁹ Many of the individual humanitarian response initiatives implemented by UNFPA demonstrate integration of programme sectors (primarily SRHR and GBV). Most CERF project reporting highlight measures to both improve access to reproductive health services and respond to GBV and sexual abuse and exploitation. Individual CERF projects fund recruitment and deployment of humanitarian midwives providing SRH services and first-line psychosocial support to GBV survivors, directly linking these two areas. Sensitization activities reached thousands with information on both GBV and SEA issues, engaging the broader community.

UNFPA has also participated in joint Protection Cluster, GBV sub-cluster, and Child Protection sub-cluster field missions in refugee camps.¹²⁰ These missions aimed to identify gaps in service delivery, obtain good practices, and suggest ways to improve the overall response, including evaluating other sectors like health, food security, and WASH for a better inter-sectoral approach. For example, a mission in 2022 aimed to identify gaps in service delivery provided by humanitarian actors to vulnerable populations.¹²¹

Further, the establishment and operationalization of one-stop-centres (OSCs) for GBV case management involve coordination between multiple government ministries (Women's Affairs, Health, Justice, and Education) and UN sister agencies (UNICEF, UNDP). This multi-sectoral coordination ensures comprehensive support for GBV survivors, integrating medical, psychosocial, and legal

¹¹² Implementing partner key informants.

¹¹³ Service provider key informants.

¹¹⁴ Implementing partner key informants.

¹¹⁵ Ibid.

¹¹⁶ UNFPA key informants.

¹¹⁷ Ibid.

¹¹⁸ At the time of research the co-chair role was empty but had previous been reported as held by the Ministry of Public Health

¹¹⁹ UNFPA, UN agency, NGO key informants.

¹²⁰ Documented in various CERF annual reports between 2020 and 2023, also noted by UNFPA and UN agency key informants.

¹²¹ 2023 UNFPA annual report on the use of CERF funds, UNFPA 2024

services in one location.¹²² Some other examples of joint work in partnerships with sister agencies identified from desk review documentation are:

- **UNHCR** for GBV case management and joint activities.
- **WFP** for the **joint distribution of dignity kits** during shared initiatives.
- **OCHA** for technical expertise as the lead of the GBV sub-cluster and for overall humanitarian coordination. OCHA also maintains contact with all partners for better coordination and ensures communication between NGOs, UN agencies, and the Government. OCHA consolidates humanitarian needs overviews and response plans on behalf of the HCT and partners.

There is also good evidence from both primary and secondary sources of UNFPA coordination with government ministries, including the Ministry of Public Health and Prevention and the Ministry of Women, Family, and Child Protection, on various activities such as the recruitment and deployment of humanitarian midwives and the establishment of the one-stop centres/multisectoral integrated service centres (CISM) for GBV survivors.¹²³

However, despite UN interagency commitments to "Delivering as One" in the UNSDCF and engagement in joint activities with other UN agencies, there is evidence of competition between agencies for increasingly scarce resources, which is likely to intensify since the US funding termination in 2025. Looking at the sources, there is evidence suggesting that inter-agency rivalry and competition for resources hinder greater synergy among humanitarian actors in Chad. Interviewees claimed that coordination between different sectors and agencies should be better, with one attributing this partly to "lots of politics that go on between the agencies" and that personality issues are a significant factor.¹²⁴ Key informants also highlighted the competition for resources across the whole international community "iNGOs and UN agencies alike".¹²⁵

Other data indicates encroachment across agency mandates (both UNFPA's and other agencies' mandates), itself a symptom of a competitive environment where agencies may seek to expand their operational scope. This has been noted as likely to worsen as the resource squeeze becomes more intense.¹²⁶

¹²² Biannual Narrative Report for the USAID BHA-funded intervention in Lake Chad Province, UNFPA 2024

¹²³ 2023 UNFPA annual report on the use of CERF funds, UNFPA 2024

¹²⁴ Government key informant.

¹²⁵ Ibid.

¹²⁶ Multiple key informants.

EQ8 (Connectedness) To what extent is humanitarian action at UNFPA linked to preparedness and longer term development processes and programmes, across the humanitarian-development-peace nexus?

Findings

16. UNFPA undertakes some activities with longer-term implications and that build resilience, but it is somewhat ad-hoc with a lack of systematic and comprehensive integration across all its humanitarian interventions.
17. UNFPA's humanitarian interventions in Chad contribute to capacity development and ownership at national and local levels through alignment with national priorities, engagement, training and partnership with national actors, there are valid concerns about the sustainability of UNFPA's work and their transition to local ownership.

Finding 16. UNFPA undertakes some activities with longer-term implications and that build resilience, but it is somewhat ad-hoc with a lack of systematic and comprehensive integration across all its humanitarian interventions.

As discussed above, UNFPA in Chad explicitly adopts an integrated approach in its programming, embedding humanitarian interventions within its overall country programme to optimize resources and enhance efficiency, which naturally links immediate response to longer-term strategic objectives. This approach aligns with the concept of the HDP nexus, which is a recurring theme that UNFPA references in project reporting. UNFPA claims to move beyond simply reacting to crises and instead applies a resilience approach by linking prevention, preparedness, and response with national capacity-building. For example, UNFPA reporting on the use of CERF funding notes that the deployment of humanitarian midwives (including volunteer midwives, presumably drawn from the local community, but not clearly explained¹²⁷) is a key strategy “to ensure that the link between humanitarian, development, and peace has been considered, and this confirms UNFPA's alignment with the humanitarian-development-peace nexus.”¹²⁸

However, recruitment, deployment and funding of humanitarian midwives by UNFPA is of questionable sustainability. Indeed, the sudden shock to the system resulting from the US funding termination in early 2025 has led to considerable anxiety amongst UNFPA-funded and other midwives at community level (among others) that staff would be terminated.¹²⁹ For example, in Dar es Salaam refugee/IDP camp, serving between 15,000 and 25,000 people, service providers at the OSC health centre claimed that the staff would go from eleven staff (mostly employed by an NGO with US funding) to two (one remaining UNFPA-funded midwife, one government-funded centre manager) by June 2025, due to the US funding cuts.¹³⁰

While some stakeholders noted that strategies and advocacy activities were underway to seek alternative support to sustain the midwife support (including support from government), the success of these efforts remained (at the time of research) to be seen.¹³¹ There is documented evidence of a continuum of UNFPA advocacy government to encourage greater adoption of responsibility for service delivery¹³², but testimony from key informants suggests that national support efforts have been largely unsuccessful to date.¹³³ UNFPA does make the case that its recruitment and training of midwives (including support to the "Association des Sage-femme et Maïeuticiens" (Association of female and male Midwives) aims to create a sustainable pool of skilled personnel for emergency response and

¹²⁷ 2023 UNFPA annual report on the use of CERF funds, UNFPA 2024

¹²⁸ Various Annual Reports on the use of CERF funds, 2020-2023.

¹²⁹ UNFPA, implementing partner, local government, service providers key informants.

¹³⁰ Service provider key informants.

¹³¹ UNFPA management key informants.

¹³² For example as noted in the Biannual Report on the Provision of lifesaving integrated SRH and GBV services in the Lake Chad Province, 720BHA24IO00074, UNFPA 2024

¹³³ UNFPA, government key informants.

longer-term service provision.¹³⁴ While this strategy has merit, it is part of UNFPA's development programming and has limited overlap with humanitarian response work.

This said, UNFPA's focus on provision of MISP, robust SRH service in humanitarian settings, and GBV prevention activities, such as sensitisation campaigns on GBV, aims to change existing unhealthy or discriminatory social norms (such as a preference for home-based deliveries) and thus build long-term resilience within communities by addressing the root causes of vulnerability.

For example, UNFPA support for income-generating activities for women and GBV survivors are intended to provide a sustainable means of livelihood and reduce vulnerability in the long term, as well as building peace. While some of the specific activities supported under these project elements are questionable¹³⁵, these efforts are well-regarded overall by both the implementing organisations and by community members themselves.¹³⁶

As noted above, however, the integration of these longer-term goals within UNFPA's humanitarian response is somewhat ad-hoc.¹³⁷ There is evidence of a lack of systematic and comprehensive integration between the humanitarian and development work of UNFPA in Chad, with humanitarian programming being focused on the HRP, or creation/implementation of pilot projects or short-term response initiatives that are not followed up on and translated into sustained, long-term impact.¹³⁸

Finding 17. UNFPA's humanitarian interventions in Chad contribute to capacity development and ownership at national and local levels through alignment with national priorities, engagement, training and partnership with national actors, there are valid concerns about the sustainability of UNFPA's work and their transition to local ownership.

UNFPA's work in Chad is explicitly in alignment with national priorities¹³⁹ and there is considerable evidence as to UNFPA's engagement with national actors, contributing to capacity development at various levels. The proposed country programme for 2024-2028 clearly outlines UNFPA contributions to national results. The UNFPA Chad strategies and most reporting on humanitarian response programming notes UNFPA collaboration with national and sub-national government entities. For example, UNFPA humanitarian midwife deployment is conducted in collaboration with the Ministry of Planning and Forecasting, Ministry of Public Health and Prevention and the Ministry of Women, Family, and Child Protection at provincial levels for recruiting, training, and deploying these midwives.¹⁴⁰ UNFPA also reports working with key line ministries, including the Ministry of Social Action, National Solidarity and Humanitarian Affairs, and the Ministry of the Economy and Development Planning.¹⁴¹ The reported engagement triangulates well with testimony from both internal and external evaluation key informants, who validated UNFPA work with different ministries, and alignment with their priorities, as well as engaging in joint activities and annual work planning.¹⁴²

Further, UNFPA partners with, provides support to and reaches rights-holders via a range of international and national humanitarian response NGOs. For instance, ASTBEF (*Association Tchadienne pour le Bien-Etre Familial*), a local responder, coordinates the activities of humanitarian midwives or ADRAH (*Association pour le Développement et le Renforcement des Actions Humanitaires*), a national NGO which oversees humanitarian response GBV work. Since at least 2020, UNFPA has reported involving its partners in the humanitarian programming process, defining the CERF prioritization strategy, and identifying opportunities for activities.¹⁴³ Implementing partner

¹³⁴ Described in the semi-annual report of the 2023-2024 System Performance Strengthening Health Project (PRPSS), UNFPA 2024

¹³⁵ For example provision of solar-powered fish-drying equipment to communities that do not fish, or tricycle rickshaws in a community with no paved roads – as observed by the evaluation team.

¹³⁶ Implementing partner key informants, FGD participants.

¹³⁷ UNFPA, OCHA, key informants.

¹³⁸ OCHA, implementing partner key informants.

¹³⁹ The 2024-2028 CPD explicitly notes alignment to national priorities, i.e. "Vision 2030: The Chad We Want", published in 2017, but which notes the challenges of humanitarian response and other crises, such as those related to climate change.

¹⁴⁰ Various Annual Reports on the use of CERF funds, 2020-2023

¹⁴¹ UNFPA Humanitarian Leadership Programme - Preparedness Improvement Roadmap for Chad (internal document), UNFPA 2023

¹⁴² UNFPA, national/local government key informants.

¹⁴³ Various Annual Reports on the use of CERF funds, 2020-2023

representatives interviewed for this evaluation (including ASTBEF) attested to this engagement and positive relationships with UNFPA, as well as participation in training and sensitisation activities.¹⁴⁴

At community level, as well as the support via partner organisations and the training/deployment of midwives, UNFPA also engages with traditional and religious leaders in awareness campaigns and to promote positive social norms. These efforts indicate a commitment to building capacity and fostering ownership by working with and through national structures and actors. UNFPA also supports capacity-building of community-level actors. Examples reported by UNFPA include:

- 2020: Training of 120 members of community protection mechanisms on community-level notification and reporting of sGBV cases and first-line psychosocial support.
- 2022: (via a CERF grant) Trained 30 GBV counsellors on case management, 30 GBV service providers on data collection, and 64 counsellors and midwives on psychosocial care.
- 2022: (another CERF grant) Orientation of 300 community workers on the referral of GBV survivors and community sensitization.

However, key informants also noted concerns raised regarding the sustainability of UNFPA's interventions given the inconsistent nature of humanitarian funding (and indeed the imminent reduction in funding in 2025). Some key informants expressed that UNFPA work in economic empowerment and resilience-building (and in particular on climate change-related programming) among refugees and IDPs were inadequate for long-term recovery and reducing dependence on external aid.¹⁴⁵ The same source also noted the limited relationship between UNFPA's humanitarian and longer-term development programming strands (including P&D). Other key informants raised concerns about the sustainability of pilot projects and a need for more follow-up on promising initiatives.¹⁴⁶

Some stakeholders also suggested areas where UNFPA's alignment and support could be strengthened to enhance national ownership. Government stakeholders expressed a need for UNFPA to better support the implementation and enforcement of existing laws and policies for the protection of women and girls (similar to the work supported through NGO partner *Association des Femmes Juristes du Tchad* (AFJT)) to address issues of impunity around GBV and the use of community-based solutions that are more survivor-friendly and thus impactful and sustainable.¹⁴⁷

An overarching concern for most participants in the evaluation was the financial constraints and potential withdrawal of UNFPA support due to US funding cuts as significant threats to sustainability. The fact that there was a common perception among stakeholders that what makes humanitarian response work "sustainable" is the securing of donor funding is itself indicative of a significant challenge. As noted by the UN Resident Coordinator, while UNFPA aligns with national priorities and works with different ministries, the government has "relinquished responsibility to many of the UN agencies". Government interviewees expressed that if UNFPA stops funding midwives, it would be a "huge issue" as the government lacks the capacity to fund them.

Despite recognition by UNFPA of the need to strategically advocate for government funding to ensure the long-term sustainability of vital healthcare workers,¹⁴⁸ there was little indication (at the time of the evaluation) of the prospect of immediate success in this regard, though the imperative for such a strategy is undeniable, as well as strategy for streamlining, greater transparency and accountability within UNFPA's own operations and with its partners.

¹⁴⁴ Implementing partner key informants.

¹⁴⁵ UN agency key informant.

¹⁴⁶ UN agency, implementing partner key informants.

¹⁴⁷ Government, implementing partner, service provider key informants.

¹⁴⁸ UNFPA key informants.

Conclusions

1. **UNFPA's strategies in Chad have generally aligned with humanitarian needs and global commitments, although the latest strategy reflects a slightly less direct integration of humanitarian action.** While earlier CPDs increasingly emphasized dedicated humanitarian responses, the most recent strategy integrates humanitarian considerations as a cross-cutting theme, which may represent a less substantive commitment. UNFPA's core mandate areas, particularly GBV and population data, are also reflected in broader strategic planning documents

Links to Findings 1, 2.

2. **UNFPA has made notable efforts to improve access to essential SRH services and GBV support, yet comprehensive and consistent coverage across all affected areas of Chad remains a significant challenge.** Through strategies like the MISP rollout, prepositioning of commodities, deployment of humanitarian midwives, and establishment of safe spaces, UNFPA has facilitated the uptake of crucial services. However, the scale of humanitarian needs often outstrips available resources, and factors such as insecurity, poor infrastructure, and logistical constraints limit consistent service provision

Links to Findings 4, 5, 6, 7.

3. **While UNFPA plays a crucial role in certain aspects of data management, particularly for GBV through the GBVIMS, significant gaps hinder the consistent production, sharing, and utilization of reliable disaggregated data for evidence-based humanitarian action.** UNFPA actively contributes to coordination mechanisms and supports data collection, but overall data availability and disaggregation remain limited, with ongoing challenges in supply of good data and in consistent usage and technical capacity among response actors.

Links to Finding 8.

4. **UNFPA demonstrates strong leadership in interagency coordination for SRH and GBV in Chad but shows less prominent leadership in the area of YPS.** As the lead for the SRHR working group and the GBV subcluster, UNFPA effectively prioritises these issues in humanitarian planning and response. However, while UNFPA implements youth-related programming, interagency coordination specifically on the YPS agenda is limited.

Links to Findings 9, 10..

5. **UNFPA's internal resources, structures, systems, processes, and policies present a mixed picture in their support for efficient and timely humanitarian action in Chad, with both facilitating and hindering factors.** UNFPA's integrated programming and participation in coordination mechanisms can enable rapid responses. However, complex financial and administrative procedures can cause delays for partners, and inconsistent funding leads to staffing limitations and hinders sustained support.

Links to Findings 11, 12, 13.

6. **UNFPA strategically integrates humanitarian interventions within its broader country programme to enhance efficiency and complementarity and to strengthen the HDP nexus approach. UNFPA actively coordinates with other actors, although inter-agency competition for resources can impede greater synergy.** This integrated approach aims to address interconnected needs and optimize resources. While UNFPA actively participates in and leads coordination efforts to avoid duplication and enhance cooperation, competition among agencies for scarce resources poses a challenge to achieving greater coherence.

Links to Findings 14, 15.

7. **UNFPA's efforts in Chad show some integration of humanitarian action with longer-term development goals and capacity building, but concerns remain regarding the sustainability and national ownership of these interventions, particularly in light of funding uncertainties.** While UNFPA aims to build resilience and aligns its work with national priorities through engagement, training, and partnerships, the reliance on external funding, as highlighted by the potential impact of US funding

cuts, casts doubt on the long-term viability and transition to full local ownership of essential services like the deployment of midwives. The connection between humanitarian programming and UNFPA's broader development work in areas like population data is also limited.

Links to Findings 16, 17.

Suggestions for Recommendation

Key suggested recommendations at country level (all recommendations are for UNFPA Chad).

Linking to conclusion 1

- A. UNFPA should re-emphasize and explicitly detail humanitarian-specific outputs, results, and targets within its 2024-2028 CPD to ensure a more substantive commitment to humanitarian action. This would provide a clearer framework for dedicated humanitarian programming and resource allocation.

Linking to conclusion 3

- B. UNFPA needs to advocate for and secure more consistent and flexible funding for SRHR and GBV services to ensure sustained accessibility and quality across Chad's humanitarian zones. Strengthening partnerships with local governments and other actors (foundations, private sector) is crucial for ensuring life-saving services remain.
- C. UNFPA should invest in strengthening GBV referral systems and the availability of safe shelters for survivors to address significant gaps in protection and support.

Linking to conclusion 4

- D. UNFPA should enhance its efforts to improve the consistent production, disaggregation, sharing, and effective use of reliable data across all its mandate areas in humanitarian responses. This includes strengthening data systems and ensuring wider adoption and technical data capacity among partners.
- E. UNFPA should work to improve the comprehensiveness and sharing of its data (both programme and population) with relevant stakeholders for better evidence-based decision-making.

Linking to conclusion 5

- F. UNFPA should explore opportunities to take a more prominent leadership role in interagency coordination on YPS, building on its existing youth-related programming. This could involve establishing specific YPS coordination mechanisms.

Linking to conclusion 6

- G. UNFPA should streamline its financial and administrative procedures to reduce delays for implementing partners and ensure more timely humanitarian action. Providing better training on UNFPA's financial tools and reporting systems is also necessary.
- H. UNFPA should advocate for more consistent and predictable funding to ensure adequate staffing levels and sustained support for essential humanitarian services across all affected regions.

Linking to conclusion 7

- I. UNFPA should develop a more systematic approach to integrating its humanitarian data work with broader population data and statistics initiatives to enhance synergy and evidence-based programming.
- J. UNFPA should actively work to mitigate inter-agency rivalry and foster greater collaboration by clearly defining roles and responsibilities within the HCT and promoting joint programming/resource mobilization initiatives where possible.
- K. UNFPA should strengthen its engagement with government partners to encourage greater ownership and funding for essential services, particularly in the face of potential donor funding reductions.

Annexes

Annex I: List of Key Informants

Job Title	Agency	Duty Station
Charge des affaires humanitaires	OCHA	N'Djamena
Heath Delegate	Local Government	Bol
Programme Officer for Islamic Affairs	CSAI	N'Djamena
Resident Coordinator	OCHA	N'Djamena
Protection Officer/Midwife	Intersos	Bagasola
Humanitarian Coordinator	UNFPA	N'Djamena
Director of Technidev, Finance Assistant	TechniDev	N'Djamena
Directrice de... ;Directeur de Planification de Action Humnaitaire	Ministry of Humanitarian Action	N'Djamena
Senior Midwife	UNFPA	Bol
UNFPA Midwife	UNFPA	Dar es Salaam Camp, Bagasola
Peace and Development Adviser	Peace Building Fund	N'Djamena
Director, Good Neighbours; IGA Officer,, Accountant	Good Neighbours	N'Djamena
Chef de Canton #1, Bol	Local Government	Bol
TBA	Association Femme jurist-AGT	N'Djamena
Delegate for Action for Women & Children, Bol District	Local Government	Bol
Directeur de la Promotion et Protection des Droits de Femme Directeur de la Promotion de Gens	Ministry of State, Women, and Children	N'Djamena
Senior Health Coordinator	IRC	N'Djamena
Cluster/sector lead/co-lead agency representatives (Gender, GBV AoR,PSEA)	CARE, UNICEF, Soid-Trus, Ministry of Women, WFP, OCHA	N'Djamena
Country Representative	UNFPA	N'Djamena
Chef de Canton #2, Bol	Local Government	Bol

Annex II: List of References

While the evaluation made use of a considerably wider body of documentation and data provided by the UNFPA Chad Country Office and sourced independently by the evaluation team, the following are the principal sources of information that informed the development of the findings above and cited in the footnotes.

- 2020-2025 Humanitarian Needs Overviews, OCHA 2019-2024.
- 2020-2025 Humanitarian Response Plans for Chad, OCHA, 2019-2024
- 2022 UNFPA annual report on the use of CERF funds, UNFPA 2023
- 2023 UNFPA annual report on the use of CERF funds, UNFPA 2024
- Biannual Narrative Report for the USAID BHA-funded intervention in Lake Chad Province, UNFPA 2024
- Chad Overview: Development news, research, data | World Bank
- Chad Preparedness Action Plan and Minimum Requirements for Humanitarian Emergencies, UNFPA 2023
- Final evaluation report of the "Strengthening the participation and representation of youth in conflict prevention and management mechanisms at the community level" project, UNFPA, 2021
- Final report to CERF on the Strengthening Access to Essential Services for Survivors of Sexual and Gender-Based Violence Project, UNFPA 2020
- Report of the Mid-Term Review of the 7th Chad-UNFPA Cooperation Programme, UNFPA 2020
- Sudan Regional Refugee Response Plan - January-December 2025: Chad Country Chapter, OCHA 2024
- UNFPA annual reports on the use of CERF funds, 2020-2023
- UNFPA Chad Country Office Humanitarian Operational Plan, UNFPA 2024
- UNFPA CPD 2017-2021
- UNFPA Extensions of Country Programmes, DP/FPA/2021/11 and DP/FPA/2022/11, UNFPA 2021, 2022
- UNFPA Humanitarian Leadership Programme - Preparedness Improvement Roadmap for Chad (internal document), UNFPA 2023
- UNFPA Situation Reports for the Humanitarian Response in East Chad for Sudanese Refugees and Chadian Returnees, UNFPA 2024.

Annex III: Chad Country Visit Schedule

Time	Activities	Location	Participants	Contact person
Day 1 : Sunday 23/03/2025				
11:00- 20:00	<ul style="list-style-type: none"> · Arrival of the evaluation team (Welcome and installation) · Transfer to Residence Hotel <p>Brian: Arrival 11:45 am Loveena: Arrival 18:55 PM (ASKY 55)</p>	N'DJAMENA International Airport	Driver of l'UNFPA et Security (Djibrine 66298244)	Operation & Security
Day 2: Monday 24/03/2025				
07:30-08:30 08h30-09h30	<ul style="list-style-type: none"> • Security Briefing • Demande de visa au service d'immigration (Mr. Brian) 	Office of the RC/HC Direction d'immigr	Chief Security Advisor	Abakar & Marius
09:30-10:30	Scoping meeting with UNFPA staff in Chad <ul style="list-style-type: none"> o Finalization of the schedule o Presentation of the UNFPA humanitarian response o Confirmation of providers, NGOs and beneficiaries to be interviewed (Individual interviews and FG) 	Meeting room UNFPA	All Staff	Deputy & Joel Humanitaire
10:30- 12:30	Interview with Ministry of State, Women, and Children	Ministry of State, Women, and Children	Director General and Focal Point for the UNFPA	Adeline & Noura Gamane Tatoumle, DGA
12:45-13:45	Lunch	Residence Hotel		Marius & Abakar
14:00-15:50	Interview with the Ministry of Humanitarian Action and Solidarity	Ministry of Humanitarian Action and Solidarity	Director General and Focal Point for the UNFPA	Joel & Israël du Ministère
16:05-16:40	Interview with Humanitarian Coordinators /Resident Coordinators	UN house/OCHA	RC	Joel & Muriel
16:45-17:30	Interview with Head Office OCHA	UN house/OCHA	OCHA	Joel & Muriel
17:30 – 18:00	Transfer to Hotel	Residence Hotel	Driver and Security	Marius & Abakar
Day 3: Tuesday 25/03/2025				
08:00-9:00	Concertation and interview with different units at UNFPA country office management, operational and program staff	Meeting room UNFPA	Coordinator Huma (B&L)	Madjita & Joel
9:15-14:00	Interview with NGOR Representative (BRIAN)	Meeting room PBF	TECHNIDEV GOOD NEIGHBORS	Adeline & Muriel
10:45- 11:45	Interview with NGO representatives (LOVEENA)		PBF (DONOR) AFJT	Adam / Adeline
14:00-15:00	Interview with NGO representatives		IRC (B) CELIAF (L)	Rim & Adeline
15:30-16:30	Interview with Cluster/sector lead/co-lead agency representatives (Genre, GBV AoR,PSEA)	UNFPA meeting Room	Genre, GBV AoR,PSEA	Joel , Muriel & Adeline
16:30 – 17:30	Staff de UNFPA	UNFPA meeting Room		Joel
Day 4 : Wednesday 26/03/2025				
06:00 – 08:00	Checking-in formalities and waiting for the departure to Bol	N'Djamena airport		Emma & Liliane-Amos

08:00 – 09:30	Flight N'Djamena to Bol	Arrival at Bol Airstrip		Emma & Liliame-Amos
10:00 – 12:00	<ul style="list-style-type: none"> Visit of the Provincial delegates of the Public Health Visit to the governor Visit of the Provincial delegates of the Ministries of Solidarity and Humanitarian Action, 	Civilities		Emma & Liliame-Amos
12:30 – 13:30	<ul style="list-style-type: none"> Interview with the canton chief 			Emma & Liliame-Amos
13:30-15:30	Travel Bol – Bagassola			Yaya et autres
15:30-15:45	<ul style="list-style-type: none"> Visit to the perfect 	Civility	Mission team	Liliame & Sage femme Humanit
16:30-17:30	Interview with the partners	UNHCR Meeting room Bagassola	Senior Sage, IC VBG, SRH Coordinator, CISM Bagassola et Clinique Mobiles/intersos	Emma & Liliame-Amos
17:30 – 18:00	Transfer to UNHCR Guest House	HCR Guest House		Liliame
Day 5 : Thursday 27/03/2025				
08:00-09:00	Visit of the refugee camp in Dar Naim and FGD with the Women Groups representative	Camp Dar Naim	Groups of Women	Yaya et autres
09:05-11:00	FGD with the youth girls Groups representative	Bagassola	Groups of Youth girls	Liliame, Amos & Emmanuel
11:00-14:00	Interview with the Members de la community	Bagassola	Chef de canton Gueléa II, Resp. Centre social, Chef de Camp Dar Es salem, Un Leader des jeunes	Liliame, Amos & Emmanuel
14:30-17:30	Interview with the Service providers of the sites	UNHCR Meeting room Bagassola	OCHA, CNAR, IHDL, UNHCR.	Liliame, Amos & Emmanuel
17:30-18:00	Transfer to HCR guest House			
Day 6: Friday 28/03/2025				
07:00 – 09:00	Travel Bagassola - Bol			Yaya et autres
09:30 – 10:30	Flight to N'Djamena	Arrival at N'Djamena Airport		UNHAS
10:30 – 11:00	Arrival at UNFPA Office	N'Djamena		Marius & Abakar
11:00-12:00	Interview with Groupe de Travail Cash, localisation, Anticipatory Actions (OCHA)	N'Djamena	OCHA	Dataloum
12:15-13:15	Health Cluster- SSR		UNFPA Meeting room	Dr.Joel/ Dr. Rim
13:15 – 14:30	Concertation interview with different units at UNFPA country office management, operational and program staff	Meeting room UNFPA	Coordinator Huma, Leads VBG, SR, PF, YT and P&D	Marius & Abakar
14:30-15:00	Debriefing with the UNFPA Representative	UNFPA Meeting room	Management & Operations	Deputy

15:00-15h30	Transfer to Hôtel	Residence Hotel	UNFPA	Madjita & Joel
Day 7: Saturday 29/03/2025				
05:30 - 07:00	Transfer to Airport for Check in formalities.	N'DJAMENA International Airport	UNFPA	
	Departure - End of mission			



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