

Chad

Health Thematic Report

January - December 2018



A mother holds her baby in Hadjer Lamis
(©UNICEF Chad/2018/Ravoala)

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1. **Abbreviations and Acronyms**

| | |
|----------|--|
| ACPV | Community Approach to the Promotion of Vaccination |
| ART | Antiretroviral Therapy |
| BMGF | Bill and Melinda Gates Foundation |
| CAR | Central African Republic |
| CCEOP | Cold Chain Equipment Optimization Platform |
| C4D | Communication for Development |
| CERF | Central Emergency Response Fund |
| CFC/RTM | Child Friendly Community Initiative with Real Time Monitoring |
| cMyP | EPI complete Multiyear Plan |
| CPD | Country Programme Document |
| CSD | Child Survival and Development |
| DaO | Delivering as One |
| DNTA | Division of Nutrition, Government of Chad |
| ECV | Coverage survey |
| EDS | Demographic Health Survey (Enquête Démographique et de Santé) |
| EDS-MICS | (Combined) Demographic Health and Multiple Indicator Cluster Survey |
| E-MTCT | Elimination of Mother-to-Child Transmission of HIV |
| EPI | Expanded Programme on Immunization |
| FOSAP | Fonds de soutien aux activités de population |
| GAM | Global Acute Malnutrition |
| GAVI | Gavi, the Vaccine Alliance |
| GFATM | Global Fund to Fight Aids, Tuberculosis and Malaria |
| HACT | Harmonized Approach to Cash Transfers |
| IYFC | Infant and Young Child Feeding |
| KAP | Knowledge, Attitudes and Practice (study) |
| MNCH | Maternal, Newborn and Child Health |
| MSP | Ministry of Health (Ministère de la Santé Publique) |
| OR | Other Resources |
| ORE | Other Resources Emergency |
| ORR | Other Resources Regular |
| PMA | Integrated Minimum Package of Services |
| PMTCT | Prevention of Mother to Child Transmission (of HIV/AIDS) |
| PNC | Prenatal Care |
| PND | National Health Development Plan |
| PNG | National Gender Policy |
| PSR | Programme Support Rationale |
| PTME | Protection contre la Transmission Mère Enfant |
| RED | Reach Every District (approach) |
| SAM | Severe Acute Malnutrition |
| SDGs | Sustainable Development Goals |
| SIA | Supplementary Immunization Activities |
| SRMNIA | Reproductive, maternal, neonatal, infant and adolescent health (santé reproductive, maternelle, néonatale, infantile et des adolescents) |
| UNDAF | United Nations Development Assistance Framework |

2. Executive Summary

This Thematic Report on Health covers the period from January to December 2018 and provides an update on the progress made and the funds utilized for the health activities supported by the Health Thematic Funds (SC/14/9901).

Chad has one of the highest maternal and infant mortality rates in the world. According to the EDS/MICS 2014-15, these rates are respectively 860 per 100,000 live births and 72 per thousand live births. This is due to high rates of neonatal mortality; high morbidity due to the prevalence of HIV, vaccine-preventable diseases, diarrhoeal diseases, malaria and pneumonia; and critical nutritional status of under-five children with 13.5% children who are acutely malnourished and 31.9% chronically malnourished¹.

The health sector can be characterised by low coverage and insufficient quality of basic social services, and harmful traditional beliefs and practices and inadequate practices and social norms in nutrition, hygiene, sanitation and health. The already limited health system has been impacted by the conflicts in neighbouring countries (Nigeria and CAR), which led to population movements and displacements in the southern provinces of eastern Logone and Mandoul and internal displacement in the Lake province. Measles epidemic outbreak lasted from May to December 2018, with 5,336 reported cases and 96 deaths (lethality 1.7%), further straining the system. Furthermore, the country suffered from months of civil servants strike, during which health structures remained closed and services were very limited.

Despite these constraints, some solid progress have been made, particularly in terms of adapting an integrated approach with a view to improving quality and access to health services. In 2018, in line with the 2017-2021 Country Programme Document (CPD) as well as the Strategic Plan 2018-2021, and the government's priorities of the "Vision 2030. Chad that we want" and the United Nations Development Assistance Framework (UNDAF), UNICEF Chad continued to provide sustained investments in children's survival and development, development of national policies, strategies, advocacy campaigns and partnerships to scale up vaccination, malaria control, maternal and child health and strengthen the health system including ressources mobilisation. The Thematic funds also supported strengthening the capacity of health personnel with a view to foster ownership and accountability.

¹ 2018 SMART survey

3. Strategic Context of 2018

In line with the Sustainable Development Goals (SDGs), Chad 2030 Vision and the National Development Plan (PND), the Government and partners developed the third 5-year health sector development plan (PNDS3 2018-2022) in 2017. The United Nations Development Actions Framework (UNDAF 2017-2021) is aligned and contributes to the PND and served as the basis for UNICEF 2017-2021 Country Programme Document (CPD). The health outcome for the current 2017-2021 programme states that vulnerable populations including women, youth and adolescents, children under 5 years, including refugees, have increased access and utilization of integrated health, nutrition and HIV/AIDS and malaria quality services, with a view to achieving by the end of 2021, that adolescents, pregnant and breastfeeding women, mothers and children aged 0-5 years make greater use of quality health services in the 10 targeted regions.

To implement this strategy, UNICEF has adopted a multi-sectoral approach, building on integrated health, nutrition, and HIV/AIDS interventions to deliver quality curative and preventive services in areas most affected by multiple deprivations. The programme helps creating favourable conditions for the effective implementation of health interventions (sufficient human resources, substantial budget and equipment) and shows strong commitment to the universal health coverage strategy. Given the country's structural and institutional weaknesses, strengthening accountability and ownership at national and decentralized levels is a key aspect for a sustained action. Cross-cutting issues including human rights based and gender approaches to programming remain central in our advocacy efforts for the adoption of the national gender policy.

The key issues that affected health outcome in 2018 included the limited health system coverage and its poor performance: less than half of primary health centres have trained and qualified personnel; there was a stockout of essential medicines (i.e. 11 months stockout of oral salt rehydration) and vaccines (i.e. BCG stockout). These point to a weak health system whereby providing free health care per the national strategy to children under 5 and pregnant women becomes difficult, in the context where the state funding for health was reduced. Poor governance and lack of an up-to-date and complete national health map were also limiting factors to enabling efficient use of the already scarce resources. Another main issue in 2018 was the national strike by government personnel including those in the health sector, caused by the late payment of the salary. This was due to the economic downturn affecting the country since 2016 showing no significant improvement and which continued into 2017. This affected all provinces from January to August 2018. All health centres were limited to providing a minimum of services, causing a major disruption in the timely execution of activities for UNICEF.

Despite these challenges, it must be noted that some concrete milestones were reached, particularly in the development of key strategic documents. The organization of a national forum on immunization was a major event. The forum, organized by the Minister of Health with the support of UNICEF and WHO, resulted in the Declaration of N'Djamena on strengthening routine immunization, developing a budgeted roadmap and accountability framework. There has been a high-level commitment to immunization, based on a multi-sectoral approach, giving hope for greater mobilization for improved immunization coverage in children. Furthermore, UNICEF and other partners supported the Government of Chad in the implementation of the 2018-2021 Health Development Plan, with a goal of universal health coverage.

The institutional capacities of the Ministry of Health, programming and coordination of reproductive, maternal, neonatal, infant and adolescent health (SRMNIA) interventions were strengthened with, on the one hand, adoption during the year of several strategic documents, namely the 2018-2022 Comprehensive Immunization Plan (cPaP) 2018-2022; the Action Plan for Every Newborn or ENAP (Every Newborn Action Plan) 2019-2021; the Polio Transition Plan of Chad; the EPI Strategic Communications

Plan; and on the other hand the setting up of a Technical Platform for Coordination and Monitoring of interventions in the field of SRMNIA and Family Planning. A map of emergency obstetric and neonatal care (SONU) and the development of a national essential drug supply strategy to help improve the availability of inputs for health care delivery were also developed in cooperation with national and NGOs partners.

Further to the adoption of UNICEF Strategic Plan 2018-2021 and in line with Goal Area 1, the CO programme implementation shifted the focus to the realization of key results for children, Immunization being one of 4 selected in the country and the one linked to health outcome.

i) Country trends in the situation of children vis-a-vis the outcome area

According to the inter-agency mortality estimates, Chad has experienced a moderate downward trend in the maternal mortality ratio from 1,170 per 100,000 live births in 2005 to 856 per 100,000 live births in 2015. The under-five mortality rate decreased from 170 per 1,000 live births in 2005 to 123 per 1,000 live births in 2017. These rates, however, are still too high.

Chad was declared free of wild poliovirus in July 2016 but remains at risk. Chad experienced no meningitis or cholera epidemics in 2018. Nevertheless, the situation remains precarious because of the low immunization coverage of children. Infectious diseases are top direct causes of mortality of under-five children in Chad, i.e. malaria (20.4%), pneumonia (15.7%) and diarrhoea (13.5%); while malnutrition, micronutrient deficiencies and poor child care such as sub-optimal infant feeding practices contribute to at least a third of all deaths. According to the 2017 vaccine coverage survey, only 22% of children aged 12 to 23 months are fully vaccinated and only 27% of babies are delivered in a health facility². In fact, a measles epidemic broke out in May 2018, affecting 39 out of the total 117 districts in Chad. A total of 5,336 suspected cases of measles were reported from week 1 to week 52 of 2018, including 96 deaths³.

According to the 2018 SMART survey, 31.9 % of children under five suffer from chronic malnutrition. The 2018 SMART survey shows an upward trend in exclusive breastfeeding from 5.5% in 2015 to 17.7% in 2018. Overall, infant and young child feeding remains a concern, with only 36.5% of children aged 0 to 23 months breastfed during the first hour after birth and 43% of children aged 6 to 8 months introduced to complementary foods on time (SMART 2018).

Chad is facing a generalized HIV epidemic with a prevalence of 1.6% in the general population in 2015 (DHS-MICS 2014-2015). The prevalence in urban areas is 4.3% against 0.6% in rural areas. Seven provinces have prevalence ranging from 2 to 5%. Infection rates are higher among women than among men (1.8 vs. 1.3%) and the difference is most marked in the 15-19 age group (1.2 vs. 0.4%). The percentage of HIV-positive pregnant women receiving antiretrovirals (ARVs) increased from 31.9% in 2015 to 70.3% in 2017, and 69.7% (3,925/5,625) at national level by September 2018.

Furthermore, the health socio-economic status determinants leave much to be desired:

- illiteracy and low level of education, with only 50% of school age going children in Chad attending school, a situation even more tense with the general strikes of teachers that hit the country for 3 academic years from 2016 to 2018: more than 2,300 schools, about 20% of which were primary schools, were shut, an approximate total number close to 200,000 new admissions were missed;

² Ministry of Public Health (MPH), Statistical Yearbook 2017

³ MPH, Integrated Epidemiological Surveillance Service, 2018

- poor access to water and sanitation respectively 62% and 18%;
- child marriage with 29% of adolescent girls married before their 15th birthday and 68% before their 18th birthday. Only 12% of children are registered and only 9% hold their birth certificate (EDS-MICS 2014-2015).

The health sector budget has declined from US\$ 221 million in 2013 to US\$ 175 million in 2017 and US\$ 116 million in 2018. The health sector's share of the national budget decreased from 9.1% in 2013 to 5.6% in 2015. Although it recovered slightly to 6.5% in 2018 and with a forecast of 6.9% for 2019, it remains low. In contrast, household spending on health care doubled between 2013 and 2016.⁴

The Government of Chad has made health a priority, with the direct involvement of the Head of State through monthly meetings with the Donor Group. In addition, Chad is a member of the Scaling-Up Nutrition (SUN) movement, and the SUN global coordinator visited Chad in July 2018 to advocate for improved nutrition with national authorities. Through the multisectoral platform of the Standing Technical Committee for Nutrition and Food, a functional capacity analysis of nutrition coordination mechanisms was conducted, and based on the recommendations, an action plan was developed.

Opportunities represented by adoption of a new organization chart in April 2018 by MPH that is designed to better deliver services at the central, intermediate and peripheral levels, plus the annual health sector review, have been used to strengthen implementation and monitoring of the National Health Development Plan III. Nevertheless, major weaknesses remain, e.g. the community component is poorly developed and poorly structured; the health map is not updated and adhered to, resulting in the creation of unplanned health centres and uneven distribution or coverage; and limited implementation of the minimum package of activities.

The health sector's main partners in Chad are the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Bill and Melinda Gates Foundation, the Gavi Alliance, Rotary, the French Development Agency (AFD), the European Union, Swiss Cooperation, and China. The flexible funds provided as part of the Health Thematic Funds was key and capacitated UNICEF effective implementation/performance as part of staff were covered. UNICEF is grateful for this flexibility.

ii) What changes have been observed within the past year (2017 vs 2018);

In 2018, UNICEF contribution to the health outcome focused on support to routine and supplementary immunization activities including two polio vaccination campaigns (one NID and one subnational) reaching on average 4.2 million children. Intensified SIAs were also implemented in 11 targeted districts reaching nomadic, internally displaced and transhumance children. On average, 91.5 percent of parents were touched with vaccination promotion messages. The community-based vaccination promotion (ACPV) ensured community overall registration of almost 1.2 million children aged 0 to 59 months and more than 489,000 children aged 0 to 11 months. The implementation of this strategy has been strengthened in 2018 by the commitment of administrative and traditional leaders following the national immunization and by a more multisectoral approach of health services. 42% of missed opportunities were fully covered.

Support to cold chain system included international training of four government logisticians to ensure sustained maintenance of subnational vaccines cold rooms; training of health personnel on vaccines management and, provision of 133 solar fridges contributing to increase the cold chain coverage from

⁴ Statistical Yearbook of Health Statistics, 2016, MPH

38% in 2017 to 42% in 2018. The One Health approach that forges all inclusive collaborations between physicians, veterinarians, nurses and other scientific-health related disciplines has been scaled up in 2018 in the country and aims at providing vaccination and other health services to population and animals particularly in the Lake regions and livestock transhumance areas.

iii) A year after the launch of the SDGs, what are the key challenges and changes that are happening in the country narrative, partnerships, resources:

Both Chad 2030 Vision and PND are the declination of the SDGs, subsequently translated into PNDS3 for its implementation through health sector. Within the PNDS3, SDGs targets are adopted or contextualized, i.e. reduced neonatal mortality from its present 34/1,000 live births to 10/1,000 by 2030; aiming to improve health status of the population through universal access to integrated high impact health interventions, focusing on the most vulnerable including pregnant women and children. The country first national Universal Health Coverage (UHC) strategy was first developed in 2014 and, its three-year actions plan in 2016.

The health system faces various shortcomings and challenges particularly:

- limited geographical access to health services because of the large area of the country and the unequal distribution of health facilities;
- Insufficient staff in quantity and quality and their concentration in the big cities. The density of health personnel at national level is estimated at 0.58 for 1,000 inhabitants, whereas the minimum standard recommended by WHO is 2.3 for 1,000 inhabitants. As a result, the services are often provided by unskilled personnel, particularly in peripheral health facilities;
- The cost of 'out of pocket spending' for households is high. Free care for under-five children and pregnant women adopted by the Government has not been effective for the last two years because of the financial constraints the country is facing;
- The poor availability of essential quality medicines due to the failure of the national drug supply system and the low organization and accountability in the management of available stocks
- The low quality and reliability of data from the Health Information system to guide decision-making due to non-compliance with standards, low staff capacity and supervision;
- Most of the health facilities are not adequately equipped with materials;
- There is a low implementation and coverage of community-based interventions despite the existence of a strategic plan on community care.

This situation is aggravated by the impact of the economic crisis and its effect on health: health staff strikes related to the loss of certain wage premiums, low governance in the health sector at central and decentralized levels.

iv) How is UNICEF positioned to engage or address these

UNICEF Chad is focusing efforts on immunisation as one of four of its key results for children (KR4C) adopted. The 2018 March national forum on immunization set the ground as a momentum for: a) intersectoral support by expanding the area of accountability beyond the health sector and, b) through its roadmap, the forum laid the ground to adopt innovative approaches including an accountability mechanism, promotion of community based approaches with local monitoring system to assess progress, effective contribution of Community based organizations and NGOs in planning, implementing and monitoring, multisectoral approach and involvement of administrative and traditional leaders.

This generated immediate support from donors such as BMGF agreeing to support routine immunization in the Lake province to sustain polio eradication efforts; and the World Bank to support routine immunization in the selected districts where a performance based financing pilot is implemented. UNICEF continues to advocate and provide technical support towards securing and managing the flow of vaccines and injection equipment.

Furthermore, UNICEF strategically positioned support to community health care through numerous community initiatives in HIV/AIDS, nutrition and health generating community engagement, i.e. child friendly community initiative with real time monitoring (CFC/RTM) in the south (Logone Occidental), the integrated Community Care Management (iCCM) of malaria, pneumonia and diarrhoea in the province of Logone Oriental and the community-based approach to promote immunization.

In its efforts of fighting against malaria, UNICEF supported preventive activities including the seasonal malaria chemoprevention targeting children in 5 districts of the Guera province, providing 192,000 long lasting insecticides treated nets, intermittent preventive treatment of malaria in pregnant women and case management through supply of antimalaria drugs in selected districts.

Furthermore, as catalytical result of the French Muskoka funds support to joint programming between UNFPA, WHO, UN Women and UNICEF, UNICEF support was instrumental in fostering national ownership and sustainability :

- to support the government in the development of its first coordination platform on reproductive, maternal, neonatal, child and adolescent health a mechanism long overdue, in a country with second highest maternal mortality;
- to support children and women access to quality services by collaborating with the Liverpool School of Medicine to support 60 health structures. This operational research allowed to improve their quality of maternal, neonatal and child services and pave the way for knowledge transfer with a view to ensure sustainability.

Additionally, UNICEF has played a key role in promoting communication for development (C4D) activities as a cross-cutting component. Technical assistance was provided in the development of a national communication strategy for immunization and the design and implementation of integrated communication plans in 11 priority districts in the Lake province. On the operational side and through its communication team and consultants deployed in the country, UNICEF has contributed to implement communication activities for routine and supplementary immunization activities, the promotion of essential family practices including hand washing soap, the use of impregnated mosquito nets, exclusive breastfeeding and complementary feeding, prevention of HIV/AIDS, vaccination of children, birth registration.

v) What are our specific challenges?

- The absence of annual action plans from Health Delegations/Districts and Central Directorates and National Programmes which hampers good coordination and support from UNICEF and other partners. As a mitigation measure, UNICEF reached an agreement with the government to develop annual work plans at district and national programme levels.
- UNICEF Chad fully implements the HACT plan and trained 160 staff from NGOs and the government on basic accountability and HACT, with a view to improving financial management.
- Due to the limited capacity of implementing partners, it is critical to ensure regular joint field supportive visits with the government and donors to ensure the effective implementation of activities and on-the-job training.

4. Results in the Outcome Area

i) **Highlight the importance of flexible funds (RR; Thematic/OR+) for delivery**

UNDAF outcomes involving UNICEF

Outcome 2: By the end of 2021, the most vulnerable women, adolescents and children under 5 years of age, including refugees, in the target areas make greater use of quality, integrated services for health, nutrition and good feeding practices, prevention and treatment of priority diseases including HIV and malaria.

Outcome indicators measuring change that includes UNICEF contribution

Key indicators: (i) percentage of children under 1 year of age who are fully vaccinated; (ii) proportion of births with skilled attendance; (iii) antenatal consultation rates; (iv) postnatal consultation rates; (v) proportion of pregnant women on antiretroviral therapy (ART); (vi) proportion of pregnant women on intermittent preventive treatment for malaria (IPT); (vii) proportion of households covered by long-lasting insecticidal nets (LLINs); (viii) contraception prevalence rate; (ix) unmet family planning needs; (x) percentage of adolescents using adapted services for sexual and reproductive health and for HIV; (xi) rate of global acute malnutrition in children under 5 years of age.

Strategic Plan 2018-2021: Goal Area 1 aims to ensure that every child survives and thrives. It supports the achievement of Sustainable Development Goals 2, 3 and 5 in both humanitarian and development contexts; and supports articles 6 and 24 of the Convention on the Rights of the Child.

UNICEF outcome

Child Survival and Development (CSD) Outcome 1: By the end of 2021, adolescents, pregnant and breastfeeding women, mothers and children aged 0 to 5 years, make greater use of quality health services in the 10 targeted regions.

Output 1: By the end 2021, parents, and pregnant women and of child bearing age, adolescents have increased knowledge, social and financial capacity to seek quality health services.

Output 2: By the end 2021, social and health structures have increased human and materials capacity to provide quality integrated high impact health services to women, adolescents and children.

Output 3: By end 2021, national, regional and local authorities have knowledge, increased capacity to commit improved legislation, social, juridical and fulfil strategic planning and operationality of health care.

Output 4: By end 2021, national health departments and institutions have increased capacity for emergency preparedness and response of health-related emergencies.

UNICEF's support to the Ministry of Health in 2018 included the following:

Output 1: By the end 2021, parents, and pregnant women and of child bearing age, adolescents have increased knowledge, social and financial capacity to seek quality health services.

- The community approach to promotion of routine immunization, including use of community registers, has been rolled out since 2017 in 14 districts (of 23 districts supported by UNICEF under the Reach Every District approach). This approach has, according to the 2018 Lot Quality Assurance Sampling survey, increased the proportion of fully vaccinated children from 10 to 40%, with an average coverage of 56% for Pentavalent 3 in children aged 12 to 23 months.

Output 2: By the end 2021, social and health structures have increased human and materials capacity to provide quality integrated high impact health services to women, adolescents and children.

- A 'push' system supply chain for provinces and districts has been operational since the third quarter of 2018 to ensure availability of vaccines. The achieved coverage based on administrative data were 72% for Pentavalent vaccine, 73% for measles vaccines for children 0-11 months and 68% for the second dose of tetanus toxoid for pregnant women.
 - UNICEF provided technical and financial assistance for the introduction of the meningitis A vaccine into routine EPI in July 2017 and preliminary data for January-July 2018 indicate a national coverage of 64%
 - In late 2018, UNICEF installed 155 World Bank-funded solar refrigerators in 16 districts in seven provinces, achieving 100% certified cold chain coverage for the 113,000 under-1 children living in those districts. This contribution, which forms part of the commitments arising from the National Forum on Immunization, will increase national cold chain coverage from 36 to 42%
 - The measles outbreak occurrence was a major problem in Chad with a total of 5,336 cases of suspected measles and 96 deaths (lethality 1.7%) almost 20 folds the 2017 reported cases (349 cases), alongside WHO and with funding from World Bank, UNICEF supported the organisation of measles mass vaccination response targeting 2,447,772 aged from 6 months to 9 years, of whom 2,475,558 were vaccinated
- UNICEF provided technical and financial support (with Global Fund financing) for the implementation of HIV/AIDS activities in ten priority provinces. This support facilitated progress on PMTCT, and paediatric HIV management. The proportion of pregnant women attending antenatal care who know their HIV status increased from 32.6% in 2015 to 82.6% (3,704/4,480) in 2017 and to 77.4% (2,603/3,360) in the 10 supported provinces in 2018. The percentage of HIV-positive pregnant women receiving antiretrovirals (ARVs) increased from 31.9% in 2015 to 70.3% in 2017, and 69.7% (3,925/5,625) at national level by September 2018. The coverage is 80.7% (3,619/4,480) in the 10 provinces. To reduce the gap between the 10 priority provinces funded by the Global Fund and the 13 other provinces, UNICEF supported 13 additional Health Districts on HIV/AIDS interventions in Kanem, Barh El Gazel, Hadjer lamis, Guera and Salamat thanks to the funding of KFW, UBRAF and Muskoka. Thus, an increase of testing of pregnant women from 9.1 percent in 2017 to 30.2 % (342 /1,142) was observed. The proportion of health centres providing integrated ANC/PMTCT activities in the 10 priority provinces increased from 73% in 2017 to 94% (766/811) in 2018, compared to 47% (321/680) in the other 13 provinces.
- 244,954 severely acutely malnourished children (83% of expected cases) benefited from treatment, including 27,339 children in provinces outside the Sahel/humanitarian emergency zone, and an additional 6,488 children arriving from Nigeria or Central African Republic. A cure rate of 91.7 % was obtained. This was achieved through regular supply of ready-to-use therapeutic food, medicines and technical assistance at the field level. Service coverage improved with the opening of 89 new nutritional units, bringing the total to 761.
- In 2018, national and subnational polio vaccination campaigns, plus six specific campaigns targeting populations in eight island districts in Lac province were organized in March and April in order to achieve vaccine coverage of at least 98%.
- UNICEF supported three monthly rounds of seasonal malaria chemoprevention in five districts of Guera province during the period of high malaria transmission. In total, 83,692 (137%); 87,440 (140%) and 90,628 (148%) received chemoprophylaxis against an estimated target of 61,089 children aged from 3 to 59 months per round. In 2018 the reported caseload was 1,483,958 malaria cases and 1,505 deaths (case fatality rate of 0.1%).
- Through the implementation of Community Integrated Management of Childhood Illness in Logone oriental province, 25 community health workers were trained and equipped and treated 3,188 children under 5 years of age.

- With a reported caseload of 1,483,958 malaria cases in 2018 and 1,505 deaths (case fatality rate of 0.1%), UNICEF supported three monthly rounds of seasonal malaria chemoprevention in five districts of Guéra province during the period of high malaria transmission. In total, 83,692 (137%); 87,440 (140%) and 90,628 children aged 3 to 59 months (148%) received chemoprophylaxis against an estimated target of 61,089 children per round.

Output 3: By end 2021, national, regional and local authorities have knowledge, increased capacity to commit improved legislation, social, juridical and fulfil strategic planning and operationality of health care.

UNICEF's support to the Ministry of Health in 2018 included:

- Development of several guidelines, strategic planning and resource mobilization documents, including: the Plan to Accelerate Paediatric HIV Care; the Every Newborn Action Plan; the concept note for HIV New Funding Model 2019-2021; the 2018-2022 Comprehensive Multi-Year Plan for Immunization; the Chad Polio Transition Plan; the Expanded Programme on Immunization (EPI) Strategic Communications Plan; the Task Shifting Guidelines for Comprehensive HIV Care; and the National Strategy and Plan for Scaling Up Infant and Young Child Feeding.
- Organizing a National Forum on Immunization in March 2018, which resulted in the N'Djamena Declaration on Strengthening Immunization, plus a roadmap and accountability framework. The commitment of the Head of State and the country's senior authorities represents a key opportunity to revive routine immunization.
- National Strategy and Plan for Scaling Up Infant and Young Child Feeding and promoting Infant and Young Child Feeding (IYCF) as well as the multi-sectoral approach to combat chronic malnutrition. This includes adopting a holistic approach that promotes emotional stimulation for affected children and psychosocial support for caregivers.

Output 4: By end 2021, national health departments and institutions have increased capacity for emergency preparedness and response of health-related emergencies.

- In an effort to prevent occurrence of acute meningococcal meningitis in a country in the centre of sub-Sahara meningitis belt, UNICEF supported a mass campaign, reaching 1,876,596 children aged 1 to 7 years (100% coverage) between end of 2018 and early 2019.
- The measles outbreak occurrence was major problem in Chad with a total of 5,336 cases of suspected measles and 96 deaths (lethality 1.7%) almost 20 times more than 2017 reported cases (349 cases). In collaboration with WHO and with funding from World Bank, UNICEF supported organized measles mass vaccination response targeting 2,447,772 aged from 6 months to 9 years, of whom 2,475,558 were vaccinated.

Results Assessment Framework

The table below outlines the results of the Health Outcome achieved in 2018.

| <u>OUTCOME</u> <u>881</u> | Indicators | Base line | Year | Target 2018 | Result achieved | Comments |
|---|---|-----------|------|-------------|-----------------|--|
| By the end of 2021, adolescents, pregnant and breastfeeding | Live births attended by a skilled health personnel (doctor, nurse, midwife, or auxiliary midwife) | 34 % | 2015 | 38% | 27% | Decreasing trend due mainly to the 7 months strike of civil servants in 2018 |

| | | | | | | |
|---|---|-----|------|-----|-----|---|
| women, mothers and children aged 0 to 5 years | Children aged 0-59 months sleeping under an insecticide treated net | 36% | 2015 | 50% | 52% | Result of the countrywide mass distribution of LLINs in 2017 through Global fund funding |
| old are making better use of quality health services in the 10 targeted regions | % of pregnant women completing at least 4 antenatal visits during thier pregnancy | 31% | 2017 | 37% | 40% | Women are seeking care for antenatal services with 71% attending the first antenatal care |
| | % of children 12-23 months fully vaccinated | 22% | 2017 | 30% | | No up to date data. Awaiting the results of the MICS |

5. Financial Analysis

A. Financial Analysis

Table 1: Planned budget by outcome area

**Outcome Area 1: Health
Chad**

| Planned and Funded for the Country Programme 2018 (in US Dollar) | | | |
|--|---------------------------|-----------------------------|-------------------|
| Intermediate Results | Funding Type ¹ | Planned Budget ² | Allocation |
| Unknown | RR | 1,870,000 | 2,053,578 |
| | ORR | 9,300,000 | 15,304,580 |
| Total Budget | | 11,170,000 | 17,358,258 |

¹ RR: Regular Resources, ORR: Other Resources - Regular (*add ORE: Other Resources - Emergency, if applicable*)

² Planned budget for ORR (*and ORE, if applicable*) does not include estimated recovery cost.

³ ORR (*and ORE, if applicable*) funded amount exclude cost recovery (only programmable amounts).

Table 2: Country-level Thematic contributions to outcome area received in 2018

Outcome Area 1: Health

**Thematic Contributions Received for Outcome Area 1 by UNICEF Chad in
2018**

(in US Dollars)

| Donors | Grant Number* | Contribution Amount | Programmable Amount |
|-------------------------------------|---------------|---------------------|---------------------|
| Global Health | SC/14/9901 | | 4,687.00 |
| Global - Thematic Humanitarian Resp | SM/14/9910 | | 204,626.00 |
| Total | | | 209,313.00 |

Table 3: Expenditures in the Outcome Area

| | |
|--|-------------|
| Year | 2018 |
| Business Area | Chad - 0810 |
| Prorated Outcome Area | 01 Health |
| Row Labels | Expense |
| 21-02 Immunization | -28,568 |
| 21-03 Child Health | -437 |
| 26-07 Operations support to programme delivery | -39,088 |
| Management and Administration | |
| 21-02 Immunization | |
| Medical Insurance Pensioners | -20,117 |
| 21-02 Immunization | 142 |
| 21-03 Child Health | -102 |

| | |
|--|------------|
| 26-07 Operations support to programme delivery | -20,157 |
| Other Resources - Emergency | 1,523,585 |
| 21-01 Maternal and newborn health | 95,302 |
| 21-02 Immunization | 350,916 |
| 21-03 Child Health | 830,751 |
| 26-07 Operations support to programme delivery | 246,616 |
| Other Resources - Regular | 13,057,793 |
| 21-01 Maternal and newborn health | 652,092 |
| 21-02 Immunization | 8,072,625 |
| 21-03 Child Health | 2,458,172 |
| 22-02 Learning outcomes | 740 |
| 26-07 Operations support to programme delivery | 1,874,164 |
| Regular Resources | 1,846,465 |
| 21-02 Immunization | 630,376 |
| 21-03 Child Health | 479,167 |
| 22-02 Learning outcomes | 78,116 |
| 26-07 Operations support to programme delivery | 658,806 |
| Separation Fund | 7,300 |
| 21-02 Immunization | -19,595 |
| 21-03 Child Health | -437 |
| 26-07 Operations support to programme delivery | 27,332 |
| Tax Reserve | 27,411 |
| 21-02 Immunization | 27,411 |
| Grand Total | 16,374,345 |

**Outcome Area 1: Health
Chad**

2018 Expenditures by Key-Results Areas (in US Dollars)

| Organizational Targets | Expenditure Amount* | | | |
|--|--------------------------------|------------------------------|----------------------|---------------------------|
| | Other Resources - Emergency | Other Resources - Regular | Regular Resources | All Programme Accounts |
| 21-01 Maternal and newborn health | 95,302 | 652,092 | | 747,394 |
| 21-02 Immunization | 350,916 | 8,072,625 | 638,192 | 9,033,307 |
| 21-03 Child Health | 830,751.02 | 2,458,171.76 | 478,730.02 | 3,767,113.75 |
| 26-07 Operations support to programme delivery | 246,615.56 | 1,874,164.25 | 686,137.89 | 2,747,673.43 |
| 22-02 Learning outcomes | | 740.35 | 78,116.30 | 78,856.65 |
| Total | 1,523,585 | 13,057,793 | 1,881,176 | 16,374,345 |

Table 4: Thematic expenses by programme area

| | |
|-----------------------|------------------------|
| Fund Category | All Programme Accounts |
| Year | 2018 |
| Business Area | Chad - 0810 |
| Prorated Outcome Area | 01 Health |
| Donor Class Level2 | Thematic |

Table 4: Thematic expenses by programme area

| Row Labels | Incurred Expense |
|--|------------------|
| Other Resources - Emergency | 204,663 |
| 21-03 Child Health | 36 |
| 26-07 Operations support to programme delivery | 204,626 |
| Other Resources - Regular | 4,697 |
| 21-02 Immunization | 846 |
| 21-03 Child Health | 3,699 |
| 26-07 Operations support to programme delivery | 152 |
| Grand Total | 209,359 |

Table 5: Expenses by Specific Intervention Codes

| Row Labels | Incurred Expense |
|---|------------------|
| After-service Health Insurance | -68,092 |
| 21-02-13 Technical assistance - Polio | -28,568 |
| 21-03-14 HSS - Risk informed programming including climate resilience disaster and conflict | 130 |
| 21-03-98 Technical assistance - HSS | 2 |
| 21-03-99 Technical assistance - Child health | -569 |
| 26-07-01 Operations support to programme delivery | -39,088 |
| Management and Administration | |
| 21-02-08 Meningitis supplementary immunization activities | |
| Medical Insurance Pensioners | -20,117 |
| 21-02-13 Technical assistance - Polio | 142 |
| 21-03-98 Technical assistance - HSS | -102 |
| 26-07-01 Operations support to programme delivery | -20,157 |
| Other Resources - Emergency | 1,523,585 |
| 21-01-02 Facility based maternal and newborn care (including emergency obstetric and newborn care, quality improvement) | 95,302 |
| 21-02-11 Polio social mobilization for campaigns | 350,661 |
| 21-02-13 Technical assistance - Polio | 255 |
| 21-03-03 Child health policy advocacy, evidence generation, national/ subnational capacity development | 33,125 |

| | |
|---|------------|
| 21-03-11 HSS - Health sector policy, planning and governance at national or sub-national levels | 9,331 |
| 21-03-14 HSS - Risk informed programming including climate resilience disaster and conflict | 400,330 |
| 21-03-16 HSS - Management Information Systems | 1,685 |
| 21-03-18 Public health emergencies, including disease outbreaks | 386,279 |
| 26-07-01 Operations support to programme delivery | 246,616 |
| Other Resources - Regular | 13,057,793 |
| 21-01-02 Facility based maternal and newborn care (including emergency obstetric and newborn care, quality improvement) | 652,092 |
| 21-02-02 Immunization supply chain, including cold chain | 1,555,493 |
| 21-02-04 Purchase of vaccines and devices | 1,834,524 |
| 21-02-05 Immunization operations | 904,599 |
| 21-02-08 Meningitis supplementary immunization activities | 103,103 |
| 21-02-09 Measles and rubella supplementary immunization activities | 12,896 |
| 21-02-11 Polio social mobilization for campaigns | 911,322 |
| 21-02-12 Continuous social mobilization and communication | 1,440,842 |
| 21-02-13 Technical assistance - Polio | 1,309,846 |
| 21-03-03 Child health policy advocacy, evidence generation, national/ subnational capacity development | 92,312 |
| 21-03-06 Malaria (diagnosis, care and treatment) | 1,704,139 |
| 21-03-09 HSS - Community Health System | 38,403 |
| 21-03-11 HSS - Health sector policy, planning and governance at national or sub-national levels | 49,032 |
| 21-03-16 HSS - Management Information Systems | 43,205 |
| 21-03-98 Technical assistance - HSS | 420,722 |
| 21-03-99 Technical assistance - Child health | 110,358 |
| 22-02-01 Provision or procurement of early learning / pre-primary education learning materials | 740 |
| 26-07-01 Operations support to programme delivery | 1,874,164 |
| Regular Resources | 1,846,465 |
| 21-02-02 Immunization supply chain, including cold chain | 79,970 |
| 21-02-04 Purchase of vaccines and devices | 2,623 |
| 21-02-05 Immunization operations | 102,649 |
| 21-02-08 Meningitis supplementary immunization activities | 443,423 |
| 21-02-11 Polio social mobilization for campaigns | -89,064 |
| 21-02-12 Continuous social mobilization and communication | 47,223 |
| 21-02-13 Technical assistance - Polio | 43,552 |
| 21-03-03 Child health policy advocacy, evidence generation, national/ subnational capacity development | 6,160 |
| 21-03-06 Malaria (diagnosis, care and treatment) | 190,565 |
| 21-03-09 HSS - Community Health System | 77,840 |

| | |
|---|-------------------|
| 21-03-11 HSS - Health sector policy, planning and governance at national or sub-national levels | 66,151 |
| 21-03-14 HSS - Risk informed programming including climate resilience disaster and conflict | 2,071 |
| 21-03-16 HSS - Management Information Systems | 19,038 |
| 21-03-18 Public health emergencies, including disease outbreaks | 15,567 |
| 21-03-98 Technical assistance - HSS | 91,505 |
| 21-03-99 Technical assistance - Child health | 10,269 |
| 22-02-01 Provision or procurement of early learning / pre-primary education learning materials | 78,116 |
| 26-07-01 Operations support to programme delivery | 658,806 |
| Separation Fund | 7,300 |
| 21-02-13 Technical assistance - Polio | -19,595 |
| 21-03-14 HSS - Risk informed programming including climate resilience disaster and conflict | 130 |
| 21-03-98 Technical assistance - HSS | 2 |
| 21-03-99 Technical assistance - Child health | -569 |
| 26-07-01 Operations support to programme delivery | 27,332 |
| Tax Reserve | 27,411 |
| 21-02-13 Technical assistance - Polio | 27,411 |
| Grand Total | 16,374,345 |

Table 6: Planned budget for 2019

**Outcome Area 1: Health
Chad
Planned Budget and Available Resources for 2019**

| | 2019 Planned budget based on the Joint UNDAF Action Plan | Available amount | Funding shortfalls |
|-------------------|--|-------------------|--------------------|
| Regular resources | 4,042,685 | 4,042,685 | 0 |
| Other Resources | 22,000,000 | 8,382,548 | 13,617,452 |
| Total | 26,042,685 | 12,425,233 | 13,617,452 |

As of March 2019, 48% of the planned budget has been allocated. Most of the resources are allocated for immunisation services. Pending mobilisation of additional resources, the shortfall will have affect implementation of maternal and neonatal health including the supply of drugs and medical equipment, the development of community-based services as well as emergency response.

6. Future Work Plan

Guided by the new 2018-2021 Global Strategic Plan and Regional focus on key results for Children, continuing delivery as one through UNDAF health outcome, UNICEF CPD implementation will further enhance focus to support routine immunization for children as its key result one; while maintaining support to both the treatment of acute malnutrition as well as malnutrition prevention through IYCF practices.

Support to community-based health system will become paramount to UNICEF efforts both to ensure increased coverage through delegation and promotion, community engagement as well as bridging equity in the delivery of health care services to most disadvantaged and invisible children.

Learning from 2018 program implementation, focus will be shifted to increase support to UNICEF zonal offices (4 field offices in Abeche, Mongo, Moundou and Bol) to ensure close technical support, implementation, and supportive supervision and monitoring as the community health became key to the way UNICEF will deliver.

To ensure sustainability of health interventions the country office will:

- Ensure capacity building of partners in Implementing high impact interventions, management and organisation of health services
- Strengthen the Health information and management system with focus on the District Health Information Software 2 (DHIS2) which is an open source, web-based health management information system (HMIS) platform and the Health Map
- Provide quality medicine and equipment at basic health facilities and referral levels

UNICEF will further build intersectoral programming, implementation and monitoring particularly focused within converging predefined districts and provinces.

7. Expression of Thanks

UNICEF Chad gratefully recognises the contribution from the United States Fund for UNICEF and Korean Committee for UNICEF through thematic funds, which provided the flexibility and the support crucial to achieving the results against the Health programme area targets.

On behalf of the entire UNICEF Chad team, we thank you for helping to advance our shared commitments to protecting the rights and improving the well-being of children in Chad.

8. Annexes

Annex A: Human Interest Stories and Donor Feedback Form

Helping to combat maternal, newborn and child mortality

Preventing and eradicating maternal mortality calls for the mobilization of the community, from health workers to community leaders and influencers.

In Chad, maternal mortality continues to be one of the major scourges affecting the lives of women and children. Despite fostering change in Chadian children and women health outcomes as per decreasing trends in maternal mortality, currently at 860 per 100,000 live births in 2015 from 1,099 per 100,000 in 2004 and, under-five-mortality from 161 per 1,000 in 2009 to 133 per 1,000 live in 2014, the proportion of neonatal mortality has not benefited from this change, remaining throughout relatively unchanged at 34 per 1,000 live births. To combat maternal, newborn and child mortality, UNICEF and partners are increasing women's access to quality health services and are supporting communities in adopting adequate health practices.



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"Here in Mao, fighting against maternal mortality is difficult due to traditional attitudes, beliefs and habits in this region. Moreover, the Health Center does not have a gynecologist and the mentality of the people here does not help. A woman must have her husband's consent before going to the Health Centre, even if her health is degraded. This is why we have set up an interactive programme together with the NDJIMI radio station in Mao, in order to sensitize the population on these health issues, and make people aware

of the urgency." says Abdelkerim Mbodou Taher, Health Reproduction focal point at Mao Health Delegation.



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With support from UNICEF and partners, the *Priority Health* radio programmes focusing on maternal and child health have been disseminated in 2018 to inform and educate the population on the issue of their health status in the local language of the area.

"We have seen a clear improvement thanks to the changes of attitudes on the part of the population and the mobilization of the nursing staff."



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UNICEF's continued support to the government in improving the quality of maternal, neonatal and child services is instrumental as it contributes to strengthen ownership and ensure the programme's sustainability.

"We received training in Emergency obstetric and neonatal care and the Health Centre regularly receives medication from the regional supply pharmacy. It allows us to better assist and inform our patients", says Mao Health Centre Manager, Mr. Ali Abakar Sidick.

Mrs. Ache Bougoudi, the president of traditional birth attendants, tells us: "We use image boxes that show pregnant women what the signs of danger may be during pregnancy, as well as the dangers associated with early marriage. Women here are often illiterate because most of them have had to leave school because of their marriage at an early age."



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At Mao Health Centre, the findings are quite satisfactory. "In 2018, 79 deliveries and 1,473 prenatal consultations were recorded in our health centre, " concludes Dr. Fatime Moussa Wedeye, Head of Maternity Department of Mao Health Centre.

The generous contribution provided by the United States Fund for UNICEF and Korean Committee for UNICEF through Thematic Funds, and other resource partners such as the French Muskoka Fund is supporting UNICEF in Chad to meet the many challenges that persist overall in the implementation of preventive and curative activities for the health of the mother, the newborn, the child, the reproductive health of young people and adolescents.

We would be grateful for your feedback.

Thank you for filling in the feedback form and returning it to us (addressed to vvansteirteghem@unicef.org and asidibe@unicef.org, with copy to hlee@unicef.org). The link can be found [here](#).

Annex B: Financial Analysis

Planned Budget for 2018

| Planned and Funded for the Country Programme 2018 (in US Dollar) | | | |
|--|---------------------------|-----------------------------|-------------------|
| Intermediate Results | Funding Type ¹ | Planned Budget ² | Allocation |
| Unknown | RR | 1,870,000 | 2,053,578 |
| | ORR | 9,300,000 | 15,304,580 |
| Total Budget | | 11,170,000 | 17,358,258 |

Outcome Area : Chad Planned Budget and Available Resources for 2018

Programme Implementation

Chad 0810/A0/05 CHAD COUNTRY PROGRAMME (2017 - 2021)

Year: 2018

| Programme Structure- Type of Funding | Planned | Funded |
|--|-------------------|-------------------|
| 881 - EFFET 1: SURVIE & DEV. ENFANT - SANTE | 11,170,000 | 17,358,188 |
| 001 - PRODUIT 1.1. DEMANDE SERVICES DE SANTÉ | 1,350,900 | 1,875,579 |
| ORR | | 1,762,096 |
| RR | - | 113,484 |
| 002 - PRODUIT 1.2. OFFRE DE SERVICES DE SANTÉ | 3,390,000 | 10,540,390 |
| ORR | | 9,488,867 |
| RR | - | 1,051,523 |
| 003 - PRODUIT 1.3. ENVIRONN FAVORABLE SANTÉ | 1,080,000 | 246,938 |
| ORR | | 91,919 |
| RR | - | 155,019 |
| 004 - PRODUIT 1.4. RÉPONSES AUX URGENCES SANTÉ | 1,910,000 | 574,407 |
| ORR | | 540,637 |
| RR | - | 33,771 |
| 005 - PRODUIT 1.5. APPUI TECHNIQUE - SANTE | 3,439,100 | 3,937,440 |
| ORR | | 3,421,163 |
| RR | - | 516,277 |
| 006 - PRODUIT 1.6. APPUI TECHNIQUE CSD | 0 | 183,434 |
| ORR | | 0 |

| | | |
|--------------|---|-------------------|
| RR | - | 183,434 |
| Total | | 17,358,188 |

Annex C: Case Study

The Community based approach to promote improved surveillance and vaccination

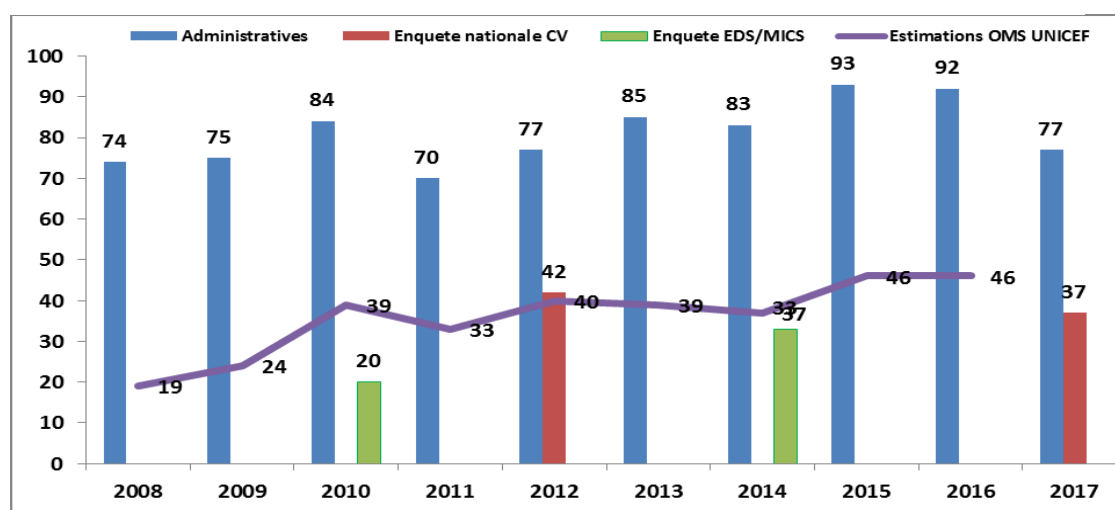
1. Top Level Results:

The implementation of the **Community based approach to promote improved surveillance and vaccination** has contributed to increase the immunisation coverage for the 3rd dose of pentavalent vaccine from 37% to 56%, an increase of 19%. The proportion of fully immunized children evolved from 19% to 29% in 2018, an increase of 10% from 2016 to 2018 in 14 districts.

2. Issue/Background

The performance of Chad immunization programme has not been satisfactory over the past 10 years. Only 25% of children aged 12-23 months were fully vaccinated in 2014 and 22% in 2017 according to the results of DHS/MICS 2014/2015 and the 2017 EPI survey.

Figure 1: Trend of Pentavalent 3 coverage in Chad based on various sources from 2008 to 2017



To solve the problems related to the generation of demand and equity in immunization, the Ministry of Public Health with the support of its partners has put in place a community-based approach to reduce the number of unvaccinated and / or partially vaccinated children known as **Community based approach to promote improved surveillance and vaccination**.

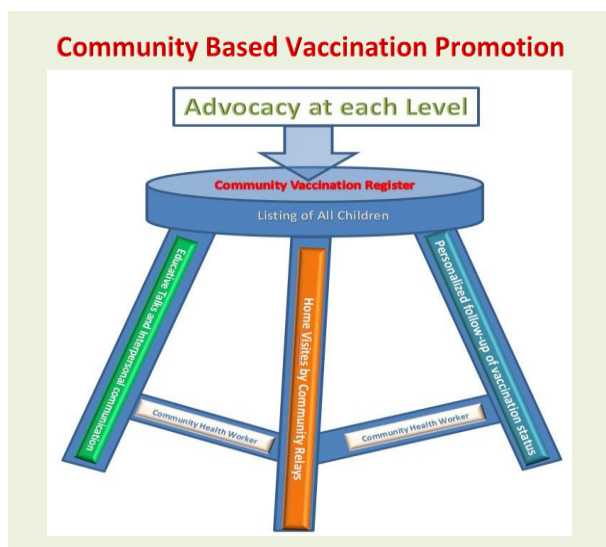
3. Rationale:

With the goal of developing a strategy to increase immunization coverage by the reduction of the drop-out rate, Chad set up a defaulter tracking strategy aimed at reducing the dropout rate from 23% to 19% in 2014 and from 19% to 10% in 2015. The core of the strategy was to list all the children who were absent during vaccination sessions and use community relays to retrieve them in their village. Accordingly, 33 Districts were selected based on the following criteria are implementing this approach since June 2016: Being among RED priority districts; High dropout rate (greater than 15%); DPT1 coverage above 80%; and accessibility for monitoring.

The goal of CBVP is to:

- Increase the Knowledge, awareness, and use of the Vaccination calendar by parents.
- Reduce the number of unvaccinated and/or partially vaccinated children in Chad to protect them from vaccine-preventable diseases.

- Increase the Penta 3/Polio 3 Vaccination coverage among children 0-11 months by at least 10% in each of the target Health districts
- Share lessons learned from the implementation with the government, partners and other stakeholders, in view of scaling up the CBVP approach



4. Strategy and Implementation:

At the heart of this approach is a community register that lists all the target children for each catchment area. It provides adequate information to solve the issue of non-starters, the recovered and the misreported as lost.

The main activities consisted in:

- Capacity Building: Training of Health staff were conducted on promotion of vaccination and the use of the community register, Roles and responsibilities of health staff, social mobilization and selection of community relays, Individualized monitoring of target children, active polio surveillance vaccination calendar, data analysis for decision-making and monthly monitoring meetings.
- Kept by the village chiefs, community registers are meant to create social pressure within communities to keep children up-to-date on vaccination, to increase the communities understanding on the importance of the vaccination and the respect of the schedule, and to stimulate demand for immunization by engaging communities
- Advocacy and Social Mobilization: This included advocacy meetings with local authorities (prefect, deputy prefect). 2,600 community relays were recruited and trained in 6,709 villages. 4,500 standardized vaccination community registers for children 0-23 months were printed and distributed.
- Listing of children and monitoring of vaccination status: Community registers were used to enlist all children in the community.

5. Resources Required/Allocated:

This approach was implemented through the technical support of 7 international staff and 20 national consultants including immunization and communication for Development Specialists operating from UNICEF office of Ndjamena and its 4 field offices. They worked closely with district medical officers and health centre staffs. The annual estimated budget for this approach is US\$ 1,643,248. The amount

mobilized in 2018 through the Bill and Melinda Gates Foundation was US\$ 210,853 which contributed to support the strategy in 11 districts of the Lake Chad province.

6. Progress and Results:

On average, the results of the 2018 Lot Quality Assurance Survey (LQAS) were higher than those of 2016. Pentavalent 1 vaccination coverage went from 70% in 2016 to 82% in 2018. The Pentavalent 3 vaccination coverage went from 37% to 56%. The Penta 1 / Penta 3 drop-out rate has decreased from 51% to 25% in 2018 and the proportion of fully immunized children raised from 19% to 29% in 2018.

44% of mothers were able to produce an on-demand vaccination card during the follow-up survey in the 14 districts in 2018 compared with 36% in 2016.

For the 14 districts that participated in the follow-up survey, an average of 22.2% of respondents mentioned the barriers related to the demand for vaccination, 22.7% for services not provided at convenient places or moments. 12.1% mentioned lack of regular vaccination services and only 6.9% stated unforeseen circumstances as a barrier. On average, 49.7% responded that they had not encountered any barriers to accessing immunization.

Most parents know that vaccination protects children against childhood diseases. The knowledge of why some vaccines had to be repeated increased from 71.3% in 2016 to 83.3% in 2018.

7. Lesson Learned:

What worked

- The implementation of the community-based immunization programme has been carried out along with the strengthening of the health system, and in line with the RED approach. The participation of local authorities has been critical to ensure sustainability. Community Listing of Children has adequately improved the quality of both routine immunization and Supplementary Immunization activities
- Community based approach to promote improved surveillance and vaccination has significantly contribute to improving the quality of micro planning especially at sub-district level

What did not Work

- Coupling Community listing and GIS mapping to improve gap analysis and programme implementation especially in Hard to Reach areas of the Lake islands
- the integration of other high-impact interventions at the community level, including vitamin A supplementation, deworming, nutritional screening, birth registration, etc have not been yet been integrated to routine activities due to the insufficient training and supervision of health staff
- The payment of monthly fees to community health workers did not ensure the sustainability of the approach and the ownership of the strategy by the communities. These community Health workers should be motivated through community own generated resources or activities.

As one of the pillar of the RED approach, the Community based approach to promote improved surveillance and vaccination is an effective strategy that can be applied to other contexts. However, the socio-cultural context should be taken into account. Engaging community is an emerging need that can promote sustainable development.

8. Moving Forward:

UNICEF is continuing its advocacy to scale up this approach in other districts with emphasis on the use of the community register.

The National Immunization Forum held in 2018 confirmed the effectiveness of this approach and its impact on vaccine coverage and mobilized other partners such as the World Bank, which funds immunization activities.

In order to sustain this intervention, district and health center teams as well as health committees must autonomously support outreach vaccination activities.

The planned operational activities include

- Using ACPV data for microplanning at the Health Facility including outreach and mobile activities
- Mapping of all settlements/GIS
- Strengthening cold chain and supply management in the districts
- Integrating other high impact interventions progressively such as deworming, vitamin A supplementation, nutrition screening, birth registration, distribution of insecticide treated bed nets
- Implement an Accountability framework for all involved stakeholders
- Biannual LQAS to measure progress

Annex D: Results-based reporting and partner feedback

The country office did not receive formal feedback on the quality of donor reporting and programmatic challenges. Nevertheless, the main points of concern regularly raised by the partners and in line with UNICEF strategic priorities: the country's low children vaccination coverage: 22% of children fully vaccinated (EPI survey 2017); the low rate of delivery attended by qualified personnel with a downward trend despite the investments: 27% of delivery assisted by trained personnel (HMIS 2017); the low utilization rate of children sleeping under long lasting insecticide treated nets (LLINs) despite an upward trend that does not reach an optimal level of coverage to protect communities against malaria: 52% of under five children are sleeping under LLINs (Malaria indicators survey 2017).

An analysis of equity in immunity was conducted by UNICEF in 2017 in 11 low-performing districts in Chad. This study revealed the following inequity factors: household economic status, province of residence, rural household, mother's educational level. There is no significant difference in birth order and sex. Following this analysis, an action plan was developed but poorly implemented in 2018 due to lack of funding.

UNICEF has undertaken several innovative approaches to accelerate the achievement of results. This include the community approach for the promotion of vaccination with the use of community registries and the involvement of administrative and community officials in the organization of immunization services, the child-friendly communities with real time monitoring initiative to offer a package of high-impact interventions with community leadership, the use of tablets/mobile phones for collecting and transmitting performance data and monitoring health and nutrition's supplies in the field, scaling up the use of solar refrigerators as an alternative to relieve dependence on oil and ensure environmental sustainability.

To ensure programme efficiency and according to the organization procedures the country Office implement the HACT insurance plan which consists in micro evaluation of the implementation partners, programmatic and spot checks according to the level of the amount transferred. These activities highlighted shortcomings in the management of allocated resources and the archiving of files. Trainings of 160 implementing partners were conducted in 2018 to strengthen their financial management capacity and familiarize them with HACT procedures.

The country office recruited an international staff during the year 2018 to ensure that the gender component is better taken into account in the planning and implementation process as well as the monitoring of the programme.

UNICEF in Chad, because of its comparative advantages in terms of technical assistance, the decentralized approach through its 4 zonal offices and its community interventions, is an active member of national partnership and consultation frameworks, namely the Interagency coordination Committee (ICC) for EPI, Health Partners monthly meetings, Monthly Health Meetings with the Head of State and Weekly Meetings with the Minister of Health, the Health Sector annual Review, the Joint Visits with the Ministry of Health, the Global Fund Country Coordination Mechanism, etc. The UN system has adopted the delivery as One strategy for a more effective assistance to the country and UNICEF is playing a key role to make it possible.