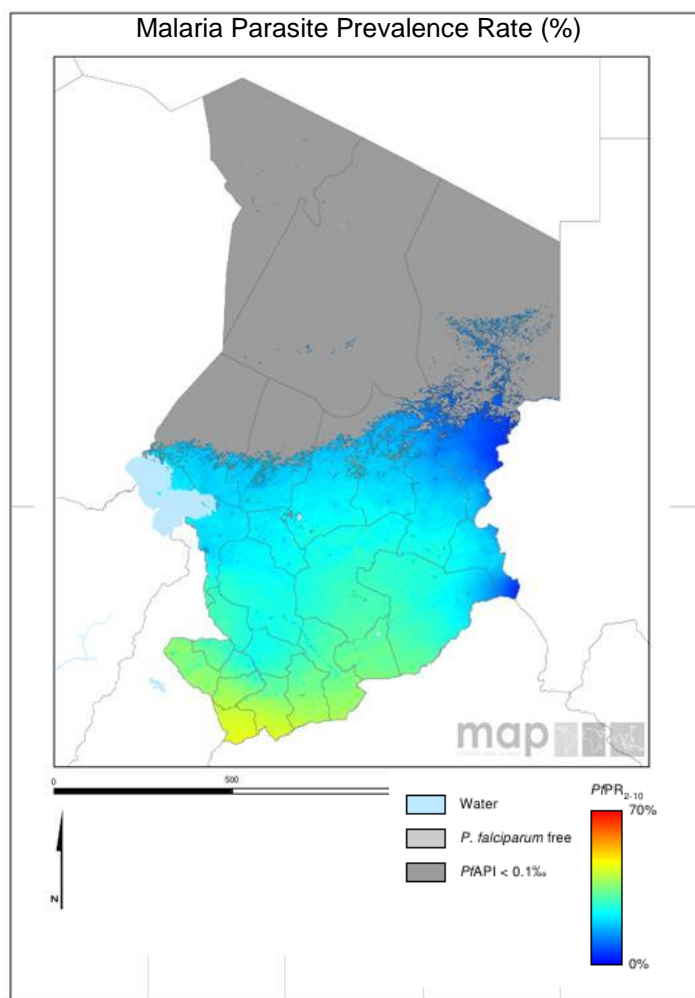


Scorecard for Accountability and Action



Malaria transmission in Chad is intense in the south of the country. The annual reported number of malaria cases in 2012 was 590,786 with 1,359 deaths.

Metrics

| Policy and Financial Control | |
|--|-----------------------------|
| Oral Artemisinin Based Monotherapy Ban status (2014) | Target achieved or on track |
| Community case management (Pneumonia) | Target achieved or on track |
| Community case management (Malaria) | Target achieved or on track |
| World Bank rating on public sector mgmt and institutions 2012 (CPIA Cluster D) | 2.2 |
| Commodities Financed, Implementation and Malaria Impact | |
| LLIN financing 2014 projection (% of need) | 100 |
| Public sector RDT financing 2014 projection (% of need) | 100 |
| Public sector ACT financing 2014 projection (% of need) | 100 |
| Operational LLIN/IRS coverage (% of at risk population) | ▲ 100 |
| On track in 2012 to Reduce Malaria Incidence by >75% by 2015 (vs 2000) | No data/Not applicable |
| Tracer Indicators for Maternal and Child Health | |
| PMTCT coverage 2012 (% pregnant HIV pts receiving ARVs) | 14 |
| % deliveries assisted by skilled birth attendant | 23 |
| Exclusive breastfeeding (% children < 6 months) | 3 |
| Vitamin A Coverage (2 doses) | 68 |
| DPT3 coverage 2011 (vaccination among 12-23 month olds) | No data/Not applicable |
| Postnatal care (within 48 hrs) | No data/Not applicable |

Key

| |
|-----------------------------------|
| Target achieved or on track |
| Progress but more effort required |
| Not on track |
| No data/Not applicable |

Urgent Global Fund Update

The Global Fund has announced that Chad will receive US\$ 160.9 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation under the New Funding Model. The total figure includes all existing, unspent funds from previous rounds and the Interim New Funding Model. The Global Fund has determined the total allocation amount based on Chad's disease burden and income level, as well as several other factors. The malaria component is also allocated a specific proportion of the total, according to a formula developed by the Global Fund that takes into account several factors, including disease burden and previous disbursements. For Chad this is calculated at US\$ 97.9 million, including US\$ 70.9 million of new resources. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. Chad is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation at a level that is sufficient to sustain the gains made in recent years.

Progress

Chad has banned oral artemisinin-based monotherapies and has introduced a policy on Community Case Management of malaria and pneumonia. Chad has secured resources from the Global Fund to meet the LLIN, and public sector RDT and ACT needs for 2014. Additionally the country has achieved universal coverage of LLINs.

Impact

The annual reported number of malaria cases in 2012 was 590,786 with 1,359 deaths.

Key Challenge

- Weak monitoring and evaluation and health information systems.

Previous Key Recommended Actions




| Objective | Action Item | Suggested completion timeframe | Progress | Comments - key activities/accomplishments since last quarterly report |
|---|---|--------------------------------|----------|---|
| MNCH ¹ : Optimise quality of care | a) Ensure all facilities are baby friendly by implementing the ten steps to successful breastfeeding, providing follow-up support to breastfeeding mothers and enhancing community awareness | Q1 2013 | Yellow | The country reports that six hospitals are baby friendly and are actively promoting exclusive breastfeeding |
| | b) Conduct a root cause analysis to identify underlying causes of low-skilled attendants and, based on that analysis, consider increasing the number of midwives and other skilled birth attendants. Increase the number of facilities providing basic medical obstetric care and emergency medical obstetric care. Increase demand through community action and reducing barriers to access through innovative financing schemes | Q1 2013 | Red | No progress reported |
| | c) Prioritise the collection of postnatal care data | Q1 2014 | Yellow | The country recommends postnatal follow up contacts by a trained provider for mother and newborn |
| | d) PMTCT: Identify and address policy, programmatic, and managerial barriers to progress including increasing both domestic and external investments. Ensure PMTCT services are integrated with RMNCH services and are available to all by removing obstacles such as user fees, addressing stigma and discrimination and ensuring that investments are made in scaling-up and creating demand for services | Q1 2013 | Yellow | PMTCT coverage has increased from 11% in 2011 to 13% in 2012. In order to accelerate scale-up Chad has adopted WHO Option B regimen for prophylaxis throughout pregnancy and breastfeeding, and a costed national PMTCT scale-up plan (2012-2016) is in place |

¹ MNCH metrics, recommended actions and response tracked through WHO MCA/iERG

New Key Recommended Action

| Objective | Action Item | Suggested completion timeframe |
|-----------------|--|--------------------------------|
| Address funding | Ensure the NFM concept note is submitted by Q1 2015 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years | Q1 2015 |

Key

| | |
|---|-------------------------|
|  | Action achieved |
|  | Some progress |
|  | No progress |
|  | Deliverable not yet due |