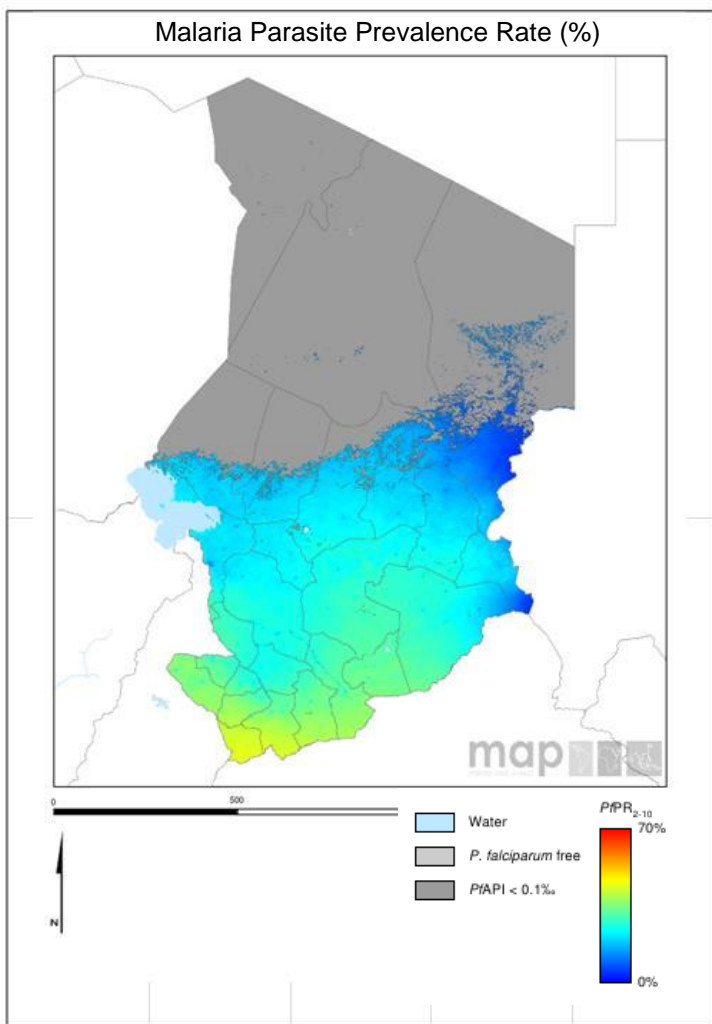


Scorecard for Accountability and Action



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)		
Community case management (Pneumonia)		
Community case management (Malaria)		
World Bank rating on public sector mgmt and institutions 2013 (CPIA Cluster D)		2.4

Commodities Financed, Implementation and Malaria Impact

LLIN financing 2014 projection (% of need)		98
Public sector RDT financing 2014 projection (% of need)		46
Public sector ACT financing 2014 projection (% of need)		94
Operational LLIN/IRS coverage (% of at risk population)		100
On track in 2012 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)		

Tracer Indicators for Maternal and Child Health

PMTCT coverage 2013 (% pregnant HIV pts receiving ARVs)	▲	19
% deliveries assisted by skilled birth attendant		23
Exclusive breastfeeding (% children < 6 months)		3
Vitamin A Coverage 2012 (2 doses)		
DPT3 coverage 2012 (vaccination among 12-23 month olds)		45
Postnatal care (within 48 hrs)		

Key

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

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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 to meet the majority of the LLIN and public sector ACT needs for 2014. Additionally the country has procured sufficient LLINs to achieve universal coverage. The country has significantly enhanced the tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn and Child Health Scorecard.

Impact

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

Key Challenge

- Weak health information system.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
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		Chad has submitted the GF NFM concept note
MNCH ¹ : Optimise quality of care	a) Ensure all facilities are baby friendly by implementing the ten steps to successful breastfeeding	Q1 2013		The country reports that six hospitals are baby friendly and are actively promoting exclusive breastfeeding. Chad has developed a national action plan which is currently being rolled out in 19 districts in partnership with UNICEF. This includes training of health agents, sensitisation of women's groups and community leaders. Additional resources have been allocated to nutrition

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

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH ¹ : Optimise quality of care	b) Prioritise the collection of postnatal care data	Q1 2014		Since January 2014, Chad has collected postnatal care data through the HMIS. Chad recommends postnatal care by a trained provider for mother and newborn
	c) PMTCT: Identify and address policy, programmatic, and managerial barriers to progress including increasing domestic and external investments. Ensure PMTCT services are integrated with RMNCH services and are available to all by removing obstacles such as user fees	Q1 2013		PMTCT coverage has increased from 14% in 2012 to 19% in 2013. In order to accelerate scale-up Chad has adopted WHO Option B regimen for prophylaxis and a costed national PMTCT scale-up plan (2012-2016) is in place
	d) Identify and address reasons for decreasing vitamin A coverage	Q2 2015		Deliverable not yet due but country report 97% coverage of vitamin A in the first six months of the year

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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