

# Chad

## Health Thematic Report

January - December 2016



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## B. [Abbreviations and Acronyms](#)

Abbreviation	Acronyms
ANC	Ante Natal Care
ARI	Acute Respiratory Infections
BCG	Bacillus Calmette–Guérin (vaccine)
C4D	Communication For Development
CPD	Country Programme Document
DaO	Delivering as One
DTP-HepB-Hib	Pentavalent vaccine which combines diphtheria, tetanus, pertussis, hepatitis B and haemophilus influenzae type b
EmNOC	Emergency Obstetric and Neonatal Care
EPI	Expanded Programme on Immunization
GBV	Gender-Based Violence
HC	Health Centre
MNCH	Maternal, Newborn and Child Health
MoH	Ministry of Health
ORS	Oral Rehydration Salts
PMTCT	Prevention of Mother to Child Transmission of HIV
PNDS 2	2ieme Plan National de Développement Sanitaire (2 <sup>nd</sup> National Health sector Development Plan)
PRDS	Plan Régional de Développement Sanitaire (Regional Health Development Plan)
RED	Reach Every District
UNDAF	United Nations Development Assistance Framework
WCBA	Women of Childbearing Age
WPV	Wild Poliovirus

## C. [Executive Summary](#)

This Thematic Report on Health covers the period from January to December 2016 and provides an update on the progress made and the funds utilized for the health activities supported by the Health Thematic Funds, with particular reference to the funds from Slovenska Fundacija za UNICEF (Slovenian foundation for UNICEF) and the French Committee for UNICEF, provided under the Grant SC/14/9901.

Chad has one of the highest rates of infant and child mortality (MICS 2015). The conflicts in neighbouring countries resulting in an influx of refugees and Chadian returnees, as well as the crisis in the Lake Chad basin in the west which has caused a mass influx of displacement have contributed to putting an increased pressure on the already stretched health system. Chad has been increasingly overburdened to adequately respond to diseases and malnutrition mostly affecting children and women. Chad reported its last case of Wild Poliovirus (WPV) in June 2012 and has been declared Polio free in July 2016. However due to porous borders, especially in the Lake region, the country remains at high risk of having polio reintroduced into the country from Nigeria and is in need to continue the immunization campaigns.

Despite these constraints, significant progress has been made overall to improve the quality and access to health services, with a view to contributing to the reduction of child mortality and morbidity. In 2016, UNICEF continued to provide support to children's survival and development, and strengthened advocacy and partnerships to scale up vaccination, malaria control, maternal and child health and strengthen the health system. These interventions were implemented in line with the government's priorities of the "Vision 2030. Chad that we want" and the United Nations Development Assistance Framework (UNDAF).

More specifically, in 2016, 152,800 children were vaccinated against measles and 139,015 received 3 doses of DTP HepB Hib. 178,491 pregnant women received at least two doses of tetanus vaccine. In accordance with the national plan for the elimination of maternal and neonatal tetanus, a total of 2,566,556 women of childbearing age (WCBA) received 2 doses of TT in January and 496,807 women of childbearing age received 3 doses of TT in May 2016.

In addition, 72 paramedics were recruited and deployed to health facilities in the Lake Chad region for the provision of improved services. Health workers were trained on key activities including patient reception and routine Expanded Programme on Immunization (EPI). Health facilities were regularly supplied with generic essential medicines, vaccines and other consumables to meet the urgent needs of the most vulnerable population.

The funds were also allocated to programme support to ensure that there is adequate human resources in place and to provide technical support to strengthen the quantitative and qualitative capacity of the government.

## D. [Strategic Context of 2016](#)

2016 was of central importance for the strategic and political orientations in the health field, with the review of the National Health Development Plan (PNDS 2) and the roadmap to accelerate the Reduction of Neonatal and Infant Mortality in Chad, also:

- Development of the common United Nations Development Assistance Framework (UNDAF 2017-2021)
- Development and finalization of the "Vision 2030. Chad that we want" through which Chad is looking for the demographic dividend on the path of emergence

- Preparation and finalization of several documents at the national level, including, the PNDS 3, PRDS (Regional Health Development Plan), the Community Health Strategic Plan, the review of the national roadmap for the reduction of maternal, neonatal and infant mortality, the review of the policy and standards document for reproductive health and family planning, the operational plan for universal health coverage
- Declaration of Chad "free of polio" in July 2016 following the successful implementation of polio eradication activities during the last years

In line with the Country Programme Document (CPD) 2012-2016, UNICEF advocated for adequate allocation of funding to the health sector. Given the country's structural and institutional weakness, UNICEF further expanded the collaboration with the Government at both national and decentralized levels to strengthen policy engagement and advocacy. By investing in building the capacity of government health personnel, UNICEF aims to ensure government ownership for sustained action.

However in 2016, the economic downturn in the country as a result of falling oil prices, the main source of income and rising security spending, had an impact on resources allocated to the social sectors, particularly in the area of Health. In addition, regular strikes in the public sector paralyzed much of the activities during the second half of the year. This had a significant impact on the access to health services available as it could be seen through the lack of facilities which remained open. The overall situation in Chad remained calm despite the ongoing conflicts in neighbouring countries, notably in Nigeria, Sudan (Darfur), and the Central African Republic, and the population movement placed an increased burden on the already overstretched health services.

Regarding children's health, the levels of infant and child mortality remained high, at 72‰ and 133‰ respectively. This situation is induced by high neonatal and maternal mortality and high morbidity with high HIV prevalence. Too many children are dying in Chad due to vaccine-preventable diseases, diarrheal diseases, malaria, pneumonia and critical nutritional status of children under five. Much more needs to be done to address these critical gaps. UNICEF will continue to support the government to reduce the risk to these diseases in 2017.

In response, with a view to maximizing the impact of the interventions, UNICEF implemented an integrated package of activities including routine immunization through the Reach Every District (RED) approach, immunization campaigns against polio, measles, and tetanus, strengthening of the Health system, combating malnutrition, the improvement of maternal and child health and malaria control.

UNICEF also strengthened Communication for Development (C4D) activities in order to address the underlying factors of child mortality and morbidity such as inadequate practices and social norms of nutrition, hygiene, sanitation and health including post-natal care.

Health services, including mass and routine immunization, reproductive health activities, curative and preventive malaria and other services, were better utilized by the most disadvantaged segments of the population in 2016 than in 2015.

The main strategies developed during 2016 remained largely unchanged from 2015, and included:

- Capacity building through training of health care providers, provision of formative field supervision, and provision of essential medicines, consumables and medical and technical equipment
- Institutional strengthening of the Ministry of Public Health by supporting the development of several policy and strategy papers
- Strengthening the reference and counter-referral system in Maternal, Newborn and Child Health/Gender-Based Violence (MNCH/GBV)

- Support for the creation of demand and the use of antenatal care, Emergency Neonatal Obstetric Care (EmNOC), Family Planning, and PMTCT services
- Strengthening strategies to stimulate demand of health services. These C4D strategies comprised of advocacy, social mobilization and inter personal communication
- Support for integrated joint supervisions and programmatic field visits
- Partnerships with UN agencies, NGOs, and civil society organisations for an improved synergy of interventions, including coordination, monitoring and advocacy.

As compared to the funding target of over US\$ 56 million for the 2012-2016 Country Programme for Health, Nutrition and Polio, the Chad office was well financed, reaching over US\$ 73 million. However, it must be noted that there were significant discrepancies between the sectors - the Nutrition and Polio sectors were well financed but it was the opposite for Health. Particularly in the area of health services offered, there was a gap of almost US\$ 10 million, while the favourable environment for the sector remained largely underfinanced too, with almost US\$ 2 million gap.

UNICEF Chad is particular grateful for the flexible funds provided as part of the Health Thematic Funds. Not only did the thematic funds provided to Chad help address the much needed interventions, but the nature of the thematic funds also allowed us to have the flexibility to allocate the funds where they are the most needed, and to best align our response to the programme priorities.

#### **E. [Results in the Outcome Area](#)**

##### **Outcome statement**

By the end of 2016, girls and boys, adolescents and pregnant women, including the most vulnerable, are increasingly using quality health services (high-impact interventions) and adopting healthy behaviours in the intervention regions of the programme.

##### **Output statement**

**Output 1:** By the end of 2016, adolescents and parents of children have increased capacities to adopt healthy behaviours aiming to improve the survival of children (girls and boys).

**Output 2:** By the end of 2016, adolescents and parents of children have increased capacities to protect girls and boys from polio.

**Output 3:** By the end of 2016, health facilities (health centre and hospitals) have increased capacities to deliver key high-impact maternal and child health interventions.

**Output 4:** By the end of 2016, institutions at all levels and decentralized communities have increased capacity to plan, budget and implement packages of high impact maternal and child health interventions.

**Output 5:** By the end of 2016, the MSP, its decentralized services and health partners including NGOs are able to provide high-impact interventions to mothers and children in humanitarian situations in accordance with minimum standards.

##### **Results**

**Output 1:** By the end of 2016, adolescents and parents of children have increased capacities to adopt healthy behaviours aiming to improve the survival of children (girls and boys)

Information and awareness-raising activities on diseases in general and those mainly affecting children (pneumonia, diarrhoea, vaccine-preventable diseases, malaria, etc.) were carried out in 2016. The community approach to the promotion of vaccination has been developed in at least 15 districts and has not only made it possible to catch up with 106,067 children who have dropped out of the vaccination but also newly vaccinate 80,056 additional children.

**Output 2:** By the end of 2016, adolescents and parents of children have increased capacities to protect girls and boys from polio

8 rounds of campaigns (national and local) out of which 6 rounds carried out in the framework of the sub-regional response to the Nigeria polio outbreak were organized. For each round, 100% of children were vaccinated according to the administrative data.

**Output 3:** By the end of 2016, health facilities (health centre and hospitals) have increased capacities to deliver key high-impact maternal and child health interventions.

72 paramedics were recruited and deployed to health facilities in the Lake Chad region. Health workers were trained on activities including patient reception and routine EPI. Health facilities were regularly supplied with generic essential medicines, vaccines and other consumables.

The 24 health districts supported for the RED approach implementation held regular meetings to ensure effective monitoring and follow up on the activities. The 342 health centres supported by UNICEF were equipped with the BCG vaccine. In addition, UNICEF further ensured that the health centres were equipped with other antigens and vaccination equipment.

Concerning immunization, in these 24 health districts supported by UNICEF, out of the 165,854 under-1 children and 183,785 pregnant women targeted, 152,800 (92%) children were vaccinated against measles and 139,015 (84%) were provided 3 doses of DTP-HepB-Hib. In the meantime, 178,491 (97%) pregnant women received at least two doses of tetanus vaccine.

In accordance with the national plan for the elimination of maternal and neonatal tetanus, a total of 2,566,556 women of childbearing age received 2 doses of TT in January and 496,807 of WCBA received 3 doses of TT in May 2016 in 11 out of the 23 regions.

The distribution of vaccines, oral rehydration salts (ORS)/Zinc, drugs and other consumables were provided on a quarterly basis. However, it should be noted that although there is a good availability of all vaccines at the central level, there has been a stock out of BCG for 3 weeks in some districts. Stock out of ORS/Zinc was also reported in the field as well as malaria control products. This issue will be addressed in 2017 for improved vaccine provision and management.

The availability of functional refrigerators is noted in 262/342 health centres (77%) in districts supported by UNICEF against a national coverage rate of 65%. During 2016, 133 solar refrigerators were installed to further strengthen the cold chain capacity. 100% of supported health centres are maintained by at least one qualified staff.

**Output 4:** By the end of 2016, institutions at all levels and decentralized communities have increased capacity to plan, budget and implement packages of high impact maternal and child health interventions.

All districts have a budgeted plan for vaccination. To enable the polio transition, a document entitled "Polio Legacy Chad Investment Report" was developed in March 2016 and a transition plan is being prepared with technical and financial support from the government, WHO and UNICEF.

**Output 5:** By the end of 2016, the MSP, its decentralized services and health partners including NGOs are able to provide high-impact interventions to mothers and children in humanitarian situations in accordance with minimum standards

A measles response campaign was implemented in 7 districts in 4 regions in response to the outbreak

in May which was followed by a campaign in 14 regions in November 2016. According to administrative data, 414,757 (99.3%) children aged 9 months to 14 years were vaccinated in the seven districts in response to the outbreak while 2,337,535 (112.2%) children out of the targeted 2,083,306 children aged 9 to 59 months have been vaccinated in the 14 regions in November 2016.

The above results have been made possible through partnerships with parliamentarians, journalists, national and international non-governmental organizations (NGOs), as well as the technical and capacity building support that UNICEF has provided to the Ministry of Health with paramedics recruited and assigned in the intervention zones. However, the limited human resources remains a challenge which will need to be addressed in the future.

### **Lessons learned in 2016**

In the course of 2016, the United Nations system finalized the joint work plan for assistance to the country within the framework of the Delivering as One (DaO). This approach will pool resources for carrying out joint and comprehensive activities in all areas starting in January 2017. It is expected that there will be increased visibility of the contribution of the United Nations system but also a synergy of action. The DaO approach will therefore enable UN agencies to prevent the duplication of interventions and a waste of the resources mobilized by each other.

Other opportunities for achieving good results in the country comprised of: 1) Commitment by the government, which could be seen through the monthly meetings on health chaired by the President and/or Prime Minister. During these meetings, the health situation of the country was presented and the identified bottlenecks were discussed; 2) Finalization and adoption of strategic documents, including (i) Adoption of the National Health Policy 2016-2030, (ii) Strategic Community Health Plan, (iii) Strategic Plan for Universal Health Coverage 2017-2019, (iv) new organizational chart of the Ministry of Health (MoH); and 3) The presence of networks and support structures, including the donors, parliamentarians, and youth spokespersons.

### **Major constraints observed during 2016**

UNICEF strived to address some of the major constraints observed in 2016 to further improve the health system in Chad. UNICEF invested particularly in building the capacity of government health personnel and ensured that there is adequate human resources in place to address structural weaknesses.

Despite the difficulties in the supply chain that include a weak input management system, UNICEF ensured that health facilities were regularly supplied with generic essential medicines, vaccines and other consumables. UNICEF is also closely working with national counterparts to address issues related to the distribution, management of medicines, vaccines and consumables from the central level to the peripheral level, and to ensure the optimal operation of certain structures such as sub-national repositories.

UNICEF is also coordinating with partners to improve the integration of Child Survival and Development activities (Health, Nutrition, HIV/AIDS and WASH) with a view to maximizing the impacts of the interventions.

Social mobilization and interpersonal communication was further strengthened in order to foster activities' sustainability and community ownership.

Given the humanitarian context in 2016 it is important to note that the multiplicity of campaigns disrupted regular activities in health facilities and the magnitude of the humanitarian crisis in the Lake Chad basin put a burden on the achievement of the results of the regular programme.

## F. Financial Analysis

US\$ 186,444.97 (programmable amount) was provided to UNICEF Chad by the Slovenska Fundacija za UNICEF and French Committee for UNICEF to support health activities in Chad. A total of US\$ 74,415 has been spent during the reporting period. A balance of US\$ 105,075.51 remains for future activities.

Table 1: Planned budget by Outcome Area

Outcome Area 1: Health Chad Planned and Funded for the Country Programme 2016 (in US Dollar)		
Fund Category	All Programme Accounts	
Year	2016	
Business Area	Chad - 0810	
Prorated Outcome Area	Health	
Intermediate Results	Funding Type <sup>1</sup>	Planned Budget <sup>2</sup>
01-02 Polio eradication	RR	-
	ORR	1,468,000
01-06 Health and emergencies	RR	400,000
	ORR	93,000
Unknown	RR	306,000
	ORR	930,000
<b>Total Budget</b>		<b>3,197,000</b>

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

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

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

NB/ Due to the grouping of sectors under the Child Survival and Development programme, the table does not show the entirety of the budget for health.

Table 2: Country-level thematic contributions to outcome area received in 2016

Outcome Area 1: Health Thematic Contributions Received for Outcome Area 1 by UNICEF Chad in 2016 (in US Dollars)		
Donors	Grant Number*	Programmable Amount
Slovenska Fundacija za UNICEF	SC1499010107	166,034
French Committee for UNICEF	SC1499010108	29,734
<b>Total</b>		<b>195,767</b>

Table 3: Expenditures in the Outcome Area

Organizational Targets	Expenditure Amount*			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
01-01 Immunization	420,972	4,722,686	65,261	5,208,919
01-02 Polio eradication	25,405	9,119,748	1,089,293	10,234,446



01-03 Maternal and Newborn health	48,710	64,571	55,468	168,749
01-04 Child health	144,732	1,404,786	431,398	1,980,916
01-05 Health systems strengthening	81,275	128,391	39,286	248,952
01-06 Health and emergencies	3,111,604	35,603	47,339	3,194,546
01-07 Health # General	1,331,165	1,806,353	1,686,165	4,823,683
<b>Total</b>	<b>5,163,864</b>	<b>17,282,137</b>	<b>3,414,219</b>	<b>25,860,210</b>

Table 4: Thematic expenses by programme area

Fund Category	All Programme Accounts
Year	2016
Business Area	Chad - 0810
Prorated Outcome Area	Health

Row Labels	Expense
<b>Other Resources - Emergency</b>	<b>301,363</b>
01-01 Immunization	5,894
01-02 Polio eradication	1,924
01-03 Maternal and Newborn health	48,403
01-04 Child health	78,069
01-05 Health systems strengthening	9
01-06 Health and emergencies	91,724
01-07 Health # General	75,340
<b>Other Resources - Regular</b>	<b>4,793</b>
01-03 Maternal and Newborn health	4,579
01-04 Child health	-1
01-05 Health systems strengthening	215
<b>Grand Total</b>	<b>306,156</b>

Table 5: Expenses by Specific Intervention Codes

Fund Category	All Programme Accounts
Year	2016
Business Area	Chad - 0810
Prorated Outcome Area	Health

	Other Resources - Emergency	Other Resources - Regular	Regular Resources	Grand Total
01-01-09 Cold chain support		163,806	30,461	194,268
01-01-10 Logistics support for immunization		892		892
01-01-11 Outbreak control # immunization	397,515	3,515,333		3,912,848
01-01-14 Immunization # General	5,801	1,016,243	10,783	1,032,827
01-02-05 Polio social mobilization for campaigns		5,806,900	384,430	6,191,330

01-02-06 Continuous social mobilization and communication		1,200,389	171,775	1,372,164
01-02-07 Polio technical assistance	968	2,086,011	273,583	2,360,562
01-03-04 Maternal and newborn care including Emergency Obstetric care		59,125	35,003	94,128
01-03-07 Other maternal and newborn activities	31,016	3,699		34,715
01-04-08 Malaria # General		238,842	30,008	268,850
01-04-13 Child health # General	111,798	1,159,150	242,224	1,513,172
01-05-01 Health management at district or sub-national levels	59,647	19,731	24,090	103,469
01-05-05 Health systems strengthening # General	9,938	106,591	700	117,230
01-06-01 Health cluster coordination # humanitarian action	-2,137			-2,137
01-06-02 Health # Emergency preparedness	860,059			860,059
01-06-03 Health # Emergency response	2,127,713	29,328	29,856	2,186,897
01-07-03 Health # General	1,175,883	1,574,019	982,579	3,732,481
01-07-06 Health support to achieving global and regional goals	94,577	205,353	61,675	361,605
08-01-01 Country programme process		6,928	32,881	39,808
08-01-06 Planning # General			6,477	6,477
08-02-01 Situation Analysis or Update on women and children		8,406	19,478	27,884
08-02-04 DevInfo			24,474	24,474
08-02-05 Other multi-sectoral household surveys and data collection activities		5,072	29,285	34,357
08-02-08 Monitoring # General		72		72
08-03-01 Cross-sectoral Communication for Development	1	-557	234	-322
08-03-02 Communication for Development at sub-national level		5,110		5,110
08-05-01 Supply # General	94,464		120,751	215,215
08-09-06 Other # non-classifiable cross-sectoral activities	146,534	29,838	881,845	1,058,217
09-05-01 Humanitarian action # Policy and guidance	7,880		1,085	8,964
09-05-03 Humanitarian action and UN coherence	11,360		722	12,082
1051 Polio eradication and surveillance		5,200		5,200
1901 Staff costs (includes specialists, managers, TAs and consultancies) for multiple OTs within FA1			19,811	19,811
7921 Operations # financial and administration	30,847	36,653		67,500
<b>Grand Total</b>	<b>5,163,864</b>	<b>17,282,137</b>	<b>3,414,209</b>	<b>25,860,210</b>

Table 6: Planned budget

**Outcome Area 1: Health  
Chad  
Planned Budget and Available Resources for 2017**

	Funding Type	Planned Budget <sup>1</sup>	Funded Budget <sup>1</sup>	Shortfall <sup>2</sup>
Health (Health/Polio for ORR Health/HIV for ORE)	RR	1,870,000	1,870,000	0
	ORR	9,300,000	7,073,443	2,226,557
	ORE	10,460,000	1,617,748	8,842,252
<b>Total for 2017</b>		21,630,000	10,561,191	11,068,809

<sup>1</sup> Planned and Funded budget for ORR (*and ORE, if applicable*) excludes recovery cost. RR plan is based on total RR approved for the Country Programme duration

<sup>2</sup> Other Resources shortfall represents ORR funding required for the achievements of results in 2017.

### G. [Future Work Plan](#)

The priorities for health in 2017 will be:

- Scaling up of community-based health services
- Continue ongoing improvements of equitable immunization through the 'Reach Every District' approach, strengthening link with the communities, support the introduction of new vaccines, and ensure uninterrupted supply of quality vaccines
- Good control of malaria, diarrheal diseases, acute respiratory infections and neonatal diseases
- Support the creation of favourable conditions for the effective implementation of health interventions (sufficient human resources, substantial budget, equipment, etc.), in line with the universal health coverage strategy.

### H. [Expression of Thanks](#)

UNICEF gratefully acknowledges the important financial support of the Global Health Thematic Fund for the invaluable assistance to the women and children of Chad. The generous contribution provided by the Slovenska Fundacija za UNICEF and the French Committee for UNICEF in particular made it possible to improve health services for the most disadvantaged children and women in Chad in 2016.