



**Proposal from Chad  
requesting assistance from the GAVI Alliance  
in health system strengthening (HSS)**

**RESCHEDULING OF ACTIVITIES  
FOR THE PERIOD January 2013 – June 2014**

**September 2012**

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## Abbreviations and acronyms

|                   |                                                                                |
|-------------------|--------------------------------------------------------------------------------|
| <b>RED:</b>       | Reach Every District Approach                                                  |
| <b>SIA</b>        | Supplementary Immunization Activities                                          |
| <b>BCG:</b>       | Bacillus of Calmette and Guérin                                                |
| <b>BELACD:</b>    | Office of Engineering and Liaison with Charitable Activities for Development   |
| <b>WB:</b>        | The World Bank                                                                 |
| <b>MTEF:</b>      | Medium-Term Expenditure Framework                                              |
| <b>COGES</b>      | Management Committee                                                           |
| <b>COOPI:</b>     | Italian Cooperation                                                            |
| <b>CPA:</b>       | Central Office for Pharmaceuticals Purchasing                                  |
| <b>MC</b>         | Management Committee                                                           |
| <b>CNCARSS</b>    | National Committee for Coordination and Support of Health System Strengthening |
| <b>HSCC</b>       | Health Sector Coordination Committee                                           |
| <b>HC</b>         | Health Center                                                                  |
| <b>CPC:</b>       | Child Preventive Consultation                                                  |
| <b>DACSI:</b>     | Information Systems Support, Coordination and Monitoring Committee             |
| <b>INN:</b>       | International Non-Proprietary Name                                             |
| <b>DS</b>         | Health Districts                                                               |
| <b>DSIS:</b>      | Health Information System Division                                             |
| <b>RHD</b>        | Regional Health Delegation                                                     |
| <b>EEMET:</b>     | Association of Evangelicals in Chad                                            |
| <b>GTZ:</b>       | German Cooperation                                                             |
| <b>IEC/BCC :</b>  | Information, Education and Communication/Behavior Change Communication         |
| <b>ARI:</b>       | Acute Respiratory Infection                                                    |
| <b>MCD</b>        | Senior District Physician                                                      |
| <b>LLITN</b>      | Long Lasting Insecticide Treated Nets                                          |
| <b>DWB</b>        | Doctors Without Borders                                                        |
| <b>WHO:</b>       | World Health Organization (WHO)                                                |
| <b>MDG:</b>       | Millennium Development Goals                                                   |
| <b>CPA:</b>       | Complementary Package of Activities                                            |
| <b>GDP:</b>       | Gross Domestic Product                                                         |
| <b>MPA:</b>       | Minimum Package of Activities                                                  |
| <b>MPA:</b>       | Least developed countries                                                      |
| <b>NHDP</b>       | National Health Development Plan                                               |
| <b>NHP</b>        | National Health Policy                                                         |
| <b>WPV</b>        | Wild Polio Virus                                                               |
| <b>MAR</b>        | Monthly Activity Report                                                        |
| <b>ACSDS:</b>     | Accelerated Child Survival and Development Strategy (ACSDS)                    |
| <b>CORDAID V:</b> | Catholic Organization for Relief and Development Aid                           |
| <b>NPRS:</b>      | National Poverty Reduction Strategy                                            |
| <b>EOC:</b>       | Emergency Obstetric Care                                                       |
| <b>UNICEF:</b>    | United Nations Children's Fund                                                 |
| <b>MCV:</b>       | Measles vaccine                                                                |

## Executive Summary

The 2007-2015 national health policy balance sheet, the situation analysis of the National Health Development Plan (PNDS) 2009-2012 and the 2008-2012 Complete Multi-year Plan have identified 4 principal major constraints that represent bottlenecks that are preventing the increase and maintenance of vaccine coverage.

These are: (i) shortage of human resources; (ii) weakness of the health information system; (iii) frequent shortages of essential medicines and medical supplies, including vaccines and immunization materials; (iv) shortcomings in the organization, coordination and management of health services.

To respond to these constraints, in 2008 the Ministry of Public Health submitted a proposal to the HSS and GAVI foundations to contribute to the increase and maintenance of immunization coverage for children. This proposal was accepted by the GAVI Board of Directors in 2008. The implementation of this project began only in 2009 with the first disbursement of funds.

The first year of implementation encountered problems relative to expenditures which were scheduled for the second year but were spent from the first allocation of funds. This situation resulted in a suspension of financing. A financial and managerial audit was conducted in 2010. The recommendations of this audit were accepted by both parties: The MPH and GAVI resumed implementation of the project. The delay in the implementation of the proposal and the change of certain components of the projects a result of conditions in the country have led the Ministry of Public Health to reschedule the activities.

The goal and the results expected from the rescheduled project are the same as those in the initial proposal: *contribute to the reduction of morbidity and mortality linked to diseases that can be prevented by immunization via the extension of the ACSDS and the RED approach in 10 Health Districts by the end of June 2014 to increase and maintain immunization coverage at 95% for DTC3 and 95% for VAT2 among pregnant women, in the 10 districts covered by the proposal.*

The specific objectives have also remained unchanged: These are: (i) *strengthen the 10 Districts with qualified and motivated personnel by June 2014;* (ii) *make the system for the purchasing, supply and management of medicines and medical products more efficient, including vaccines, in the health structure of the 10 Districts by June 2014;* (iii) *strengthen the organization and management of health services in the 10 Districts and 6 central-level structures by June 2015.*

The rescheduled proposal will cover the same Districts as the first proposal. It will support the 10 identified Districts by providing support to the different levels of the health system and by attacking the obstacles that are holding back the increase and maintenance of immunization coverage, in particular poor accessibility to immunization services and their under-utilization.

On the central level, support in operations and supervision will be provided to the General Secretariat of the Ministry of Public Health, the Office of the Inspector General and four Technical Services Offices.

The Ministry of Public Health intends to use these services to strengthen its immunization activities via: (i) the creation and implementation of management tools, the generation of reliable health information and monitoring activities on all levels; (ii) support for the organization of supervisory assignments by agents, the management of medicines and medical products including vaccines; (iii) upgrading the central cold room of the EPI, (iv) upgrading the system for the transport of vaccines to the Health Delegations and (v) strengthening the motivation of personnel on all levels.

On the intermediate level, plans call for strengthening the organizational and technical capabilities of the 8 Regional Health Delegations to enable them to implement their regional

health development plan. Emphasis will be placed on: (i) training health services management and financial management teams and supplying them with fuel for integrated inspection visits; (ii) the improvement of the management capabilities of 8 Regional Supply Pharmacies in the form of managerial training, (iii) regular supply of medicines; (iv) strengthening the regional health information systems.

On the District level, the accent will be on: (i) the upgrading of the managerial capabilities of the 10 district staff teams in the form of the implementation of management tools to improve the organization and management of the districts; (ii) the training of these teams in the management of the Districts, the organization of monitoring and planning activities and the compilation and analysis of HIS data; (iii) the upgrading of the logistics capabilities of the teams to enable them to provide integrated supervision and to monitor activities at the level of the health centers and hospitals.

On the health center level, plans call for: (i) training the personnel of 100 health centers in PCIME+, PEV+ and PNC+; (ii) implementing tools and directives for the management of medicines, (iii) ensuring the supply of medicines to the 100 health centers, including vaccines, (iv) equipping the health centers with solar-powered refrigerators, (v) equipping 100 health centers with motorcycles for the advanced strategies, (vi) ensuring support for the reorganization of the health committees and developing links with the communities via the involvement of the health committees and community agents in the management of the immunization activities of the health centers.

Ultimately, the following results are expected from these actions: the health system consisting of 10 Districts will be strengthened with: (i) 10 Health Districts staffed by more highly motivated health care personnel in the required quantity and quality; (ii) Health Centers supplied with essential medicines and medical products, including vaccines, (iii) Districts and Health Centers equipped with cold-chain equipment (iv) and improved organization and operation of 10 Health Districts.

The rescheduled proposal covers a period of 18 months from January 2013 to June 30, 2014.

The total amount of the funds to be mobilized for the implementation and monitoring of this rescheduled proposal is: **SEE Budget in Excel file**

The system of monitoring and evaluating the implementation of the rescheduled proposal will be based on the existing mechanisms for monitoring the National Health Development Plan: meetings of the management committees on the different levels; semi-annual and annual meetings and routine monthly activity reports. The same indicators as in the initial proposal will be used to monitor the implementation of this proposal: Six indicators of results and impact have been selected: (i) rate of coverage for DTC3 immunization (77% in 2006 - 95% in June 2014); (ii) number of districts achieving immunization coverage  $\geq 80\%$  for DTC3 (23 Health Districts in 2006 - 44 Health Districts by the end of June 2014); (iii) Mortality rate of children under five (191 per 1000 in 2004 - 64 per 1000 in June 2014); (iv) Number of health centers that were visited at least six times during the past year, during which a quantified inspection list was used (24 in 2006 - 100% in June 2014); (v) Number of health centers having the required number of qualified health personnel present in the Zone of Responsibility at least 10 months out of 12.

(no data for 2006 - 80% in June 2014); (iv) Average number of days of interruptions in the supply of ten essential molecules [sic] in the health centers during the past quarter (no data for 2006 - 3% in June 2014).

The coordination and monitoring of the implementation of this proposal have been slightly modified to improve the monitoring of the implementation, in compliance with the recommendations of the audit report. The Management Committee has been replaced by a Technical Committee (TC) created by the Ministry of Public Health on the different levels of the health system, which will be maintained, although its configuration will be improved. 5

On the central level, the Technical Committee will be chaired by the Planning Director, who will be seconded by an official of the WHO.

The steering and monitoring of the implementation of the proposal will be the responsibility of the Interagency Coordinating Committee (IACC) to take the recommendations of the audit report into consideration. THE IACC will therefore replace the National Committee for Coordination and Support of Health System Strengthening to increase transparency in decision-making and resource management.