

## INTERIM FUNDING FOR THE IMMUNISATION PROGRAMME IN CHAD

### 1- Context

As part of Gavi support for eligible countries, Chad received funding to strengthen its health system (HSSI) from 2008-2014. Also, it is one of 20 Gavi priority countries, receiving enhanced technical support within the Partnership Engagement Framework (PEF) and important flexibilities granted in the context of Gavi's policy on fragility and country-by-country approach.

HSSI funding has come to an end and the country has prepared and submitted a Gavi HSS2 proposal that was not approved for the second time. The country was very much counting on this funding to support efforts in favour of its immunisation programme, since immunisation is the backbone for the HSS2 proposal.

Currently, the country is undergoing a difficult financial situation, which has seen the Government's capacity to financially support health sector activities, including immunisation, reduced as a result, with an allocated budget that has been divided in half in the course of the past few years. This is in particular with regard to 2015 allocations (1.1 billion CFA francs) and 2016 (550 million CFA francs)!

Thus, while awaiting another HSS2 application, Gavi and the Government of Chad consider it judicious and advisable to have interim funding, in order to continue implementing critical National Immunisation Programme activities, so as to avoid a significant slowdown or break in the implementation of said programme.

### 2- Target

Help ensure the continuity of key immunisation activities during the period of scarce financial resources, while strengthening institutional capacities for managing national health projects and programmes.

### 3- Planned activities

In order to maximise the use of this interim funding, several activities that have been deemed essential have been selected for implementation throughout the next nine months.

#### 3.1 Programme management and coordination

Gradual implementation of the Project Management Unit (PMU) and revision of the administrative, financial and accounting management procedures manual are key activities.

##### 3.1.1 Setting up the Project Management Unit (PMU)

The HSSI and programme capacity assessments showed managerial deficiencies. Thus, for HSS2 implementation and potentially for other funding, the decision has been made to set up a PMU or to strengthen an existing PMU. This application will make it possible to strengthen the national project management unit (NPMU), which coordinates the project funded by the French Development Agency (PASST2). The NPMU is an entity made up of six people (Coordinator/DGRP, Assistant/DPA, accountant, courier and two drivers). It will be strengthened by a programme manager, a monitoring-evaluation officer, an administrative and financial officer, an accountant, an officer for provisioning, an administrative assistant and two drivers). Given the limited budget, this staff, which will be hired through an open and transparent process, will be gradually put in place.

This unit will be in charge of all aspects of programmatic, financial and accounting management during CEF implementation. It will also support the various processes for procurement, monitoring-evaluation/data management, and vaccine management. The internal audit component will be managed by the General Inspectorate of the Ministry of Health.

The final make-up of the PMU will be approved following Gavi's assessment of the current PMU. A minimum amount of required equipment and the operation of this unit must be ensured. Let us remember that the PMU and the EPI will receive two international technical assistants starting in January 2017, and a fiduciary management agency before the CEF begins. The PMU, once it is functional and strengthened, could coordinate funding from other backers involved in the country and the internal audits that have been planned.

### **3.1.2 Revision of administrative and financial management procedures manual**

Several deficiencies in administrative and financial management have been raised by the HSSI evaluation and the financial management assessment. The current administrative and financial management manual is insufficient, if not obsolete, which justifies the need to revise this manual and to reproduce it before making it available to teams.

## **3.2 Planning and preparations: drafting key documents needed for an application to the Country Engagement Framework.**

### **3.2.1 Organise a workshop to draft NHDP 3**

The current national health development plan (NHDP) 2, extended for one year, will come to an end at the close of 2016. The NHDP 3 will have to be drafted, since the National Health Policy (NHP) 2016-2030 has just been adopted. It is crucial that this NHDP 3 be drafted, as it is the translation of the policy into a strategic plan for health. Immunisation must be sure to be given its rightful place. Making this document available is also one of the prerequisites for starting the CEF drafting process.

### **3.2.2 Develop cMYP 2018-2022**

The current cMYP will come to an end in 2017. It is advisable to draft a new cMYP for the next five years. It is thus imperative that to start the situation analysis at the beginning of 2017 (ICS, KAP, etc) and to begin writing at the start of the third quarter of 2017, with the support of UNICEF and WHO experts. The cMYP 2018-2022 is also a conditionality for the CEF proposal that the country is aspiring to.

### **3.2.3 Drafting the Country Engagement Framework (CEF) document**

Drafting the CEF is the essential condition for the country to be able to benefit from Gavi support for immunisation and health system strengthening. It must be drafted in order for the engagement and collaboration framework to be defined.

## **3.3 Social mobilisation**

Carrying out a new KAP survey and developing a communication plan for realities.

### **3.3.1 Conduct KAP survey**

The last KAP survey conducted in Chad was back in April 2012. It is advisable to carry out another follow-up round of the coverage survey for the beginning of 2017. This will be a determining factor for the situation analysis on immunisation demand for drafting the cMYP 2018-2022, but also to strengthen the demand promotion component in the next HSS2/CEF proposal. Technical assistance is required for the KAP survey that is to be carried out during the first quarter of 2017.

### **3.3.2 Revising/Preparing the strategic communication plan for immunisation**

It has been pointed out that the current strategic communication plan 2016-2018 was drafted based on a situation analysis from 2012 (KAP 2012) and does not reflect reality, and that there will have to be a new KAP survey as a basis for revising it to better inform the cMYP 2018-2022, and in an indirect way, the demand promotion component in the CEF proposal. The Independent Review Committee also pointed out that some activities and interventions contained in this plan had not been developed from a factual basis.

## **3.4 Strengthening logistics and financial management capacities**

### **3.4.1 Strengthening capacities by organising training on LOGIVAC for logistics experts**

It should be noted that one of the major bottlenecks of the immunisation programme in Chad is the insufficient quality and quantity of human resources. Thus, it has been proposed to train four logistics experts (two for the national storage facility and two for the sub-national ones) on Logivac in Benin.

### **3.4.2 Procuring accounting software to train accounting managers**

There is a plan to procure Tom2PRO multi-project, multi-post and multi-site management software and training 35 managers (23 regional managers, 10 district and 2 central level) on the procedures manual for administrative and financial management and the accounting software.

### **3.5 Strengthening the cold chain and vaccine distribution**

#### **3.5.1 Inventory of cold chain and all DVSE equipment**

The inventory of logistics and cold chain equipment is crucial for adjusting procurement and maintenance needs. The country must also equip itself with a maintenance plan for optimal management of equipment, and take an overall inventory of all equipment and materials. Especially as one of the strong recommendations from the IRC attached great importance to this.

#### **3.5.2 Draft the maintenance plan accompanied by funding (human resources, schedule, practices and procedures)**

The country's inclination for solar equipment is a challenge with regard to the quantity of equipment expected. Thus, in order to guarantee that this equipment operates optimally, Chad proposes to draft a maintenance plan, accompanied by a budget.

#### **3.5.3 Strengthening vaccine distribution and supervision**

Vaccine stock-outs have often occurred in the regions/districts/areas of responsibility, although vaccines are available at the central level, since there is no regular distribution system for vaccines from the central level to the field. We think that for continuity in conducting activities, it is a good idea to ensure vaccines are available in the field by provisioning the four sub-national storage facilities on a quarterly basis, which will in turn supply the districts every two months. Once they have been provisioned, the districts will be able to resupply health centres on a monthly basis. This interim funding could also contribute to the MPH's funding to cover transportation costs for vaccines from the sub-national level to the health districts over a nine-month period.

### **3.5 Conducting financial and programmatic monitoring and supervision missions**

It has also been pointed out that the Chad immunisation programme has an acknowledged lack of supervision and financial and programmatic monitoring. Thus, the decision has been made to strengthen missions in the field for supportive supervision, and programmatic and financial monitoring by members of the PMU and supervisors at all levels of the health pyramid. These missions will be conducted on a quarterly basis from the central level to the regions, every two months from the regions to the districts and every month from the districts to the health centres over a nine-month period. Also, two internal audit missions are planned, which will be carried out by the Inspectorate General of the Ministry of Public Health.

### **3.6 Strengthening the implementation of the "Reach Every District" (RED) approach in 10 districts**

It has been noted that some large urban areas, routine immunisation is not always effective, and a large number of non-immunised children can be found there. In the 10 districts, there were 39,121 non-immunised children at the end of July 2016, which represents 18% of non-immunised children in the country for the same time period. These 10 districts are central districts of the six regional capitals, plus the four from N'Djaména. These are: Massakory, Pala, Abéché, Ati, Doba, Koumra, N'Djaména Est, N'Djaména Nord, N'Djaména Centre and N'Djaména Sud. These 10 districts are part of the thirty that received government funding for implementing RED. Given the country's current difficult financial situation, interim funding is an opportunity to continue implementing RED in these districts. The budget covers expenditures related to outreach strategy immunisation activities, district management team member supervision missions, meetings with the community and monthly monitoring meetings.

### **3.7 Organising periodic ICC meetings to endorse strategic documents (NHDPIII, CEF, cMYP, Strategic Communication Plan, etc).**

Quarterly statutory meetings of the ICC are irregular. This weakness was also revealed by the 2016 joint appraisal, and was the subject of a specific recommendation by the IRC, as well. They must be made regular in order to ensure periodic monitoring of the implementation of the annual action plan, and decide on solutions for weaknesses that have been identified. The ICC must not meet solely to endorse and approve budgets and plans. The ICC's optimal operation is a guarantee of good strategic coordination of interventions that require certain funding for organising regular periodic meetings.

### **3.8 Strengthening the national EPI storage facility's security and insurance**

Chad equipped itself with a national storage facility in 2015 thanks to funding from the Government, Gavi and UNICEF. This facility includes five positive cold rooms that are 40 cubic metres each and 2 negative cold rooms that are 40 cubic metres each. It contains large quantities of vaccines and immunisation supplies, with a value of two to three million dollars. It is wise to have a fire protection system and take out a comprehensive insurance policy in order to secure vaccines and supplies. This is one of the recommendations from the Gavi programme capacity assessment. A fire protection device will be procured and installed in the national storage facility, as well as in the four sub-national storage facilities. The staff of these facilities will also be trained on using the fire protection device. There are plans to take out fire and casualty insurance.

#### 4- Budget

The overall budget amount for the activities selected is **US\$ 749,199**, distributed as indicated in the table below:

#	Activities	Amount		Percentage
		US\$	CFA	
1	Set up the Project Management Unit (PMU)	51,206.90	29,700,000	6.8%
2	Strengthen implementation of the RED strategy in 10 districts	182,420.69	105,804,000	24.3%
3	Revise and reproduce the administrative and financial management procedures manual	11,655.17	6,760,000	1.6%
4	Strengthen capacities on Logivac, the financial management system and the procedures manual	117,739.66	68,289,000	15.7%
5	Conduct a KAP survey	49,232.61	28,554,916	6.6%
6	Conduct supervision and financial and programmatic monitoring missions, including internal audits	22,784.48	13,215,000	3.0%
7	Strengthen security for the national EPI storage facility	12,069	7,000,000	1.6%
8	Strengthen vaccine distribution in the regions/districts/areas of responsibility and fuel costs for operating the Moundou and Abeche sub-national storage facilities	105,579	61,236,000	14.1%
9	Draft NHDP III	31,086.55	18,030,200	4.1%
10	Develop cMYP 2018-2022	33,500	19,430,000	4.5%
11	Draft the Country Engagement Framework (CEF) document	48,871	28,345,400	6.5%
12	Revise the strategic communication plan for immunisation	0	0	0.0%
13	Organise periodic ICC meetings to monitor and endorse strategic documents (NHDPIII, CEF, cMYP, Strategic Communication Plan, etc).	690	400,000	0.1%
14	Inventory of cold chain and all DVSE equipment	36,596	21,225,900	4.9%
15	Operational costs for PMU/EPI	8,267	4,795,000	1.1%
	UNICEF management costs	37,500	21,750,000	5.0%
<b>Total</b>		<b>749,199</b>	<b>434,535,416</b>	<b>100.0%</b>

749,199.00

0.00

Amount allocated: 5% of the HSS funding envelope

US\$ 750,000.00

Gap between amount allocated and amount requested

**US\$ 801.01**