The Global Fund

Performance Framework

Country	Chad
Grant Name	TCD-M-UNDP
Implementation Period	01-Jul-2018 - 30-Jun-2021
Principal Recipient	United Nations Development Programme

Reporting Periods	Start Date	01-Jul-2018	01-Jan-2019	01-Jul-2019	01-Jan-2020	01-Jul-2020	01-Jan-2021
	End Date	31-Dec-2018	30-Jun-2019	31-Dec-2019	30-Jun-2020	31-Dec-2020	30-Jun-2021
	PU includes DR?	Yes	No	Yes	No	Yes	No

Program Goals and Impact Indicators

1	D'ici juin 2021, réduire de 30% la morbidité liée au paludisme par rapport à son niveau de 2016
2	D'ici juin 2021, réduire de 30% la mortalité liée au paludisme par rapport à son niveau de 2016
3	D'ici juin 2021, mener à terme 85% des interventions de soutien à la lutte contre le paludisme

	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	2018	2019	2020	2021	Comment
1	Malaria I-6: All-cause under-5 mortality rate per 1000 live births		133	2015 2014-2015 DHS-MCS	Gender	N: 109 D: P: % Due Date: 15-Feb-2019	N: 101 D: P: % Due Date: 15-Feb-2020	N: 93 D: P: % Due Date: 15-Feb-2021	N: D: P: % Due Date:	The infant and child mortality rate fell from 175 deaths per 1,000 live births in 2010 (MICS 2010) to 133 deaths per 1,000 live births in 2015 (DHS-MICS, 2014-2015). This drop is likely attributable to improvements in child health, and in immunization coverage and malaria prevention and treatment in particular. The targets were calculated by comparing the results of the DHS-MICS 2014-2015 against the MICS 2010 (a difference of 42 points). These 42 points were then divided by 5 to give an annual progression of 8 points. On this basis, the forecasts are as follows: - 2015: 133; - 2016: 125; - 2017: 117; - 2018: 109; - 2019: 101; - 2020: 93. The data for this indicator will come from the UNICEF-funded MICS 2018 (MICS 6). Numerator: number of deaths from all causes among children under 5, multiplied by 1,000. Denominator: total number of children aged under 5 years during the reporting period.
2	Malaria I-5: Malaria parasite prevalence: Proportion of children aged 6-59 months with malaria infection		35.8%	2010 MIS (Malaria Indicators Survey) 2010	Gender	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: 13% Due Date: 15-Feb-2021	N: D: P: % Due Date:	The baseline values will be updated and the 2020 target will be set once the results of the Chad MIS 2017, which are currently being processed, have been validated. The current target (13 percent) comes from the NSP 2014-2018. The targets will be used as a reference for preparation of the NSP 2019-2023. Prevention measures will be strengthened through the mass distribution campaign, routine LLIN distribution, and seasonal malaria chemoprevention (SMC). This indicator will be measured via the Global Fund-funded Chad MIS 2020. Numerator: number of malaria cases confirmed by microscopy or RDT among children aged 6-59 months, multiplied by 100. Denominator: number of children aged 6-59 months tested for malaria infection by microscopy or RDT.
3	Malaria I-2.1: Confirmed malaria cases (microscopy or RDT): rate per 1000 persons per year		80	2017 Preliminary PUDR, 2017		N: 95.53 D: P: % Due Date: 15-Feb-2019	N: 99.69 D: P: % Due Date: 15-Feb-2020	N: 103.61 D: P: % Due Date: 15-Feb-2021	N: D: P: % Due Date:	Between 2014 and 2017, this indicator increased from 69‰ à 80‰ (879,359+143,078+234,757)/15,778,417). This indicator will be measured using data collected regularly by the NMCP's routine information system. Calculation assumption: - the number of new malaria cases equals the general population multiplied by the prevalence rate; - the number of tested cases equals the number of malaria cases multiplied by the annual testing rate; - the number of confirmed cases equals the number of tested cases multiplied by the biological confirmation rate. - Numerator: number of cases of malaria confirmed by microscopy or RDT, multiplied by 1,000. - Denominator: number of people at risk of malaria in the general population

Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	2018	2019	2020	2021	Comment
4	Malaria I-3.1(M): Inpatient malaria deaths per year: rate per 100,000 persons per year		11	2016 MNCP activities report, 2016	Age	N: 9 D: P: % Due Date: 15-Feb-2019	N: 8 D: P: % Due Date: 15-Feb-2020	N: 7 D: P: % Due Date: 15-Feb-2021	N: D: P: % Due Date:	Between 2013 and 2016, this indicator fell from 15 to 11 per 100,000 population (11/100,000). This is therefore the baseline value. The targets for 2018 to 2021 have been revised as follows: - 9 deaths per 100,000 population in 2018; - 8 deaths per 100,000 population in 2019; - 7 deaths per 100,000 population in 2020. The annual progression rate of 1 less death per 100,000 population is based on the NMCP's annual reports between 2013 and 2016, which show a reduction from 15 deaths per 100,000 population in 2013 to 11 deaths per 100,000 population in 2016. The NSP 2014-2018 uses the same progression rate (1 less death per 100,000 population). In 2016, there were 1,686 recorded deaths among an estimated population of 15,241,951 (DSIS 2016). The number of deaths is as follows: - 2018: population (16,314,883) x 9 deaths per 100,000 = 1,468; - 2019: population (16,869,589) x 8 deaths per 100,000 = 1,350; - 2020: population (17,443,155) x 7 deaths per 100,000 = 1,221. The figures show a drop of 28 percent between 2016 and 2020. The data for this indicator will come from the routine figures contained in the NMCP's annual activity report. - Numerator: total number of malaria-related deaths in hospitals, multiplied by 100,000. - Denominator: total population.
5	Malaria I-1(M): Reported malaria cases (presumed and confirmed)		1,402,215	2016 2017 WHO Malaria Global report	Malaria case definition,Species,Age	N: 1,473,202.13 D: P: % Due Date: 15-Feb-2019	N: 1,510,032.19 D: P: % Due Date: 15-Feb-2020	N: 1,547,782.99 D: P: % Due Date: 15-Feb-2021	N: D: P: % Due Date:	According to the WHO World Malaria Report 2017, 1,402,215 presumed and confirmed cases of malaria were recorded in 2016. The average annual progression rate between 2010 and 2016 was around 2.5 percent. On this basis, the targets for 2018-2020 are as follows: - 2018: 1,473,202; - 2019: 1,510,032; - 2020: 1,547,782. The data for this indicator will come from the NMCP's annual report (the figures will be cross-checked against the WHO report).

Program Objectives and Outcome Indicators

1	80% of the general population and in particular pregnant women and children under the age of five sleep under a LLIN
2	80% of the pregnant women accessing antenatal care (ANC) are provided with a minimum package of interventions including intermittent preventive treatment (IPT) with sulfadoxine-pyrimethamine (SP) in line with the national guidelines on reproductive health
3	80% of children under 5 years of age benefit annually from seasonal malaria chemoprophylaxis (SMC) in the relevant health districts
4	95% of suspected malaria cases at the level of the health facilities and at the community-level have access to a quality diagnosis through microscopy or rapid diagnostic tests (RDTs)
5	100% of confirmed malaria cases at the health facilities and community-level receive correct and timely treatment
6	80% of malaria epidemics are detected and contained according to the national guidelines (within 15 days)
7	80% of the planned operational research is completed
8	80% of the population adopts the recommended behavior to the fight against malaria according to the national guidelines by 2021
9	80% of program management support interventions are delivered

Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	2018	2019	2020	2021	Comment
1	Malaria O-2: Proportion of population with access to an ITN within their household		77.3%	2015 2014-2015 DHS-MICS		N: D: P: 100% Due Date: 15-Feb-2019	N: D: P: % Due Date:	N: D: P: 100% Due Date: 15-Feb-2021	N: D: P: % Due Date:	UNICEF plans to implement a MICS in 2018. The results will be used to adjust targets fo the NSP and Malaria National M&E plan 2019-2023 and to measure the indicator in 2018. Targets are aligned with the malaria review program and international targets of 100% universal coverage (and 80% net utilisation). Numerator: number of households surveyed with at least one insecticide-treated net, multiplied by 100. Denominator: total number of households surveyed within the survey area. The 2020 target will be measured by the 2020 MIS financed by the Global Fund. The 2020 MIS will be implemented after the mass campaign and used to measure the impact of the interventions.

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	2018	2019	2020	2021	Comment
2	Malaria O-6: Proportion of households with at least one insecticide-treated net for every two people		42.0%	2015 2014-2015 DHS-MICS		N: D: P: 100% Due Date: 15-Feb-2019	N: D: P: % Due Date:	N: D: P: 100% Due Date: 15-Feb-2021	N: D: P: % Due Date:	UNICEF plans to implement a MICS in 2018. The results will be used to adjust targets fo the NSP and Malaria National M&E plan 2019-2023 and to measure the indicator in 2018. Targets are aligned with the malaria review program and international targets of 100% universal coverage (and 80% net utilisation). Numerator: number of households surveyed with at least one LLIN for every two people, multiplied by 100. Denominator: total number of households surveyed. The 2020 target will be measured by the 2020 MIS financed by the Global Fund. The 2020 MIS will be implemented after the mass campaign and used to measure the impact of the interventions.
3	Malaria O-1b: Proportion of children under five years old who slept under an insecticide-treated net the previous night		36.4%	2015 2014-2015 DHS-MICS		N: D: P: 80% Due Date: 15-Feb-2019	N: D: P: % Due Date:	N: D: P: 80% Due Date: 15-Feb-2021	N: D: P: % Due Date:	UNICEF plans to implement a MICS in 2018. The results will be used to adjust targets fo the NSP and Malaria National M&E plan 2019-2023 and to measure the indicator in 2018. Numerator: number of children aged under 5 years who slept under an LLIN the previous night, multiplied by 100. Denominator: total number of children aged under 5 years who slept in the surveyed households the previous night. The 2020 target will be measured by the 2020 MIS financed by the Global Fund. The 2020 MIS will be implemented after the mass campaign and used to measure the impact of the interventions.
4	Malaria O-1c: Proportion of pregnant women who slept under an insecticide-treated net the previous night		35.0%	2015 2014-2015 DHS-MICS		N: D: P: 80% Due Date: 15-Feb-2019	N: D: P: % Due Date:	N: D: P: 80% Due Date: 15-Feb-2021	N: D: P: % Due Date:	UNICEF plans to implement a MICS in 2018. The results will be used to adjust targets fo the NSP and Malaria National M&E plan 2019-2023 and to measure the indicator in 2018. Numerator: number of pregnant women who slept under an LLIN the previous night, multiplied by 100. Denominator: number of pregnant women who slept in the surveyed households the previous night. The 2020 target will be measured by the 2020 MIS financed by the Global Fund. The 2020 MIS will be implemented after the mass campaign and used to measure the impact of the interventions.
5	Malaria O-3: Proportion of population using an insecticide-treated net among those with access to an insecticide-treated net		42.1%	2015 2014-2015 DHS-MICS	Gender	N: D: P: 80% Due Date: 15-Feb-2019	N: D: P: % Due Date:	N: D: P: 80% Due Date: 15-Feb-2021	N: D: P: % Due Date:	The baseline data for this indicator, as presented in the DHS-MICS 2014-2015, is the percentage of households with at least one LLIN and where household members slept under an LLIN the previous night. The data for this indicator will also come from the Global Fund-funded Chad MIS 2020. Numerator: number of people using an LLIN. Denominator: number of people owning an LLIN. The 2020 target will be measured by the 2020 MIS financed by the Global Fund. The 2020 MIS will be implemented after the mass campaign and used to measure the impact of the interventions.

The Global Fund

Coverage Indicators

Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Dissagregation	Cumulation for AFD	01-Jul-2018 31-Dec-2018	01-Jan-2019 30-Jun-2019	01-Jul-2019 31-Dec-2019	01-Jan-2020 30-Jun-2020	01-Jul-2020 31-Dec-2020	01-Jan-2021 30-Jun-2021	Comments
Vector control												
VC-1(M): Number of long-lasting insecticidal nets distributed to at-risk populations through mass campaigns	Country: ; Coverage:	N: 6,933,891 D: P:	Mass campaign report, 2018		N-Non-cumulative	N: D: P:	N: D: P:	N: D: P:	N: D: P:	N: 6,806,128 D: P:	N: D: P:	The baseline data is the total number of LLINs distributed in the 13 health regions (covered pop 9,943,119) out of the 19 regions eligible for the mass campaign (MC). The source of information is the 2017 campaign report. Of the funds initially allocated, six (06) Regional Health Delegations were selected on the basis of the malaria incidence rate and will be financed from the Global Fund grant. They are Tandjilé, Mandoul, Logone Oriental, Salamat, Lac and Moyen Chari. The target is set by dividing the 2020 population of the 6 regions (5,319,724) by 1.8 (number of people per LLIN), giving a total of 2,955,402 LLINs for the 2020 MC. With additional funding from the Global Fund (March 2019) through portfolio optimization, it is planned to cover 5 regions (Mayo Kebbi West, Mayo Kebbi East, Logone Occidental, Hadjer Lamis and Guera) in addition to the 6 initially covered by the grant, bringing the total number of regions funded by the Global Fund to 11 for the 2020 mass campaign. The Global Fund target is set by dividing the 2020 population of the 11 regions (10 170 454) by 1, 8 giving a total of 5,650,252 LLINs. In addition, the Government of Chad pledged to cover two additional regions, bringing the total number of regions to 13. The two (02) additional regions are N'Djamena (pop 1,700,697) and Bar El Gazal (pop 379,879) have a total population of 2,080,576, representing a total of 1,155,876 LLINs to be distributed. The total target of the 13 regions is therefore 6,806,128 (5,650,252 + 1,155,876). With the additional funds, the LLIN coverage increases from 44% to 72%. Although the 13 regions are the same covered during 2017 and 2020 campaign, the baseline data (6,933,891) is higher than the target (6,806,128) due to the fact that one LLIN was distributed to 1.4 people instead of 1.8, so more LLIN than needed was distributed during the 2017 campaign. In order to ensure proper distribution and use of LLINs, awareness-raising by the mass media, community actors as well as advocacy and strong involvement of community leaders will be strengthened. During the mass campaign, distribution of 78,464 LLINs (already included in the target) is planned for 141,236 refugees. The gap between the 13 regions covered and the 19 eligible regions for the mass campaign will be funded if resources are available.
VC-3(M): Number of long-lasting insecticidal nets distributed to targeted risk groups through continuous distribution	Country: ; Coverage: National	N: 384,419 D: P:	NMCP activity report	Target / Risk population group	Y- Cumulative annually	N: 315,364 D: P:	N: 405,831 D: P:	N: 795,747 D: P:	N: 488,323 D: P:	N: 957,496 D: P:	N: 575,956 D: P:	The data source will be the NMCP's annual activity report. Three (3) parameters were used to set the targets: 1. the estimated number of pregnant women (5.5 percent of the total population); 2. the number of children under 12 months as estimated by the EPI (4.4 percent of the total population); 3. the ANC 1 and EPI attendance rate (estimated at 80 percent). Targets are estimated based on the 81% objectif set for 2021. The interim targets are calculated by working out the difference between the final target for 2021 (81 percent) and the 2016 target (43 percent), i.e. a difference of 38 percentage points. This figure (38 percentage points) is then divided by 4 (the number of interim years) to give an annual progression rate of around 10 percentage points. This progression rate is then used to set the targets, working back from the 2021 target and deducting 10 percentage points for each year. The LLIN coverage rates among the target groups are therefore as follows: 2018: 51 percent; 2019: 61 percent; 2020: 71 percent; 2021: 81 percent. To achieve the targets for this indicator, there will be a strong emphasis on: - distributing LLINs to all women attending ANC 1; - ensuring a ready supply of LLINs at all ANC and EPI sites; - communicating via the mass media and through CHWs and community leaders. In addition to the 2020 mass campaign, routine distribution will continue in line with the WHO guidelines.

Coverage Indicators

Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Dissagregation	Cumulation for AFD	01-Jul-2018 31-Dec-2018	01-Jan-2019 30-Jun-2019	01-Jul-2019 31-Dec-2019	01-Jan-2020 30-Jun-2020	01-Jul-2020 31-Dec-2020	01-Jan-2021 30-Jun-2021	Comments
Specific prevention interventions (SPI)												
SPI-1: Proportion of pregnant women attending antenatal clinics who received three or more doses of intermittent preventive treatment for malaria	Country: ; Coverage: National	N: 111,117 D: 475,769 P: 23.3552417244503%	NMCP activity report		Y- Cumulative annually	N: 104,504 D: 275,011 P: 38.0%	N: 182,914 D: 406,476 P: 44.9%	N: 263,034 D: 584,520 P: 44.9%	N: 161,125 D: 304,009 P: 53.0%	N: 315,931 D: 596,096 P: 53.0%	N: 189,796 D: 316,327 P: 60.0%	The indicator will be measured through the NMCP annual activity report. The calculation method is as follows: Numerator: number of pregnant women who received at least three doses of IPT during their last pregnancy in the year in question, multiplied by 100. Denominator: total number of pregnant women expected in the year in question. The targets are calculated on the following basis: 1. the data come from the NMCP annual reports between 2013 and 2016; 2. the data are extrapolated for each year between 2018 and 2021; 3. the targets align with the NMCP's targets for 2021, for each IPT session, as follows: '- IPT 1 = 90 percent - IPT 2 = 70 percent - IPT 3 = 60 percent - IPT 4 = 40 percent In the interim years, the target for IPT 3 is calculated by taking the difference between the 2021 target (60 percent) and the 2016 target (23.4 percent), i.e. a difference of 36.6 percentage points. This figure (36.6 percentage points) is then divided by 5 (the number of interim years) to give an annual progression rate of 7.32 percentage points. This progression rate is then applied to calculate the targets, as follows: 2018 = 38.02 percent; 2019 = 45.34 percent; 2020 = 52.67 percent; and 2021 = 60 percent. Almost all SP supplies are funded by the Global Fund, with the exception of 2018, when MSF France will fund 1,200 doses. To improve this indicator, the country intends to add awareness-raising, monitoring of pregnant women, and referral and counter-referral to the CHWs' package of activities, provided that sufficient funds are available. In addition, there will be a strong emphasis on activities such as awareness-raising via the mass media (focusing on the role of men in supporting women) and community workers (especially Catholic, Protestant and Muslim religious leaders), advocacy, and efforts to engage community leaders
SPI-2: Percentage of children aged 3–59 months who received the full number of courses of SMC (3 or 4) per transmission season in the targeted areas	Country: ; Coverage:	N: 333,579 D: 379,967 P: 87.7915713733035%	SMC preliminary report	Gender	N-Non-cumulative	N: 433,480 D: 465,026 P: 93.2%	N: D: P:	N: 301,719 D: 326,183 P: 92.5%	N: D: P:	N: 320,410 D: 337,273 P: 95.0%	N: D: P:	The baseline figure comes from the 2017 SMC provisional report. Planning for the 2017 SMC was based on children aged 3-59 months accounting for 17.3 percent of the general population. According to the DSIS, children aged 3-59 months will account for 19.93 percent of the population in 2018-2020. This figure (19.93 percent) was used to calculate the targets for the new grant. Numerator: number of children aged 3-59 months having received SMC (3-4 doses of SP-AQ) and living in the 14 health districts in the four regions covered by the Global Fund. Denominator: total number of children aged 3-59 months living in all health districts targeted by the grant. These are the targets funded by the Global Fund in 14 districts across four regions (Bahr el-Ghazal, Hadjer-Lamis, Mayo-Kebbi Est and Lac). Aside from the Global Fund, Malaria Consortium funds 14 districts in 4 regions (3 districts in Hadjer-Lamis, 4 in N'Djamena, 6 in Chari-Baguirmi, and 1 (Bongor) in Mayo-Kebbi Est). The data are not currently available. The targets will be adjusted accordingly once the data become available. UNICEF is funding four districts in Guéra Region in 2018. The target for 2018, as supplied by UNICEF, is 149,568. On this basis, the Global Fund contribution stands at 65 percent in 2018. The target coverage rates are 90 percent in 2018, 92.5 percent in 2019 and 95 percent in 2020. The country has opted for four SMC rounds in 2018-2020. It is taking steps to ensure that the campaigns run according to schedule and is strengthening coordination to avoid a repeat of the problems encountered in 2017.

Coverage Indicators

Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Dissagregation	Cumulation for AFD	01-Jul-2018 31-Dec-2018	01-Jan-2019 30-Jun-2019	01-Jul-2019 31-Dec-2019	01-Jan-2020 30-Jun-2020	01-Jul-2020 31-Dec-2020	01-Jan-2021 30-Jun-2021	Comments
Case management												
CM-1a(M): Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities	Country: ; Coverage: National	N: 1,063,293 D: 2,032,302 P: 52.319635565974%	NMCP activity report	Age,Type of testing	Y- Cumulative annually	N: 1,037,752 D: 1,437,131 P: 72.2%	N: 614,488 D: 842,919 P: 72.8%	N: 1,755,679 D: 2,408,339 P: 72.8%	N: 671,156 D: 911,897 P: 73.5%	N: 1,917,589 D: 2,605,420 P: 73.5%	N: 735,647 D: 980,862 P: 74.9%	By 2021, the NMCP aims to diagnose 75 percent of suspected malaria cases at public and faith-based health care facilities. Of these, 85 percent will be diagnosed via RDT and the remaining 15 percent by microscopy. The baseline figure was calculated using NMCP data on presumed and confirmed cases from 2016. However, WHO data show that there were 2,032,301 presumed cases. Based on the WHO figure, the baseline coverage rate is 52 percent, not 75 percent. The WHO figures for 2016 are as follows: '- suspected cases: 2,032,301; - tested cases (RDT + microscopy): 1,924,854; - positive cases: 1,294,768. The targets for 2018-2021 have therefore been adjusted to take into account these figures and are now as follows: 2018: 72.21 percent; 2019: 72.90 percent; 2020: 73.60 percent; 2021: 75 percent. The targets were calculated by taking the difference between the 2021 target (75 percent) and the 2017 target (71.51 percent – obtained by dividing the percentage of suspected malaria cases who received a parasitological test at public health care facilities in 2017 by the WHO figure for 2017 (1,584,967/2,216,523)). The difference was then divided by 5 (number of years) to give an annual progression rate of 0.70 percentage points. The semester target breakdown was calculated by determining a half-yearly average, based on the number of suspected malaria cases as per the 2016 database (35 percent of cases in the first half-year and 65 percent in the second half-year). The data for this indicator will come from the NMCP's monthly malaria reports. The outcomes for this indicator will cover public and faith-based health care facilities and community sites supported by the NMCP. The refugees were included in the targets as follow: 2018 : S2 = 9 300 (14 308*65%) - 2019 : 14936 - 2020 : 15 592 - 2021 : S1= 5 750 (16 429*35%) Through a MoH note to health facilities and integrated supervisions, the country is committed to requiring all service providers to test suspected malaria cases via RDT or microscopy before treatment.
CM-1b(M): Proportion of suspected malaria cases that receive a parasitological test in the community	Country: ; Coverage:	N: 296,345 D: 325,134 P: 91.145496933572%	NMCP activity report	Type of testing,Age	Y- Cumulative annually	N: 398,831 D: 398,831 P: 99.9%	N: 274,927 D: 274,927 P: 100.0%	N: 687,318 D: 687,318 P: 99.9%	N: 284,275 D: 284,275 P: 99.9%	N: 710,687 D: 710,687 P: 99.9%	N: 293,940 D: 293,940 P: 100.0%	The annual targets are based on the assumption that 23.40 percent of the population of the regional health department is expected to present with a fever (source: Chad MIS 2010). Community case management began in July 2017 in the Mandoul and Moyen-Chari regions. Available data about the project (for baseline data calculation purposes) only cover three months of treatment (July to September 2017). These data are not robust enough to be extrapolated. Coverage is expected to reach 45 percent in Moyen-Chari and 40 percent in Mandoul in 2018. The percentage of expected fever cases requiring treatment during the NFM period will increase gradually. The proposed targets (90 percent) will be taken into consideration when preparing the NSP 2019-2023. The quarterly target breakdown is based on the following half-yearly distribution: 40 percent in the first half-year, and 60 percent in the second half-year. The country expects to see 100 percent of suspected cases tested at the community level. Aside from the Global Fund, MSF France is funding 158,400 RDTs in 2018. The country will take steps to ensure that CHWs have a ready supply of RDTs so that the outcomes can be achieved. In addition, health center managers will perform enhanced supervisions of CHWs.

Coverage Indicators

Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Dissagregation	Cumulation for AFD	01-Jul-2018 31-Dec-2018	01-Jan-2019 30-Jun-2019	01-Jul-2019 31-Dec-2019	01-Jan-2020 30-Jun-2020	01-Jul-2020 31-Dec-2020	01-Jan-2021 30-Jun-2021	Comments
CM-2a(M): Proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities	Country: ; Coverage: National	N: 644,482 D: 720,765 P: 89.41638398090 92%	NMCP activity report	Age	Y- Cumulative annually	N: 639,671 D: 695,295 P: 91.9%	N: 387,004 D: 411,707 P: 93.9%	N: 1,105,727 D: 1,176,305 P: 94.0%	N: 431,688 D: 449,675 P: 95.9%	N: 1,233,394 D: 1,284,785 P: 96.0%	N: 483,026 D: 492,884 P: 97.9%	The baseline values for the current grant reveal that 35 percent of curative consultations occur in the first half-year and 65 percent in the second half-year. The targets for 2018-2021 are as follows: '- 2018: 92 percent; - 2019: 94 percent; - 2020: 96 percent; 2021: 98 percent. As explained above, the progression rate is also based on adjustments and extrapolations from the 2016 WHO figures. The positivity rate stands at an estimated 67 percent. The data for this indicator will come from the NMCP's monthly malaria reports. The outcomes for this indicator will cover public and faith-based health care facilities supported by the NMCP. The country is committed to: - delivering training on the national treatment protocol to those health service providers that have yet to receive it; - sending out a note to all health care facilities instructing them to follow the protocol; - sending out a note to hospitals instructing them to submit their data; - organizing integrated supervisions to monitor implementation of the guidelines and recommendations.
CM-2c(M): Proportion of confirmed malaria cases that received first-line antimalarial treatment at private sector sites	Country: ; Coverage:	N: 220,270 D: 234,757 P: 93.82893800823 83%	NMCP activity report	Age	Y- Cumulative annually	N: 239,298 D: 239,298 P: 100.0%	N: 206,195 D: 206,195 P: 100.0%	N: 515,488 D: 515,488 P: 100.0%	N: 213,206 D: 213,206 P: 100.0%	N: 533,015 D: 533,015 P: 100.0%	N: 220,455 D: 220,455 P: 100.0%	Community case management is only carried out in two regions (Moyen-Chari and Mandoul). The targets for the new grant are based on the malaria prevalence rate in the Sudanese area of the country (43.8 percent according to the Chad MIS 2010), applying an annual reduction rate of 10 percent to account for the impact of the 2017 mass campaign. At the community level, an estimated 40 percent of consultations occur in the first half-year, and 60 percent in the second half-year. This distribution was used to calculate the half-yearly target breakdown. An estimated 100 percent of confirmed, tested cases will be treated at the community level. A ready supply of ACTs, enhanced supervision by health center managers, social mobilization and effective coordination of community activities will support progress towards the targets
CM-4: Proportion of health facilities without stock-outs of key commodities during the reporting period	Country: ; Coverage: National	N: 599 D: 1,619 P: 36.99814700432 37%	NMCP activity report		N-Non-cumulative	N: 1,392 D: 2,676 P: 52.0%	N: 1,809 D: 2,783 P: 65.0%	N: 1,809 D: 2,783 P: 65.0%	N: 2,225 D: 2,890 P: 77.0%	N: 2,225 D: 2,890 P: 77.0%	N: 2,697 D: 2,997 P: 90.0%	The number of functional health care facilities varies from one year to the next. There were 1,192 functional facilities in 2013, and 1,619 in 2017 (an average annual increase of 107). In addition, there are 950 community sites in the two regional health departments. The data for this indicator will come from health care facilities' monthly malaria reports. The interim targets are calculated by taking the difference between the final target for 2021 (90 percent) and the 2017 target (37 percent), i.e. a difference of 51 percentage points. This figure (51 percentage points) is then divided by 4 (the number of interim years) to give an annual progression rate of around 13 percentage points. This progression rate is then applied to calculate the targets, as follows: - 2018 = 52 percent; - 2019 = 65 percent; - 2020 = 77 percent; - 2021 = 90 percent. For each health care facility/CHW, a stock-out is defined as the absence of key malaria supplies (ACTs, injectable artesunate and RDTs) for at least seven consecutive days during the month in question. The numerator for this indicator is the total number of health care facilities and CHWs reporting a stock-out for each month during a semester, divided by 6 (number of months). The denominator is the total number of functional health care facilities and CHWs for each month during the half-year period, divided by 6. To improve this indicator, CHWs, health center managers, CPAs and the PRA will be encouraged to share more data and steps will be taken to ensure that stock management tools are available, completed correctly and submitted promptly. Plans to acquire means of transport for the PRA and the CPAs will help to improve medical product and supply logistics and distribution

Coverage Indicators

Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Dissagregation	Cumulation for AFD	01-Jul-2018 31-Dec-2018	01-Jan-2019 30-Jun-2019	01-Jul-2019 31-Dec-2019	01-Jan-2020 30-Jun-2020	01-Jul-2020 31-Dec-2020	01-Jan-2021 30-Jun-2021	Comments
RSSH: Health management information systems and M&E												
M&E-1: Percentage of HMIS or other routine reporting units submitting timely reports according to national guidelines	Country: ; Coverage: National	N: 1,426 D: 1,619 P: 88.0790611488573%	NMCP activity report		N-Non-cumulative	N: 1,588 D: 1,726 P: 92.0%	N: 1,723 D: 1,833 P: 94.0%	N: 1,723 D: 1,833 P: 94.0%	N: 1,862 D: 1,940 P: 96.0%	N: 1,862 D: 1,940 P: 96.0%	N: 2,006 D: 2,047 P: 98.0%	The number of functional health care facilities varies from one year to the next. There were 1,192 functional facilities in 2013, and 1,619 in 2017 (an average annual increase of 107). The targets for this indicator are as follows: - 2018: 92 percent; - 2019: 94 percent; - 2020: 96 percent; -2021: 98 percent. The data for this indicator will come from health care facilities' monthly malaria reports. A report is deemed to be prompt and complete if it is submitted to the NMCP 30 days before the end of the quarter and if it includes all programmatic information (the reporting period, and the name and signature of the manager of the facility that submitted the report). A spreadsheet listing all health care facilities within the district will be provided to the focal points for monthly completion, to facilitate reporting of this indicator. The Excel spreadsheet will not contain the signature of the manager of the facility that submitted the report. Installation of the national database (DHIS 2) (currently being procured) will help to improve both this and the other indicators. In addition, data validation sessions will be held at the health center manager, district and regional levels, and the validated data will be input immediately into the database for appropriate analysis and quick decision-making

Workplan Tracking Measures

Intervention	Key Activity	Comments	Milestone Target	Criterion for Completion	01-Jul-2018 31-Dec-2018	01-Jan-2019 30-Jun-2019	01-Jul-2019 31-Dec-2019	01-Jan-2020 30-Jun-2020	01-Jul-2020 31-Dec-2020	01-Jan-2021 30-Jun-2021	01-Jul-2021 31-Dec-2021
Case management											
Private sector case management	Consultation meeting with the private sector		Consultation report along with a roadmap adopted by stakeholders			X	X	X	X	X	X
				Roadmap available	X						
	Integrated supervisions of the DGAS, NMCP, DSIS and PR.		Supervision report including a monitoring plan of recommendations							X	
				Report is available and monitoring of recommendations	X	X	X	X	X		X
						X	X	X	X	X	X
	Revision of the legal framework governing the for-profit private sector.		Legal framework revised and shared with managers of private health facilities for implementation	Availability of legal framework	X						
RSSH: Health management information systems and M&E											
Routine reporting	Integrated supervision of the DGAS, NMCP, DSIS and PR.		Supervision of hospitals							X	X
				supervision report	X	X	X	X	X		
	Sharing of a memo reminding hospitals to report data on a regular basis									X	X
				Implementation monitoring of the memo		X	X	X	X		
			Service Memo from MoH drafted and sent to hospitals	Implementation monitoring of the memo	X						

01-Jan-2022 30-Jun-2022	01-Jul-2022 31-Dec-2022
X	X
X	X
X	X
	X
X	
	X
X	