Chad Country Team
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The Team worked without government counterpart which limited the discussion

**Policy:**
- There is an existing Community Health Strategy 2015 – 2018, this document gave a window for a possible pilot iCCM implementation.
- Based on this Unicef and Switzerland cooperation are supporting Mentor initiative to implement iCCM in 2 districts (Gore and Bessao) for a 12 months (ongoing).

**Implementation:**
- This iCCM pilot will inform the update of the national community Health strategy.
- PECADOM in two region Moyen Chari et Mandoul also at the pilot stage.
- Child friend community initiative which is promoting the community participation with community engagement.

**Information system:**
- Sub optimal routine HMIS / lack of LMIS
- Data collection in project mode (Parallel system)
Key issues

• The 2015-18 Strategy was too ambitious (100% villages) with remuneration of 40,000 CHWs at 50$ per month.
• Currently 5,000 potential CHWs operating with the support from partners (mapping ongoing)
• Huge gap on funding the strategy
• Lack of dissemination/ownership of the existing strategy
• Sub optimal coordination/integration within the government and partners at all levels regarding the CHW motivation/remuneration and Package of services to be delivered.
• Disparity in the service coverage driven by partners priorities.
• Lack of qualified human resources in the country
• Shortage of essential drugs and health products.
Opportunities

• Political will to support the health program (monthly meeting lead by the president, weekly meeting between MoH and partners, First Lady engagement and commitment).

• Ongoing Support from partners and donors to the government.

• Deployment and operationalization of DHIS2 and LMIS with support from Gavi, Swiss cooperation, Global fund with inclusion of community indicators.

• MICS survey and Carte sanitaire ongoing.

CHW conducting a session on Family essential practices
Recommendation

• Evaluation and lessons learnt from ongoing pilot experience will inform the Update of the Community health strategy for the coming 3 years including prioritization criteria to scale up curative service at community level.

• Establish the Community health TWG for planning, resource mobilization, dissemination, implementation, Monitoring & evaluation.

• Strengthen de MoH capacity to manage and implement the Primary health Care including Community Health Programs.
Thanks for your attention