**TCHAD**

**2016 IHP+ MONITORING ROUND**

**National performance review**

**HOW TO READ THE COUNTRY PROFILE**

All data presented on this visual aid are self-reported by the Ministry of Health (MoH), development partners (9 DPs out of 17 participated), civil society organisations (II CSOs participated) and private sector representatives (6 PS participated) supporting the health sector. All data provided by DPs, CSOs and PS have in principle been validated by MoH.

The 8 Effective Development Cooperation (EDC) practices in health are captured in 4 commitments. The first three commitments present the performance of the government and DPs against 6 EDC practices. The last commitment also includes the opinion of the CSOs and PS on the EDC practices relevant to their engagement.

Where possible, trends in performance are documented over 4 monitoring rounds (2007, 2011, 2013 and 2015). When relevant, a comment relative to the EDC practice is provided in a text box.

For more detailed and disaggregated information on the data presented please visit www.internationalhealthpartnership.net/tchad.

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**COMMITMENT**

**TO ESTABLISH STRONG HEALTH SECTOR STRATEGIES WHICH ARE JOINTLY ASSESSED, AND STRENGTHEN ACCOUNTABILITY**

**PARTNERS SUPPORT A SINGLE NATIONAL HEALTH STRATEGY**

Alignment of support against the Health Sector Strategy

- **PD**: 100%
- **OSC**: 100%
- **SP**: 100%

100% of participating DPs confirm they align their support with the national (or sub-national/sector) Health Sector Strategy.

**Was the national health sector plan jointly assessed?**

- Yes

**Stakeholders that supported the joint assessment**

- PD
- OSC
- SP

**MUTUAL ACCOUNTABILITY IS STRENGTHENED**

A national M&E plan for the National Health Strategy exists?

- Target 100%

56% of participating DPs only use national health sector indicators to monitor their support.

**67% of participating DPs confirm they participated in the mutual accountability processes**

**TOTAL HEALTH EXPENDITURE**

- Total health expenditure per capita: **$37.00**

Sources of national health expenditure:

- **Domestic**: 61%
- **Public**: 55%
- **External**: 19%
- **Private**: 45%

Source: WHO, National Health Accounts 2014

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**COMMITMENT**

**TO IMPROVE THE FINANCING, PREDICTABILITY AND FINANCIAL MANAGEMENT OF THE HEALTH SECTOR**

**HEALTH DEVELOPMENT COOPERATION IS MORE PREDICTABLE**

Government funds disbursed according to agreed schedules

- **2005/07**: 99%
- **2010/11**: 53%
- **2012/13**: 56%
- **2014/15**: 56%

DP funds disbursed to the government according to agreed schedules

- **2005/07**: 99%
- **2010/11**: 53%
- **2012/13**: 56%
- **2014/15**: 56%

**Predictability of funds for the future**

Rolling 3 year budget or Mid-Term Expenditure Framework in place:

- 2005/07
- 2010/11
- 2012/13
- 2014/15

56% of participating DPs have communicated their planned resources for the next 3 years to the MoH.

**HEALTH AID IS ON BUDGET**

% of DP funds reported on budget

- **2014/15**: 37%
- **2012/13**: 100%
- **2010/11**: 100%

**LEGEND**

**Data colour codes**

- **Government**
- **Private Sector**

**Symbols**

- Yes
- Did not participate in monitoring round
- No
- Unknown or not applicable
Government consults CSOs in the design, implementation or monitoring of national health policies

91% of CSOs confirm they are consulted

Government provides financial resources

10% of CSOs receive financial resources

44% of DPs consult CSOs when developing their cooperation programme

55% of CSOs confirm they are consulted

67% of DPs provide financial resources

36% of CSOs receive financial resources

33% of DPs provide technical assistance

40% of CSOs receive technical assistance

33% of participating DPs confirm that sufficient support on PFM systems strengthening and capacity building is in place.

The DPs align with the national strategy and participate in joint evaluations.

A government plan for national procurement and supply exist?

11% of participating DPs use the national procurement and supply systems.

22% of participating DPs confirm that sufficient support on procurement or supply systems strengthening and capacity building is in place.

The DPs align with the national strategy and participate in joint evaluations.

An agreed national TA plan exists?

0% of participating DPs provide TA in line with the national plan.

Does the Ministry of Health benefit from south-south cooperation?

56% of participating DPs support South-South cooperation.

No national TA plan. TA is provided on a case-by-case basis at the request of the MSP.

The private for profit sector is not involved by the government and the DPs in their programming.

Private sector is complicated and needs structure.

IHP + little known by the private sector and even by CSO.

The sector (mainly for profit) receives virtually no technical or financial assistance from the government and the DPs.