

# Health system strengthening to improve governance in the health system in Chad

## Impact of the Health District Support Programme (PADS), phase 2

Monique Léchenne<sup>1,2</sup>, Alladoumngar Madjadinan<sup>3</sup>, Jean Pierre Gami<sup>4,5</sup>, Yaya Issaka<sup>3,4</sup>, Mari Dumbaugh<sup>6</sup>, Damien Revault<sup>1,2</sup>, Jean Bernard Gbangou<sup>1,2,3</sup>

<sup>1</sup>Swiss Tropical and Public Health Institute, Allschwil CH-4123, Switzerland; <sup>2</sup>University of Basel, Basel, Switzerland; <sup>3</sup>Programme d'Appui au Districts Sanitaires, N'Djaména, Chad; <sup>4</sup>Centre de Support en Santé Internationale, BP: 972, Moursal, N'Djaména, Chad; <sup>5</sup>Ministère de Santé Publique et de la Prévention, N'Djaména, Tchad; <sup>6</sup> University of Illinois, Chicago

### Context and aim of PADS

The 12 years Health District Support Programme in Chad (PADS), implemented by the Swiss TPH-CSSI (Swiss Tropical and Public Health Institute - Centre de Support en Santé Internationale) consortium and funded by the Swiss Agency for Development and Cooperation (SDC), is accompanying the Chadian government aiming to contribute to better governance of the healthcare system towards universal health coverage. Activities are implemented in Batha and Moyen Chari provinces and focus on competence transfer including contribution to innovative approaches such as Digital health, One Health campaigns, operational research, contracts of objectives and means (COM), but also structural support such as construction of facilities and improvement of transparency and accountability through participation of beneficiaries in health committees with their district and regional federations (COSAN and COGES).

### Evaluation of PADS phase 2

An impact study of PADS phase 2 (2018-2022) was carried out in May 2022 with the objective to assess the effects of the PADS on the management and quality of care and its perception by the community.

A mixed-methods approach was used to collect the data. The targets for the quantitative component were service providers (78 health facilities), while the qualitative component was reserved for community members (24 focus group discussions with women, men and community leaders) in the two provinces.

	Health district (HD)	Health facility (HF)	Community
<b>Data collection method</b>	Quantitative Excel sheet or paper based questionnaire	Quantitative ODK Questionnaire	Qualitative Focus group discussions
<b>Data collection sites</b>	All HDs - 16 in total - 8 by province	All HF in 7 selected HDs - 36 in Batha - 42 in Moyen Chari	1 camp and 1 village in 2 selected HDs by province - 3 FGDs by site - 12 FGDs in total
<b>Data source</b>	Monthly reports of the health facilities	HF responsible HF registry	- Mothers (aged >20 years with children <=5 years) - Men - Local leaders
<b>Data example</b>	Drug inventory Financial report Monitoring missions Vaccination coverage Antenatal consultations etc.	Cost recovery index Functioning of management and community committees Availability of vaccines and contraceptives etc.	Satisfaction with health services Knowledge and membership in HF committees Awareness and perception of family planning etc.

Graph of the study methodology, showing the three data collection levels with the different data collection methods, sites and sources



The provincial health delegation and PADS leading staff in front of the pediatric ward of the provincial hospital in Ati renovated with the support of PADS. Photo by Dr. Jean Bernard Gbangou, coordinator of PADS.

### Impact of PADS phase 2

Analysis of the quantitative data from health facilities shows an increase in the management and quality of care, but the rate of use of curative care, especially for children under 11 months and women over 15, is still below expectations. Antenatal consultations, skilled birth attendance, family planning, and contraceptive use rates also lag in both provinces. This may be linked to the effects of the COVID-19 pandemic and related containment measures, since the qualitative data on community level showed difficulties in accessing the service during the worst moments of the COVID-19 crisis. Despite facility improvements, community perceptions of care effectiveness are hindered by staff shortages and equipment deficiencies. Qualitative insights underscore the need for gender-equitable and inclusive care, advocating for increased participation of female and pastoralist representatives in health center committees to foster better planning and service delivery.

### Take home message

During phase 2 PADS achieved significant improvements in most qualitative indicators, despite the COVID-19 pandemic. However, there is a gap between the improvement in the quality of care, the population's perception of quality and the equity of access to health services.

**More information on PADS and the phase 2 impact study can be found here:**

