

# Evaluation Summary

## *Health sector support projects in Chad (PASST 1 and 2)*

Country: **Chad**

Sector: **Health**

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Date of the evaluation: **June 2019**

### Key data on AFD's support

Project numbers: CTD 3012 and CTD 1173

Amount: €10 M + €10 M

Disbursement rate: 100% on PASST 1 and 55% on PASST 2

Signature of financing agreement:

PASST1: July 2008

PASST2: March 2015

Completion date: April 2015-PASST1, PASST2 ongoing



### Objectives

This evaluation is part of a learning process for all of the actor-stakeholders involved in the two projects, which together form a programme. In addition to assessing the result of the first effects of PASST1, the objectives of this evaluation process are: identify the first changes of PASST2, support the last stage of its implementation, and promote the sustainability of the changes achieved. The methodological approach developed is "change-oriented", which places the perceptions of the project's actor-stakeholders (contracting authority, the MPH, the delegated project managers, intermediate and final beneficiaries) at the centre of the evaluation. This approach considers the evaluation period as a time for dialogue between the programme's stakeholders (ranging from central-level MSP officials to the final beneficiaries).

### Project objectives

The overarching goal of these two projects aims to help reduce maternal, neonatal and child mortality in the regions of N'Djamena, Logone Occidental and Ouaddai.

PASST1 had three components:

- Strengthen human resources in the health-sector
- Reduce maternal mortality
- Combat HIV/AIDS.

PASST 2 has four components:

- Strengthen the capacity of the Ministry of Public Health
- Strengthen healthcare structures (provision & quality)
- Train healthcare personnel
- Finance inclusive healthcare and mechanisms exempt from payment.

### Actors and operating method

The contracting authority for the PASST projects is the Ministry of Public Health (MPH). The Ministry has delegated part of project implementation to various operators (Expertise France, the NGO BASE, the Bon Samaritain Hospital Centre, CDN, ENASS-N'Djaména, ERSAS-Abéché-Moundou, ECOSSET, Handicap Santé/MNDP-Moundou) via service contracts to develop the interventions defined in the projects.

## Performance assessment

### Relevance

The actions of the PASST programme are overall relevant with respect to the targeted populations (healthcare personnel, women and children) and coherent with respect to the national health strategies, AFD's country intervention framework in Chad, and the actions funded by other donors. On the other hand, a deeper and more granular analysis of the actors capacities – which need strengthening – in the work environment as well as taking the “system” into account rather than simply the need disconnected from the context would have helped to align the project's activities more with the specificity and complexity of the actors' needs.

While the principle of project management assistance to the MPH is highly relevant, its content is too broad, insufficiently prioritised and over-ambitious. This overall lack of scoping for the assistance for the contracting authority seems mostly due to weaknesses in the needs analysis.

### Effectiveness

Analysis of the demographic and health survey data between 2010-2014 for the N'Djamena and Logone Occidental regions shows an increase in healthcare coverage (family planning, assisted childbirth, caesarean sections, 4<sup>th</sup> prenatal consultation). This increase varies depending on the indicators but shows behavioural changes in the actors. On the basis of cross-compared data, the evaluators showed that the training actions for healthcare personnel had brought about a change in the healthcare workers' behaviour (women are viewed as subjects in their own right and not merely as a sick body, better welcome/reception, precise gestures, greater self-confidence). For the evaluators, the achievements financed by the programme (mainly training) had made a significant contribution to this change.

The remarks gathered from the actors' warrant the conclusion that the activities linked to improving healthcare provision (improved quality of training, equipment, inputs, rehabilitation, community strategies) contribute to improving information on the healthcare structures and their image.

The demand for healthcare has thus begun to grow. However, the “improved healthcare provision” component, which partly relies on state financings, has been deeply upended due to the economic crisis, increasing the disconnect between supply and demand.

### Efficiency

As the project combines management by a local contracting authority and implementation by operators, it is well-adapted to the Chadian context. The choice of operators, which are mostly Chadian, is wise and relevant, even if a more in-depth upstream analysis of their capacities would have been necessary.

### Sustainability

The sustainability of equipment and infrastructure is impaired by the State's difficulties in ensuring their servicing and maintenance and, above all, by considerable shortcomings in handling the technical side of equipment procurement or infrastructure construction. This weakness is compounded by a system of defining responsibilities between the contracting authority and the delegated project manager that is insufficiently fine-tuned (relevance and capacities of the delegated project manager) and insufficiently scoped in terms of responsibility-sharing.

As far as the longevity of the training acquis are concerned, the project has no activities designed to anchor these first acquis over time, in a work situation, which suggests that these effects might not last.

### Conclusions and lessons learnt

The PASST programme is running in a fast-changing macroeconomic and political context. The fall in oil prices coupled with the crisis in the Sahel has resulted, as of 2014, in health budget cuts, then drastic measures to reduce social spending. While the intervention logic of the PASST programme was based on a double movement of convergence between supply and demand, the State has lacked the capacity to provide the necessary resources to ensure an increased supply of health services, even though these were fully justified by the health and demographic context.

As a result, it has not been possible to fully follow the road to change that had been theorised when the project was first designed.

The PASST programme has nonetheless contributed to many changes both in healthcare practices and the population's behaviour towards healthcare services. The project team should now try to better promote these changes and make them sustainable.

In this context of chronic crisis and weak capacities, what can now be envisaged is for the MPH to evolve and become more focused on strategic production capacities, the management of human resources in the health sector, and management of its “general-interest operators and the operators implementing the policy”.