

# TOWARDS EQUITY EFFECTIVENESS OF MATERNAL HEALTH SERVICE COVERAGE



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## RURAL SEDENTARY AND MOBILE POPULATIONS IN CHAD

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**PADS**



Programme d'Appui aux Districts Sanitaires au Tchad  
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### Background

Inequalities and large disparities in the burden of maternal morbidity and mortality within and between populations persist mainly in low income countries

#### Situation in Chad:

- Maternal mortality rate is one of the highest in the world at 860 per 100,000 live births
- Situation is expected to be even more alarming in remote areas and especially for mobile pastoralists



Equitable progress is required to reduce the disproportionate burden of poor maternal health in Chad and to close potential gaps between population groups

### Aim of this study

Assess the community effectiveness of maternal health service coverage for sedentary and mobile populations in two rural districts in Chad.

Contribute to the efforts of monitoring and positively steering a health systems development project funded by the *Swiss Development Cooperation* (Projet d'Appui aux Districts Sanitaires du Tchad «PADS»)

### Methods

1. Maternal health service utilisation rates have been estimated based on a random household survey in both districts (N=1'144)
2. Determinants of the effectiveness of maternal health service (ANC) coverage have been assessed using a multiplicative specification of five dimensions of access to healthcare (accessibility, availability, affordability, adequacy and acceptability)

### Results

	Any visit to ANC (95% CI)	At least 3 ANC visits (95% CI)	At least 4 ANC visits (95% CI)	Homebirth (95% CI)
Sedentary population (n=786)	79% (71%-85%)	63% (55%-71%)	29% (23%-36%)	87% (77%-93%)
Mobile pastoralists (n=358)	46% (40%-53%)	20% (12%-32%)	9% (3%-23%)	92% (81%-97%)

Figure 1 Estimated utilisation rates of maternal health services

#### Utilisation rates

- 13% of the sedentary and 8% of the pastoralist mothers had skilled attendants at delivery.
- 20% of pregnant women among mobile populations against 63% for sedentary populations attended ANC at least 3 times.
- Utilisation rates of maternal health services were systematically lower for mobile pastoralists

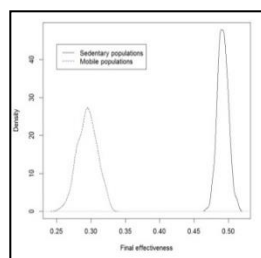


Figure 2 Empirical density function of effectiveness of ANC coverage

#### Effectiveness

- Availability, accessibility, affordability and acceptability appeared to reduce the service's coverage for both populations
- For mobile pastoralists the acceptability dimension clearly stood out as the most important factor

### Conclusions

Utilisation of mother and child health services was low in rural Chad.

Among mobile populations, acceptability was the most relevant factor reducing maternal health services' effectiveness

**Interventions must generally focus on improving community effectiveness through targeting the factors with the highest leverage among specific populations in order to foster effective and equitable health services.**