



Health Systems Trust Research Conference

October 10th 2007

“Understanding the Impact of Decentralisation on Reproductive Health Services in Africa”

Funded by European Union

Nuffield Centre for International Health and
Development: University of Leeds

Wendy Hall

Presentation

A. Outline of research project

Understanding the Impact of Decentralisation
on Reproductive Health Services in Africa
(RHD)

B. Present sub-section data from RHD

Monitoring availability and access to maternal
health services in three health districts in
South Africa

A: Reproductive health and decentralisation (RHD)

- Four African country study undertaken between 2002 and 2006
- Funded by European Union; led by
 - Nuffield Centre for International Health and Development: University of Leeds
 - University of Heidelberg
- African countries –
 - South Africa and Uganda – Anglophone
 - Mali and Burkina Faso - Francophone

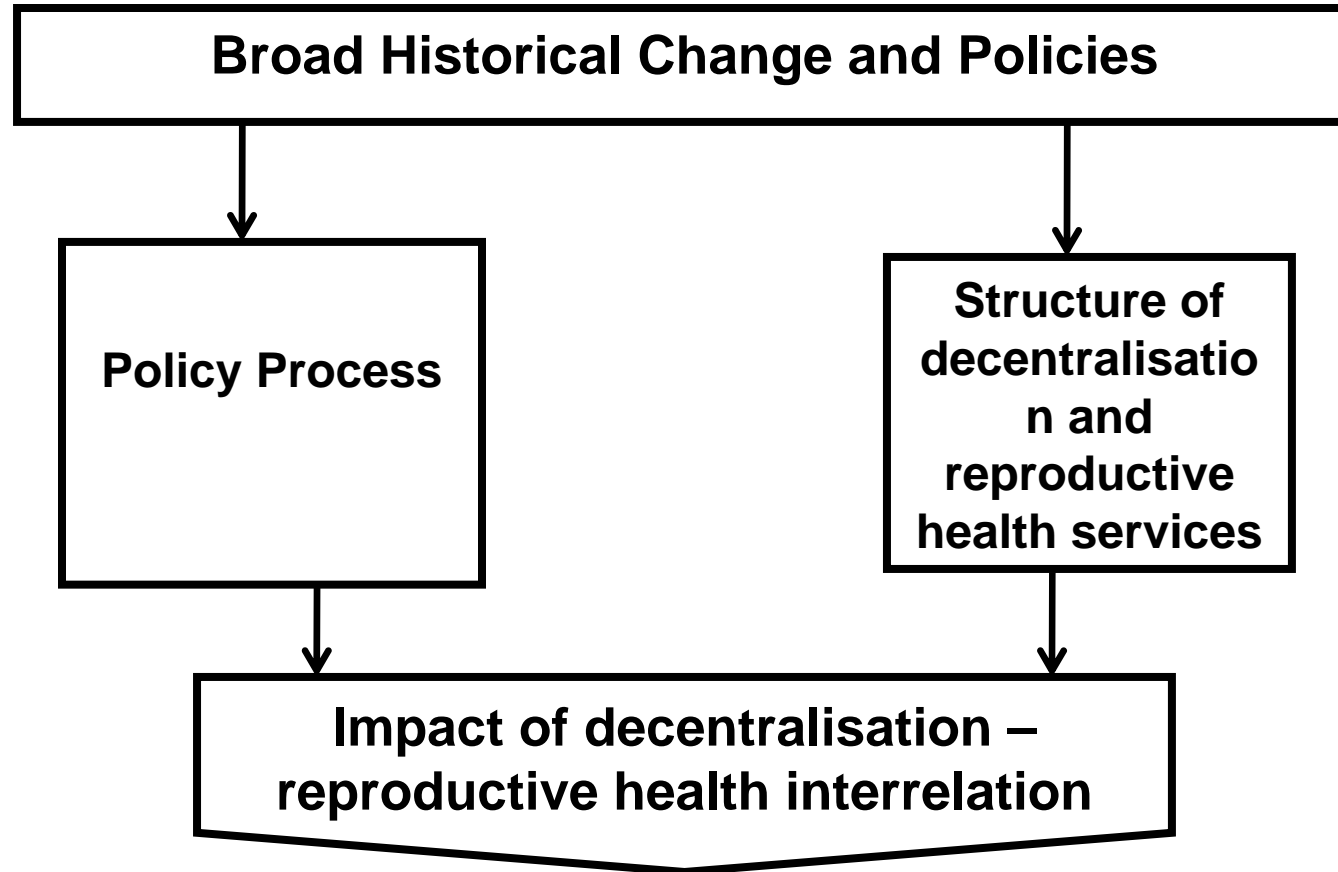
RHD Objectives

- Decentralisation and Reproductive Health
– priority programmes in South Africa
- How do these policies relate to each other?
- Can decentralisation have positive impact on reproductive health?
- What can be done for decentralisation to work for reproductive health?

RHD Methodology

- **Policy and legislation analysis** for decentralisation and reproductive health services
- **Key informant interviews** with policy makers at national and provincial levels and with managers at health district level
- **Interviews and focus group discussions with other stakeholders**, such as health care workers, community members and governance structures
- **Quantitative data** were accessed from the district health information system, the health districts and 2001 national census

Pattern of Analysis



RHD Findings

- Policy changes do not happen in a vacuum
- Consider context – local and historical
- Decentralisation – complex process with inter-sectoral and multi-level influences
- Reproductive health services and policies – changing and evolving
- Each health district is unique – “one boot does not fit all”

RHD Outputs

- Four country reports – South Africa, Uganda, Mali and Burkina Faso
- Two two-country comparative reports
 - South Africa and Uganda Comparative – Anglophone countries
 - Mali and Burkina Faso Comparative – Francophone countries
- Four-country comparative report

Developing Decentralisation and Reproductive Health Services: Guidelines for Policy Makers

All available at www.hst.org.za

B: Data on population and facility based maternal health indicators in three health sub-districts case studies in North West Province of South Africa

- Reproductive health a priority programme
 - Includes safe motherhood
- Millennium Development Goals – Goal 5
 - Reduce maternal mortality by 75% between 1995 and 2015
- Maternal Mortality Ratio
 - Globally – 400/100 000 live births
 - Africa – 830/100 000 live births
 - South Africa – 150 to 230/100 000 live births
 - Do not reflect intra country differences
- Access to obstetric care

Methodology and indicators

“Guidelines for monitoring the Availability and Use of Obstetric Services”

From UNICEF, WHO and UNPA – 1997

1. Impact Indicators

Maternal Mortality Ratio

2. Process Indicators

Coverage – essential obstetric care available and geographical accessibility

Percentage deliveries in health facilities

Performance – caesarean section rate

Methodology and indicators

Data sources:

- District health information systems
- Three sub-districts
- 2001 National Census

Limitations of study

- Data difficult to obtain and verify
 - Inconsistency in data from different sources
 - Identifying health facilities providing basic and comprehensive EOC
- Calculations based on
- Basic EOC = community health centre
 - Comprehensive EOC = district and regional hospital

Functions Used to identify Basic and Comprehensive EOC

Basic EOC care

Community Health Centres

- parenteral antibiotics
- parenteral oxytocic drugs
- anticonvulsants for pre-eclampsia and eclampsia
- manual removal of placenta
- removal of retained products (e.g. manual vacuum aspiration)
- assisted vaginal delivery

Comprehensive EOC care

Hospitals

- 1-6 Basic EOC, plus
7. surgery (Caesarean Section)
8. blood transfusion



Findings and discussion

Characteristics of sub-districts:

Urban	Semi-urban	Rural
<p>Well resourced Mining & farming Pop density = 100 Hospitals = Regional/district CHC = 5 Referral centre Approx 25 km radius</p>	<p>Provincial capital Commercial, farming & ex- homeland Pop density = 70 Hospitals = District Regional/district CHC = 4 Referral centre Approx 100 kms radius</p>	<p>Deep rural Ex homeland & farming Dependent community Pop density = 4-6 Hospitals District CHC = 5 Patients referred out Over 100 kms radius</p>

Indicators for 2003

Data	Urban	Semi-urban	Rural	Prov	WHO
Impact Indicator					
MMR	563	313	366	246	
Process Indicators					
Basic EOC/500 000 pop (CHC)	7	8	23	7	4
Comprehensive EOC/500 000 pop (hospital)	1	4	5	4	1
Geographic distribution (% pop within 4 kms of facility)	85%	60%	36%		100%
% women delivering in facility	76%	99%	78%	66%	
C/S rate expected births	20%	19%	2%	7%	15%
C/S rate actual births	27%	19%	2%	11%	15%

Conclusions

- Difficult to interpret indicators
 - International variation in definition
- Consider context of each sub-district
- One boot does not fit all
- Importance of health systems if maternal services are to improve

Thank you!



“..... many of the problems that are facing maternal health systems are distinctly systemic. As is increasingly being recognised by those working in the field, small scale interventions at a hospital level will always be limited in what they can achieve if these wider systemic problems are not tackled.”

Penn-Kekana L, Blaauw D (2002) “A Rapid Appraisal of Maternal Health Services in South Africa: A Health Systems Approach” Centre of Health Policy, Wits.