



Conclusions about access to health care

- ✦ Rural users experience greater access barriers to health care than urban users. They have to make use of more transport to get to services, which takes additional time and increases costs.
- ✦ Women experience enormous cost burdens during their pregnancy and at the time of delivery, and there is still inadequate coverage by a minimum package of antenatal care.
- ✦ TB services are more accessible than ART services.
- ✦ There is local variation in the nature of services (e.g. home visits) and policies (e.g. birth companions).



How will these findings be used?

The findings will be:

- ✦ Used to guide Phase 2 of the REACH programme (which starts in 2010);
- ✦ Shared with the facilities that were researched;
- ✦ Included in modules for postgraduate studies;
- ✦ Communicated to national and local government as well as the wider public to continue engagement around issues of equity in health care;
- ✦ Presented at academic conferences.



REACH Institutions

- ✦ Centre for Health Policy (CHP), University of the Witwatersrand
- ✦ Health Economics Unit (HEU), University of Cape Town (UCT)
- ✦ McMaster Institute of Environment and Health (MIEH)
- ✦ Centre for Health Economics and Policy Analysis (CHEPA), McMaster University
- ✦ Africa Centre for Health and Population Studies, University of KwaZulu-Natal
- ✦ Rural AIDS and Development Action Research Programme, University of the Witwatersrand

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PHASE 1 RESULTS

Access Challenges in TB, ART and Maternal Health Services



Inspiring Innovation and Discovery



What is REACH?

REACH (Researching Equitable Access to Healthcare) is a four-year programme of work examining health system access and equity. It aims to develop a better understanding of the barriers to obtaining health care faced by people living in South Africa. Maternal health, tuberculosis care, and antiretroviral therapy are used as tracers to assess equity in access to and utilisation of services in the sub-districts of Bushbuckridge (Mpumalanga), Mitchell's Plain (Western Cape), Soweto Region D of the City of Johannesburg (Gauteng) and Hlabisa (KwaZulu-Natal).



Findings

How are services used?

- ✦ **Other health service providers:** Participants in all sites use both public and private providers, but use of traditional healers was low in all sites, except in Hlabisa where 25% of pregnant women consult a traditional healer.
- ✦ **Maternity services:** About 1/3 women in all sites attended the first (booking) visit before the fifth month of their pregnancy, but did not attend antenatal services for the recommended 4 or more times.
- ✦ **Treatment adherence services:** 1/4 of participants in Mitchell's Plain who had TB and 1/4 of ART participants in Soweto reported missing a dose of treatment; whereas about 1/10 of participants in Bushbuckridge and Hlabisa missed a dose of treatment for either TB or ART.

How do participants get to services?

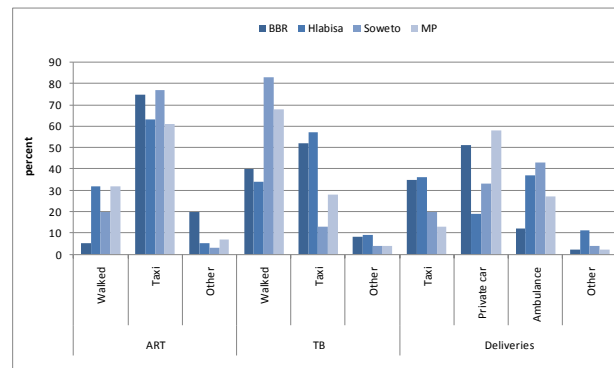
- ✦ **Transport:** Participants in Bushbuckridge were much more likely than those in Soweto and Mitchell's Plain to



require some form of transport (such as a taxi, private car, etc.) rather than walk, to attend health services. For pregnant women in Bushbuckridge and Mitchell's Plain, just over half had to pay for very costly private cars to get to maternity services, compared to one-third or less in Soweto and Hlabisa.

How easy is it getting to services?

- ✦ On the whole, getting to the widely distributed TB services was much easier than the relatively centralised ART services.



What services are offered?

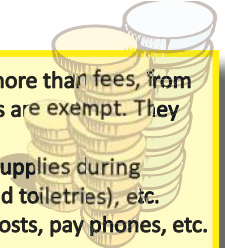
- ✦ **HIV testing:** Most people in the TB and maternity services were offered an HIV test.
- ✦ **Pain relief:** Many women giving birth received insufficient pain relief during labour.
- ✦ **Companion during labour:** 83% of women from Mitchell's Plain reported having a companion during labour, compared to 2% in Soweto and Hlabisa, and 17% in Bushbuckridge.
- ✦ **Adherence interventions:** Participants using ART in Bushbuckridge and Mitchell's Plain were more likely to

benefit from adherence related interventions such as support groups. Home visits were far more frequently reported in Mitchell's Plain than the other sites.

Are services affordable?

- ✦ **Ability to pay for services:** People in the rural sites were less able to pay for services than people in the urban sites (although this is partially compensated for by higher proportions of households receiving grants in rural areas).
- ✦ **Cost of services:** The costs of services are higher in rural than urban areas; ART service costs are higher than TB service costs; the costs of maternity services were high in all the sites.

The costs of services include more than fees, from which the three tracer services are exempt. They include:
Health care costs: Transport, supplies during pregnancy (such as nappies and toiletries), etc.
Other costs: Food, child care costs, pay phones, etc.



Are services acceptable?

The acceptability of services was assessed by considering staff attitudes, amenities, as well as overall satisfaction with services.

- ✦ **Respect from staff:** Respondents in rural areas were less likely to feel respected by staff than those in urban areas. About one-fifth of women in all sites reported being shouted at during labour.
- ✦ **Talking to nurses:** People attending ART and TB clinics in Bushbuckridge, Hlabisa and Soweto more frequently reported being able to talk to nurses or doctors in private compared to people in Mitchell's Plain.
- ✦ **Queues:** Those attending ART services were more likely to complain of long queues than those attending TB services.

