

# Now bringing health services to forgotten people and places?

Inclusiveness of sector wide approaches within the health sector: case of Ethiopia and Tanzania



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## Introduction

Within the framework of new aid modalities, recipient countries have adopted **sector wide approaches** (SWAp) with an aim to improve access to health services by the poor.

**Decentralized** forms of health services are identified as mechanisms with an aim to address the problems of spatial and social inclusiveness of excluded groups in health.

**Engendering health** is identified as a guiding concept behind equitable access and quality of health services.

However, a significant improvement in service delivery has failed in Sub Saharan Africa for reasons more complex than exclusively due to SWAp and decentralization (Conyers 2007). This is most detrimental to community's reproductive health. Evidence on the effects of both SWAp and decentralization on reproductive health services remains scanty in Africa (Atkin 1999; Standing 2002; Lakshminarayanan 2003).

## Goal

To gain insight into the extent in which sector wide approaches of the health sector have in improving equitable access and quality of decentralized forms of reproductive health services.

## Case areas - key issues



Health rights...A universal Illusion. Who's 'duty'...Who's 'demand'?  
Women in labour waiting for a hospital bed to deliver, Tanzania.

Ethiopia	Tanzania
Development report	
• 169 (HDI rank 9th poorest country)	• 159 (HDI rank 19th poorest country)
• 21 (Health expenditure/capita PPPUS\$)	• 29 (Health expenditure/capita PPPUS\$)
• 5.8 (Avg. total fertility)	• 5.7 (Avg. total fertility)
• 3.5 (HIV prevalence)	• 6.5 (HIV prevalence)
Health reform	
• SWAp in 2001.	• SWAp in 1997.
• 20-year Health Sector Development Program in 1998; now in phase III.	• Health Sector Strategic Plan in 1999, now in phase II.
• Health Service Extension Plan in 2003.	• District Health Service Program in 2003.
Service delivery changes	
• Decentralization process now in phase II.	• Local Government Reform/ decentralization.
• Integrated health services.	• Introduction of health service user-fees.
Social and spatial challenges	
• Harmful cultural practices detrimental to health; lack of health information; inaccessible health facilities; unjust distance to specialized care; creating health corridors...	• User-fees; financial constraints; competition with traditional medicines; lack of community insurance; misconceptions of modern services; skewed notion of distance & travel...

## Central research questions

- To understand the *direct effect* of SWAp within the health sector:
  - What are the impact of the health sector programmes in delivering inclusive health services particularly to excluded groups of the population? [institutional mapping]
- To understand the *provision* of decentralized forms of reproductive health services:
  - what approaches do health service providers take in improving management and quality of services? [health facility-based performance]
- To understand the *utilization* of reproductive health services:
  - how do decentralized forms of health services contribute to the improvements inequitable access and quality of reproductive health for the community, and how does it transform their health situation? [community participation]

## Methodology/Approach

- Qualitative research; participatory methods.
- Socio-spatial analysis; gender analysis

## Current phase of research

*Preparing research design and methodology*

- Formulating conceptual framework.
- Identifying appropriate methodology and approaches.
- Preparing fieldwork.

## Immediate questions

- How to measure effectiveness of SWAp, decentralization and reproductive health.
- Identifying other regional sites for incorporation; Ghana.



Community health worker presenting her orchestrated work, Ethiopia.

## References

• Atkin I, W (1999) *Decentralization and Reproductive Health*. Department of Population and International Health, Harvard School of Public Health. • Conyers, D (2007) *Decentralization and Service Delivery: Lessons from sub-Saharan Africa*. IDS Bulletin Vol 38 No. 1, January 2007, Institute of Development Studies. • Lakshminarayanan, R (2003) *Decentralization and its implications for Reproductive Health: The Philippines Experience*. Reproductive Health Matters 2003; 11[21]; 96-107. • Standing, H (2002) *Frameworks for Understanding Health Sector Reform*. IN Sen, G., George, A., and Ostlin, P., Engendering International Health: The Challenge of Equity. Massachusetts Institute of Technology, England.