Chapter 5

Lessons on Implementation and Sustainability of M–Health Solutions in South Africa:
The Case of Momconnect Project in South Africa

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ABSTRACT

The Momconnect project was launched in 2014 by its champion, the minister of health, Hon. Dr. Aaron Motsoaledi. The system is an m-health application targeted at maternal health patients in South Africa. Execution of the project was carried out by a consortium headed by the National Department of Health. Project execution began in 2012, and the launch was two years later in 2014. In this research, a health systems framework for evaluation of implementations of m-health systems in developing countries was used to review the system. The sources of data for the study were face-to-face interviews of the Momconnect Task Team, Ministerial Advisory Committee on e-Health, and a sample of health care providers and consumers from the health facility level in Johannesburg Metro City. These interviews were supplemented by a document review. The findings of the study are reported according to the four headings of the study framework.

BACKGROUND

Health Context

South Africa is a developing country, classified as an Upper Middle Income Country, located on the southern tip of the African continent, with a population of about 58 million people (Statistics South Africa 2019). Primary healthcare is an important component of the country's healthcare delivery system. For instance, in 1994 after the democratic dispensation in South Africa, primary healthcare was included under the Reconstruction and Development Programme (RDP) of the national government (McIntyre & Gilson, 2002; Coovadia, Jewkes, Barron, et al., 2009). Under the RDP programme, there was an extensive building programme of facilities, and primary health services were consequently offered to the population on a fee free basis. Other subsequent planning programmes and initiatives of the South African government have also made primary healthcare a key component of healthcare service delivery. Implementation of the Momconnect system takes place within the context of primary health care in South Africa.

In respect of health priority programmes, the National department of Health in South Africa has several programmes which are aimed at addressing its burden of disease. The priority programmes include HIV/AIDS, Tuberculosis, and maternal and child health services (Harrison, 2009). In respect of maternal health services the situation is as follows. According to the reports of the National Committee for Confidential Enquiry into Maternal Deaths, about 38% of maternal deaths could have been prevented or avoided (National Department of Health, 2008). This is in all three aspects of maternity care which are antenatal care, intra-partum care and postnatal care. Factors related to labour and child birth account for about 40% of complications in maternal health care in South Africa, while 30% happen due to factors related to antenatal care, and the other 30% happen due to factors related to postnatal care (National Department of Health, 2007). From these figures it can be seen that a substantial proportion of complications during pregnancy happen as a result of issues pertaining to antenatal care.

The causes of maternal mortality are also split up into three categories, patient related factors, administration related factors and health provider related factors. Patient related factors account for about 44% of maternal deaths in South Africa; Administration related factors account for 32% of maternal deaths; Health worker related factors account about for 24% of avoidable maternal deaths.

The leading patient related factors in avoidable maternal deaths were delays in seeking help, non-attendance of antenatal care, and unsafe termination of pregnancy (National Department of Health, 2007).

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