

Increasing demand for priority health services

Efforts in health sector reform that have focused primarily on improving the *supply* of services have had limited impact on the *utilisation* of those services. In recognition of this, attention is increasingly being paid to approaches that focus on demand ('demand-side' interventions).

It is commonly assumed that by providing people with more and better information about services, they will choose to use them more. Mass communications and community-based information, education and communication (IEC) approaches are widely used to disseminate information on priority health problems, the treatments that are available, and how to obtain them. However, there are often more complex factors at play, including barriers to physical access, issues of affordability, socio-cultural factors such as local beliefs about the cause of disease, and gender-related constraints. Ways to overcome these barriers need to be sought, which includes building capacity in the community to do this.

Interventions that are based on assumptions about need or on experience elsewhere usually fail. It is necessary to investigate the way people use services and devise appropriate strategies to address barriers to their utilisation in specific local contexts – but this takes time. Piloting of interventions and careful monitoring and evaluation of their effectiveness are therefore essential. Furthermore, interventions that have proved effective on a small scale can be rolled out quickly and effectively with careful planning and management.

Technical capacity and financial and human resourcing to address demand-side issues in health are often scarce. Partnerships with non-government organisations and other bodies that are well versed in these issues are therefore essential, as is building government capacity to contract, manage and monitor any partners involved in implementation. Strengthening institutional capacity to effectively plan and budget for health promotion activities can also help ensure that adequate resources are available to support this work.

HPI's work in demand-side interventions

Health Partners International has been involved in a wide range of initiatives that have addressed demand for priority health services. Some examples are provided below.

- In **Nigeria** Health Partners was contracted to undertake a desk review of good practice on how to increase access to safe motherhood services. This study was to inform a high-level technical roundtable on safe motherhood, and then the development of a national strategy for improving emergency obstetric care services. The review documented strategies that had been used and lessons learned from international, regional and national experiences in addressing barriers of access to safe motherhood services.
- In Kano State, **Nigeria**, Health Partners worked with government, private sector and civil society stakeholders to progress the design of an overarching strategy to increase access to services related to safe motherhood. Our consultant advised on how to coordinate the work at state level, agree a process for, and begin the work of identifying, key partners to implement the strategy, and devise a guide to implementation. They facilitated a stakeholder workshop during which the main components of the strategy were agreed. The strategy addressed the key barriers related to awareness, affordability and access that prevent timely utilisation of emergency maternal health services, and that contribute to the extremely high maternal mortality ratio in Kano. Health Partners is also providing ongoing institutional capacity-building support to the Kano State Increasing Access Co-ordinating Group in order to strengthen its capacity to manage implementation of the strategy.
- Also in **Nigeria**, a Health Partners consultant worked with government and civil society members of the Jigawa State Safe Motherhood Initiative to scope out options for expanding a safe motherhood emergency transport scheme. The scheme is managed by a civil society organisation, the National Union of Road Transport Workers, and is based on the voluntary inputs of car drivers. The consultant worked with local stakeholders to consider options for expanding the scheme to include motorbike drivers, and assessed the feasibility of developing a prototype trailer and awning that could be attached to motorbikes and used to transport women who live in remote communities and lack access to cars to health facilities as required.
- Since 1995 the Ministry of Health (MOH) in **Malawi** has been working on extensive reforms to the health sector. A core strategy within the reform process is decentralisation of health management, and within this, of hospital autonomy. A Health Partners consultant worked with national and district MOH stakeholders to determine where social development approaches and perspectives

could be integrated into the hospital reform process. In particular, support was provided to two district health offices to design a client survey, which investigated why people bypass lower level health facilities in favour of tertiary facilities. The survey findings were used to inform the development of strategies for redirecting people towards using lower level health care services.

- In **Bangladesh**, one of Health Partners' core consultants evaluated a number of community-based rehabilitation projects that were being implemented in six districts by British NGO Sight Savers International (SSI). The consultant assessed the impact of the projects on people with blindness and low vision, looking in detail at who had benefited, and at barriers that had affected the participation of women and older people in the projects. The findings and recommendations informed the design of a future programme of rehabilitation support that SSI implemented in Bangladesh.
- As part of its plans to support expansion of TB DOTS (Directly Observed Treatment, Short-course) services across the state of Orissa in **India**, the Danish Ministry of Foreign Affairs (DANIDA) contracted a team to appraise its proposed second phase programme of support to the Revised National Tuberculosis Control Programme. A Health Partners social development consultant reviewed proposed strategies for expanding DOTS in urban areas, and for addressing the growing incidence and prevalence of TB and HIV/AIDS. The consultant reviewed proposed strategies for reaching the poor and vulnerable with TB services and advised on how these could be strengthened, taking into account access-related and other barriers faced by these groups.