

Technical Profile: Social Development

The shift towards poverty reduction as the overarching goal of international development aid in the late 1990s focused attention on the need to integrate social development perspectives into development activity. Within the health sector, social development approaches look at how policies, plans and programmes can be strengthened so that health services become more appropriate, equitable and accountable to end-users. Social development methods and tools can also be used to inform and guide the processes of change that are needed at different levels of the health system to bring about these improvements, and that affect health providers, their managers, policy-makers, and other stakeholders.

Social development challenges in the health sector

- Devising pro-poor health policy
- Tackling social inequities in health, including gender inequity
- Providing financial protection for the very poor
- Understanding the determinants of the ways in which citizens seek out health services and how these affect utilisation of those services
- Creating entry points for civil society participation in health policy and planning processes
- Enhancing the accountability of health providers to clients and communities
- Promoting a focus on rights and entitlements to good quality, affordable and accessible health care
- Strengthening community involvement in the management and monitoring of health services
- Informing and supporting processes of change within health sector reform.

Health Partners International and social development initiatives

Health Partners International has a long track record of providing technical advisory support in social development, both at a high level, in upstream health sector development processes, and further downstream as these processes get translated into local action. A particular area of our expertise is in supporting processes of health sector reform and initiatives to strengthen health systems to ensure that they include a stronger focus on accountability to clients, local communities and civil society. This is in recognition of the rights and entitlements of the public to good quality,

affordable and accessible health services.

The boxes below contain some case studies show-casing Health Partners' work in this area.

Case study 1: Social development support to hospital reform, Malawi

The USAID-funded Hospital Autonomy Project was established to support efforts by the Ministry of Health (MOH) in Malawi to reform hospitals. The project supported the compilation of a National Policy on Hospital Autonomy. Early versions of this policy highlighted the need to increase the accountability of hospitals and health facilities to the communities they serve, but it was unclear how the community aspects of the policy could be put into operation. A Health Partners social development consultant worked with national and district MOH stakeholders to determine how consumer advocacy groups could be involved in consultation processes around policy reform, and how hospitals could begin to introduce measures to increase their accountability to consumers. Strategies for building ongoing relationships with civil society organisations working in health advocacy were agreed.

Case study 2: Development of a customer-facing participatory health appraisal process, Tanzania

Tanzania is currently undergoing a comprehensive process of hospital reform. As part of this process, three large referral hospitals were involved in a peer appraisal process developed by Health Partners called Peer Participatory Rapid Health Appraisal for Action (PPRHAA). A social development consultant worked with the peer appraisal team to design a client and community component to the process. This enabled the voices of clients and local communities to be heard by health providers and their managers on issues such as service quality, accessibility, affordability, and accountability. *A Facilitators Guide to the Client and Community Aspects of PPRHAA* was produced, and this has since been adapted for use in Nigeria and elsewhere.

Case study 3: Facility health committees as a mechanism for increasing voice and accountability in Nigeria

Although health committees comprising community and health facility representatives have existed for a number of years in Nigeria, many of these committees have fallen into inactivity. In Kaduna, the State Ministry of Health is working with the Ministries of Women's Affairs and Local Government to implement an initiative that aims to strengthen the capacity of health committees so that they can play an active role in ensuring better health for all the community. Health Partners was involved in the initiative's design, and is supporting its implementation. If communities have a stronger say in how health services are managed and delivered, it is hoped that over time services will become more responsive to client needs, and that utilisation rates will increase.

Capacity-building support to the health committees has focused on what it means to represent community views, and how to effectively lobby health managers and elected representatives to ensure that health issues remain on local political agendas. The health committees have also been trained to undertake their own surveys of community perceptions of the quality of health services, and to work closely with their local health facility to find solutions to problems identified. In a context where accountability of health providers to communities is extremely weak, this initiative holds much promise for ensuring that communities have a stronger voice in relation to the delivery of an essential public service.



Facility Health Committee, Ungwar Fari Community, Kaduna State, Nigeria
(Photo by Cathy Green)

It is now widely accepted that some of the health-related Millennium Development Goals will be difficult to achieve unless greater attention is paid to the factors in the

household, community and health facility that negatively affect the demand for health services, particularly among the poor. Health Partners has undertaken rapid social assessments of the barriers of access to health services, has worked closely with local stakeholders to design interventions to tackle these barriers, and has provided capacity-building and other technical assistance to ministries, private sector and civil society organisations to support the implementation of programmes that have been established to create demand for services. We have also participated in evaluations and reviews that have resulted in significant changes to demand-side intervention strategies. Our work in this area has spanned malaria, tuberculosis, child health, reproductive and sexual health and eye care programmes.

Case study 4: Increasing access to safe motherhood services, Nigeria

A Health Partners social development consultant worked with stakeholders in the Partnerships for Transforming Health Systems (PATHS) programme, funded by the UK Department for International Development, to design and carry out a rapid assessment of the barriers of access to emergency maternal health services in Jigawa State, northern Nigeria. The findings were used to design a state-wide safe motherhood 'increasing access' programme which includes emergency community-level transport systems, awareness-raising interventions aimed at increasing knowledge and responsiveness to danger signs, emergency community loan funds, and advocacy targeted at decision-makers. Health Partners has also been providing technical support to the Ministry of Women's Affairs and Social Development, which is managing the implementation of this innovative programme on an ongoing basis.



Women from a safe motherhood initiative intervention community, Jigawa, Nigeria (Photo: Deborah Thomas)

Case study 5: Social development contributions to global evaluation of the Roll Back Malaria initiative

As part of the global evaluation of the first phase of the Roll Back Malaria (RBM) initiative, a Health Partners social development consultant designed and carried out a rapid consultation process involving government, donor, academic, private sector and civil society stakeholders involved in RBM activities in Kenya, Zambia, Eritrea, Malawi, Burkina Faso, Bolivia and India. Ten key messages directed at high-level RBM policy-makers were synthesised from the stakeholder interviews. These highlighted a number of urgent changes that were needed in order to improve the performance of RBM on the ground. Key themes and recommendations emerging from the stakeholder assessment process were published in the DFID report *Achieving Impact: Roll Back Malaria in the Next Phase*.

There is growing concern within the international development community that the most disadvantaged groups, including the very poor, are being left behind in the drive to achieve international development targets. In response, policy-makers and practitioners are showing considerable interest in the different strategies and mechanisms that can be used to reach the poor, and their effectiveness, sustainability and transferability. Health Partners has provided practical support to ministries of health for the design and implementation of 'safety nets' that are intended to increase access by the very poor to essential drugs and treatment at different levels of health care. We have also contributed to initiatives that have increased the access of policy-makers, technical advisory staff and practitioners to new thinking and case study material on how to meet the health-related needs of the very poor in low-income countries.

Case study 6: Support to the design and implementation of safety nets for the very poor, Nigeria

The DFID-funded PATHS programme in Nigeria (see above) is supporting the design of deferral and exemption mechanisms linked to drug revolving funds at primary and secondary levels of health care. Health Partners consultants worked with government stakeholders in two states to design locally appropriate schemes and agree appropriate mechanisms for managing these. Community consultation processes were held to establish access criteria based on local understandings of poverty. Health Partners has also provided support to several Nigerian state governments to consider the range of different policy options for increasing the access of the very poor to health services, including the strengths and limitations of those options. Studies of costings of different options have been undertaken, and follow-up support provided for designing the preferred approaches. In two states this work has focused on how to combine state policy commitments to free maternal and child health services with sustainable drug supply systems based on revolving funds. In another state, the work has focused on estimating the costs associated with implementing a free emergency obstetric care policy.

Case study 7: Dossier on meeting the health-related needs of the very poor

A Health Partners social development consultant has compiled an online dossier on meeting the health-related needs of the very poor. Aimed at policy-makers and development practitioners, the dossier is a dynamic guide to the topic, providing narrative and up-to-date resources on the key issues and debates. It looks at different strategies for reaching the very poor within the health sector, and at the institutional challenges associated with scaling up health-related interventions to cover broader segments of the population. It also highlights the fact that there are ways outside the health sector to improve health or reduce the impoverishing impact of disease, and that in some contexts these may benefit the poor the most.