NHSSP

PULSE

UPDATING YOU ON HEALTH DEVELOPMENTS

1. BACKGROUND AND METHODOLOGY

BACKGROUND

Despite many health gains over the past ten years, gaps and disparities in health service use persist in Nepal. In 2012, the Ministry of Health and Population (MoHP), with assistance from the Nepal Health Sector Support Programme, undertook a study to understand the socio-cultural, economic, and institutional barriers that poor and excluded people face accessing health services. The Access to Health Services Study examined local people's experiences of accessing essential health care services (EHCS). It focused on family planning, maternal health care, safe abortions and child immunisation services provided at village development committee (VDC) level through sub-health posts (SHPs), health posts and outreach clinics.

The study identified core social determinants of access that interact and play out differently in different contexts to produce demand- and supply-side barriers to accessing health services. These determinants are gender, poverty, caste, ethnicity, religion, geography, seasonality and supply-side factors.

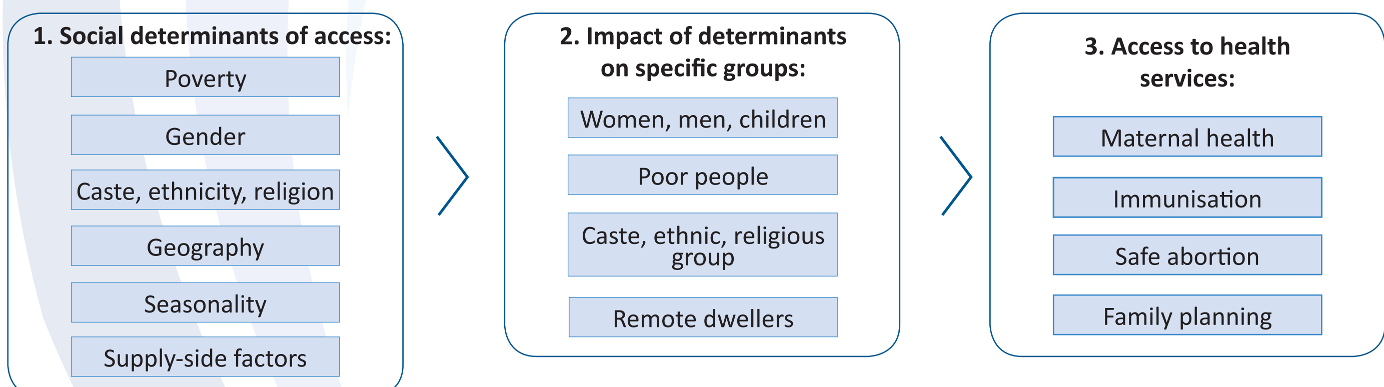
The social determinants of access interact with the complex realities of people's lives to create barriers to health care from the home to the delivery point. The interconnectedness of the barriers contributes to the delayed, reduced, and non-use of essential health care services, and the decisions many poor people take to instead use traditional healers. The underlying determinants of access (see Figure 1) affect all poor people; but interact and play out differently for different groups according to contextual factors.

METHODOLOGY

This study used the Rapid PEER research method to build on Nepal's evidence base on access to and use of health services. Rapid participatory ethnographic evaluation and research (PEER) is a well-established, rapid and highly participatory methodology for exploring sensitive issues with non- and low literate marginalised populations. This approach provides insights into the beliefs, behaviours and understanding of target populations, and highlights underlying drivers of behaviour change and perspectives on health interventions.

A women taking her child for a check-up at Pokhariya sub-health post, Morang

Figure 1: Analytical framework of the study



A key feature of Rapid PEER is that all interviews are conducted in the third person. Interviewees are specifically *not* asked to talk about themselves. They are asked to talk about 'other people they know' or what other people in their social network say. The use of third-person interviewing techniques avoids a response bias where interviewees can give replies that reflect what they feel they *should* say rather than identifying what people *actually* say and do.

Another key feature is that interviews are carried out by peers. Thus, non-elite 'ordinary' members of the target groups were trained to become peer researchers. They then carried out conversational interviews to obtain information from respondents in their social group. The key questions, which formed the structure of the interviews, were agreed in advance with the research team, and were then translated by the researchers into colloquial Nepali. Non-literate peer researchers drew pictures to represent the questions.

SAMPLING

Based on the findings of the Nepal Demographic Health Survey, 2006 on the use of essential health services, six highly-excluded social groups were selected as the focus of this study. Chepangs, Muslims, Madhesi Dalits, Madhesi Other Backward Classes (OBCs), hill Dalits, and poor hill Chhetris and Brahmins were chosen to cover caste, ethnic (Janajati) and religious differences. Two studies were carried out in each of three hill and three Tarai districts (see Figure 2) to capture regional differences.

Each group was studied in two districts allowing commonalities and differences between social groups, ecological zones and gender to be identified. The study did not cover mountain areas, which will be addressed in forthcoming research. Three hundred and seventy four interviews were collected and analysed across the six sites between August and October 2012.

THE BRIEFING PACK

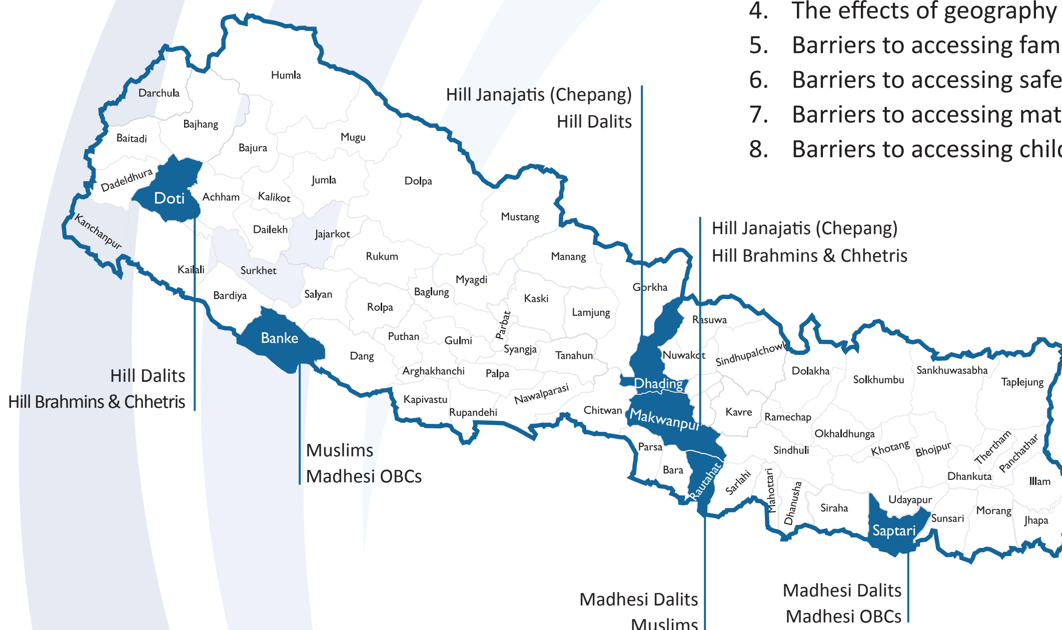
The study found that the barriers faced by poor and excluded people in accessing primary essential health services fall into the six areas of gender-based decision making: women's work burdens and economic dependence on men; distance to services; social, cultural, and religious beliefs; poverty, caste, ethnicity, and religious identity; and supply-side barriers. Briefing notes 2 to 8 present the study findings with representative quotes from participants. Note that in line with PEER protocols these quotes are given as spoken and thus the language of some of them may appear a little disjointed. The results presented are mostly derived from statements made by participants referring to the situation of their peers.

The full study report 'Thomas D et al. 2012. *Voices from the Community: Access to Health Services: A Rapid Participatory Ethnographic Evaluation and Research (PEER) Study, Nepal.* Kathmandu: MoHP and NHSSP' is available at http://www.nhssp.org.np/gesi/Nepal%20PEER%20Revised%20Report.pdf

The eight briefing notes:

1. Background and methodology
2. The effects of poverty, caste and ethnicity on access to health services
3. The effects of gender on access to health services
4. The effects of geography on access to health services
5. Barriers to accessing family planning services
6. Barriers to accessing safe abortion services
7. Barriers to accessing maternal health services
8. Barriers to accessing child immunisation services.

Figure 2: The six study districts



The Nepal Health Sector Support Programme (NHSSP) is funded and managed by DFID and provides technical assistance to the Nepal Health Sector Programme (NHSP-2). Since it began in January 2011, NHSSP has facilitated a wide variety of activities in support of NHSP-2, covering health policy and planning, human resource management, gender equality and social inclusion (GESI), health financing, procurement and infrastructure, essential health care services (EHCS) and monitoring and evaluation. For more information visit www.nhssp.org.np.