

# OVERCOMING BARRIERS TO CARE SEEKING THROUGH DEMAND-SIDE INTERVENTIONS

J. Seiler, F. Al-Shimari, A. Seth, R. Patel  
June 21, 2021



START  
CENTER

STRATEGIC ANALYSIS,  
RESEARCH & TRAINING CENTER

Department of Global Health | University of Washington

Photo: World Bank



# **AGENDA**

- Team introductions
- START overview
- Project goals
- Methods
- Results: heatmap, theoretical model, and pathway
- Discussion



# PROJECT TEAM



**Jessie Seiler, MPH**

PhD Student in Epidemiology  
Project Manager



**Fatima Al-Shimari**

MPH Student in Global Health  
Research Assistant



**Aparna Seth, MPP, MBA**

PhD Student in  
Implementation Science  
Research Assistant



**Rena Patel, MD, MPH**

Professor of Global Health,  
Medicine  
Faculty Lead

# **START OVERVIEW**



Leverages leading content expertise from across the University of Washington



Provides high quality research and analytic support to the Bill & Melinda Gates Foundation and global and public health decision-makers



Provides structured mentorship and training to University of Washington graduate research assistants

# GOALS

1

Conduct a literature review of demand-side interventions to increase rates of care-seeking and healthy home behaviors related to post-natal care (PNC), with a particular emphasis on the well-being of small and sick newborns (SSN).

2

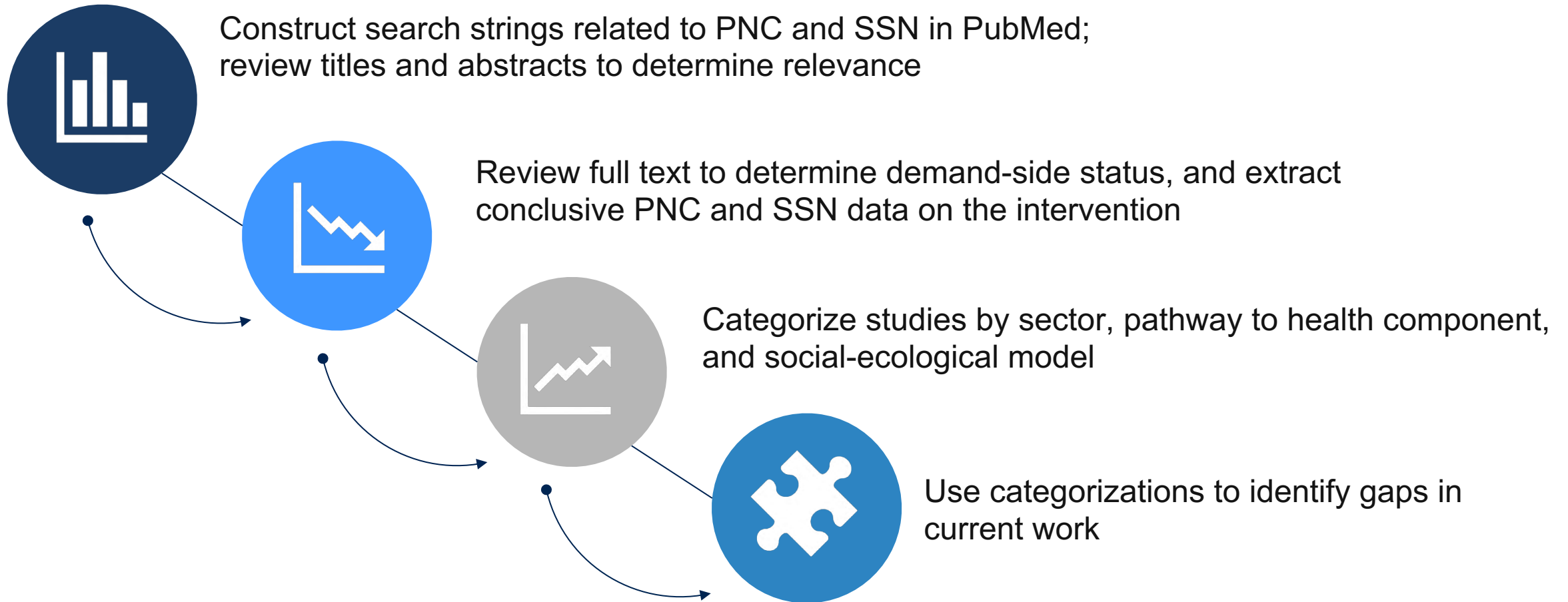
Using established theoretical frameworks, evaluate the quality of work in the field and identify potential gaps.

3

Communicate findings to MNCH team.

# METHODS

## Conducting a literature review to identify gaps and opportunities



# IDENTIFYING DEMAND-SIDE WORK

Three sources helped us clarify how to define demand-side interventions:

01

Framework proposed by Elmusharaf et.al. to address demand-side barriers to maternal health care

02

3ie's Social, Behavioural and Community Engagement Interventions for reproductive, maternal, and child health

03

Key informant interviews with BMGF staff



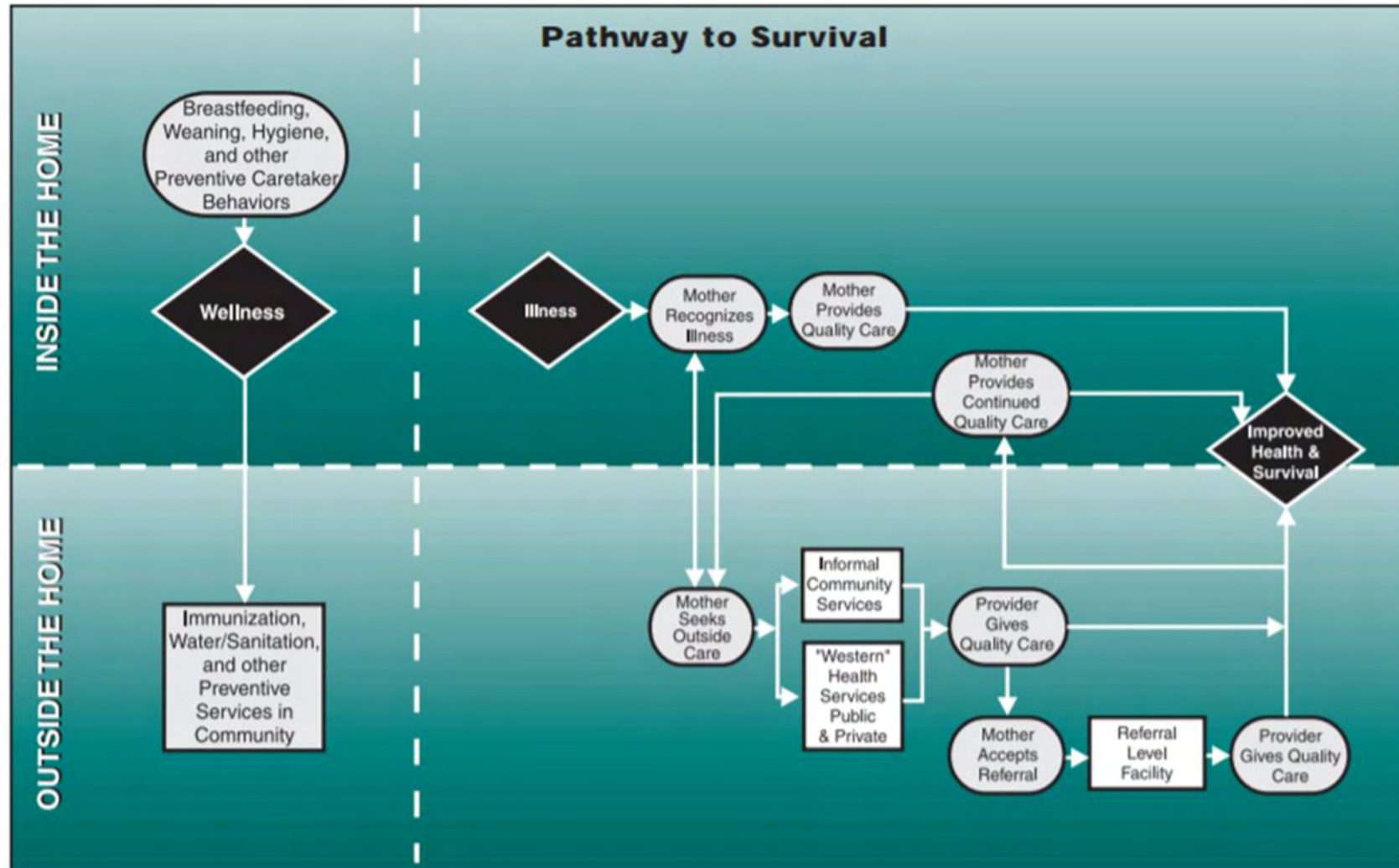
# IDENTIFYING DEMAND-SIDE WORK





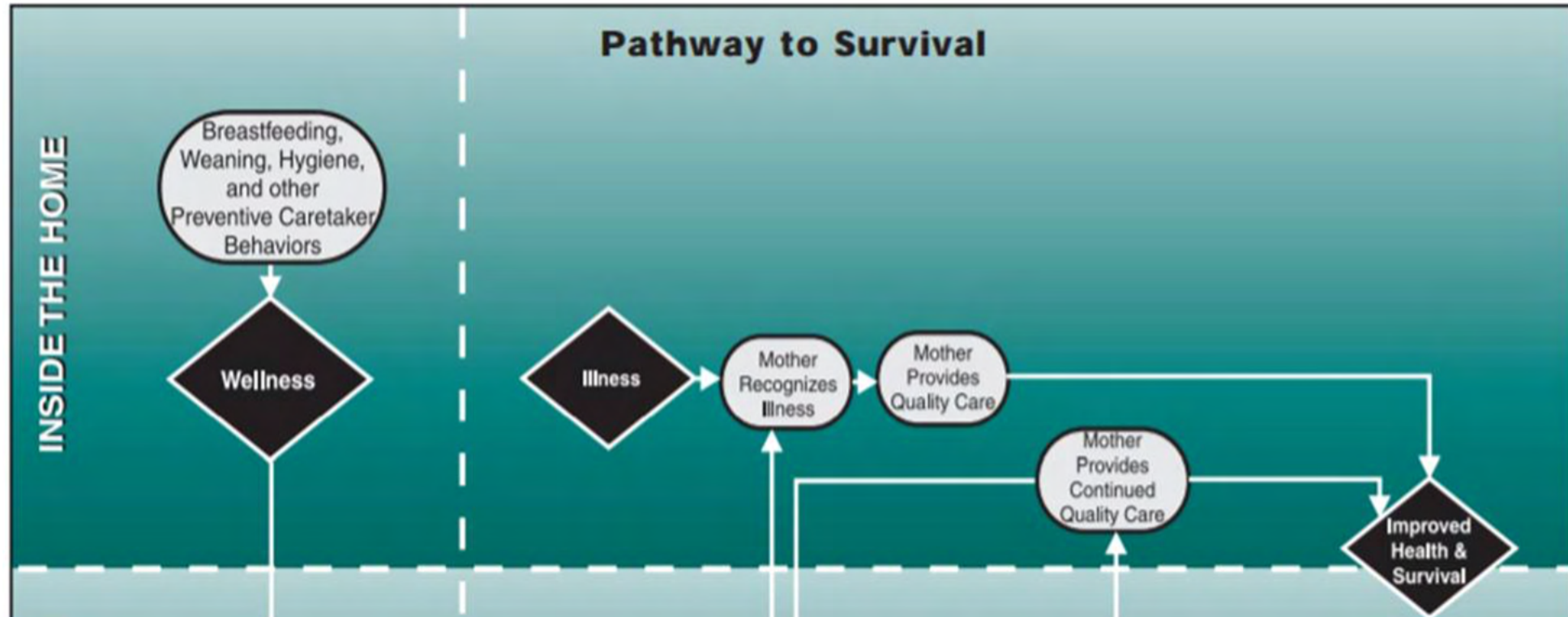
# CONCEPTUALIZING A PATHWAY TO HEALTH

PRICE ET AL., 2019

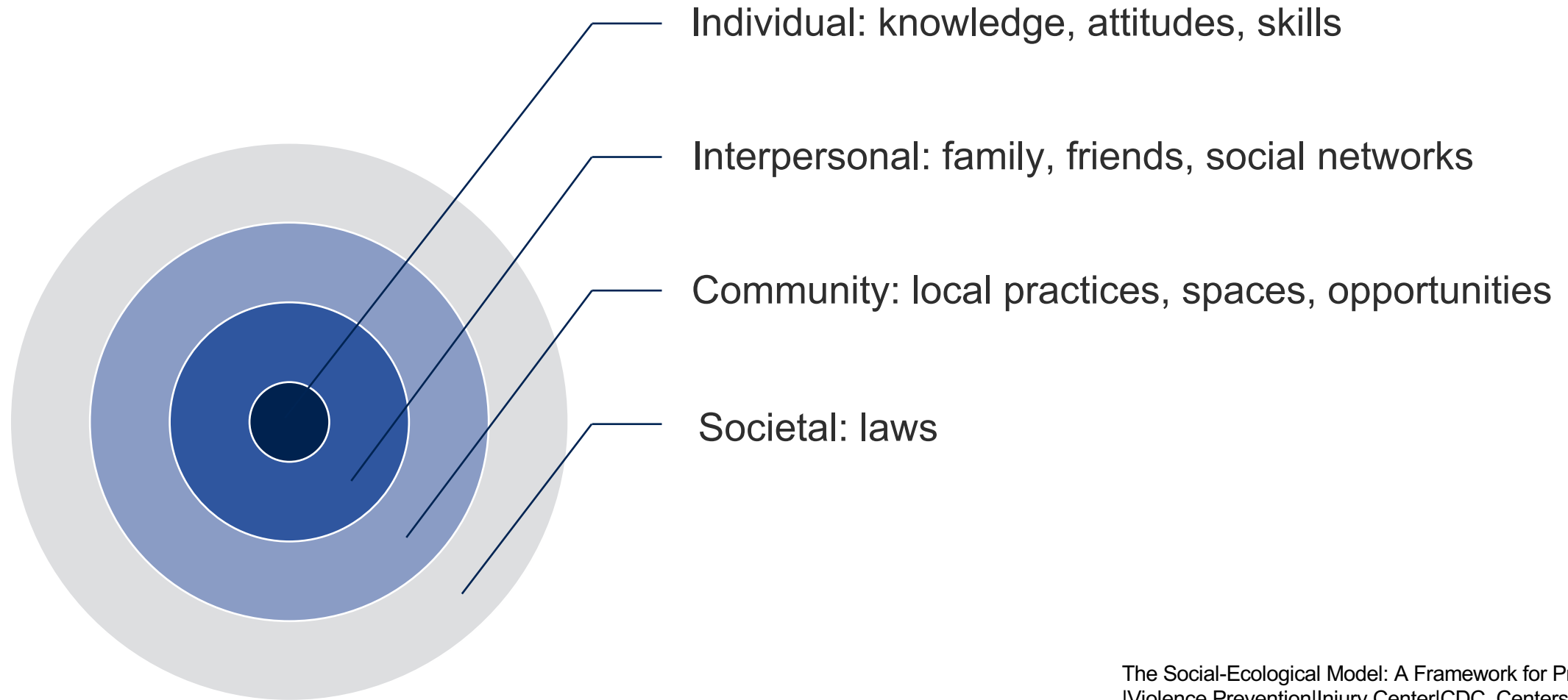


# CONCEPTUALIZING A PATHWAY TO HEALTH

PRICE ET AL., 2019

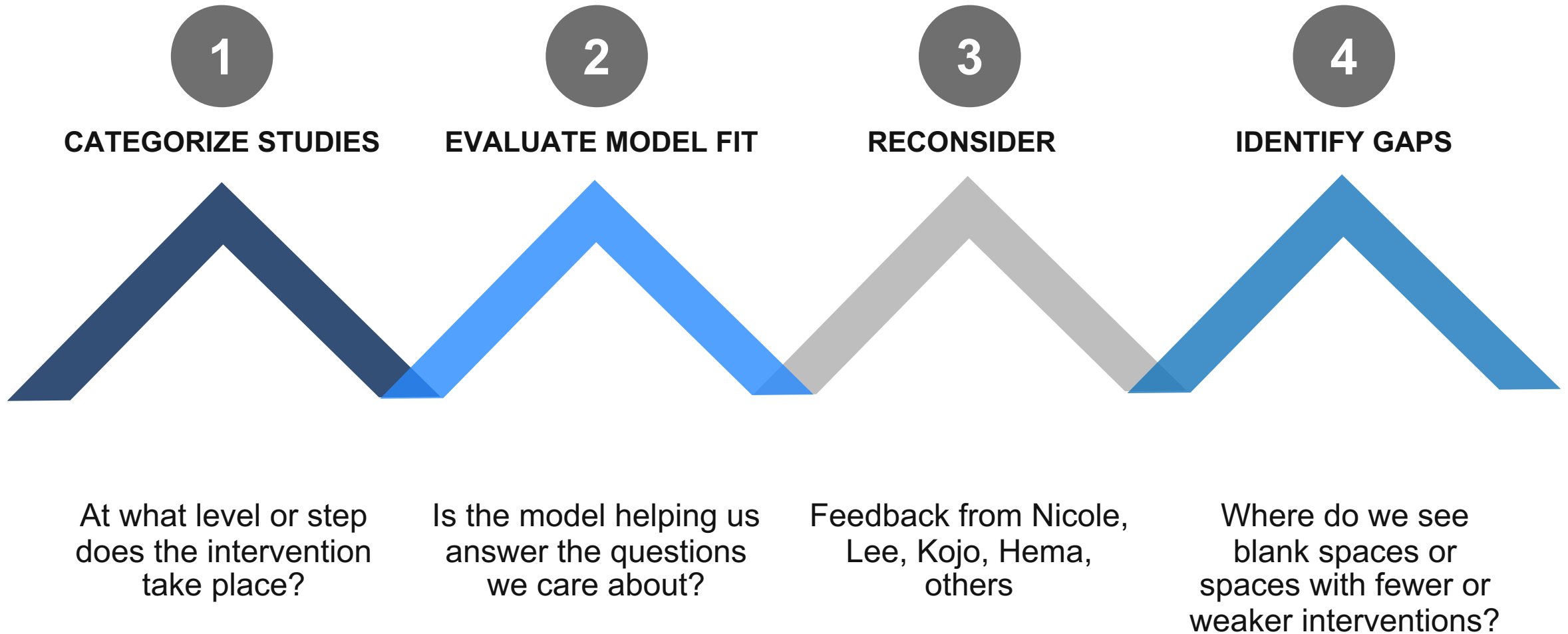


# INCORPORATING THE SOCIAL-ECOLOGICAL MODEL





# HOW WE USE THESE FRAMEWORKS



# RESULTS

- Heatmap
- Pathway
- Theoretical model



# HOW THESE TOOLS FIT TOGETHER

Tool	Question of interest
The heatmap	Where are the gaps or methodological weaknesses in the published literature?
The pathway	Where are there barriers related to the lived experiences of individual people and families?
The theoretical model	Where are the actionable gaps in the types of interventions that might be applied to the problem at hand?



# HEATMAP

Where are the gaps or methodological weaknesses in the published literature?

1




Qualitative methods made for challenging effectiveness evaluations

2

Outcome variability across studies

3

Only half (14/28) of the studies addressed cost effectiveness

Intervention	Description and variations	Barriers to Care-seeking
Communication with caregivers via mobile device	Targeted communication via text, voice message, or combination; settings and populations vary by cell phone access; wide variety of outcomes, including maternal and mental health and pregnancy knowledge	<div> Parents do not know about PNC within 42 days</div> <div> Parents do not consider PNC necessary</div> <div> Parents do not know about danger signs for newborns</div>

# HEATMAP

Where are the gaps or methodological weaknesses in the published literature?

1

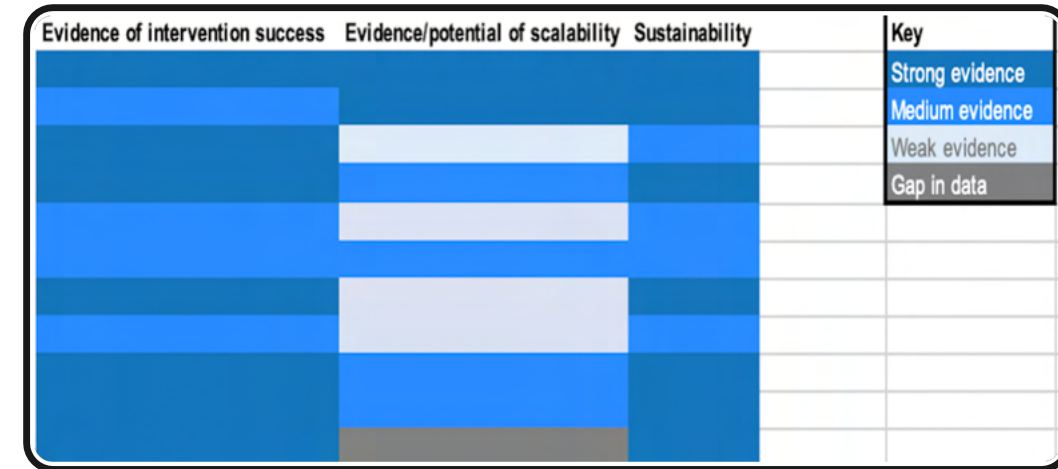
Sustainability across most intervention types (both healthy and SSN groups)

2

Gaps in scalability, especially in the SSN group

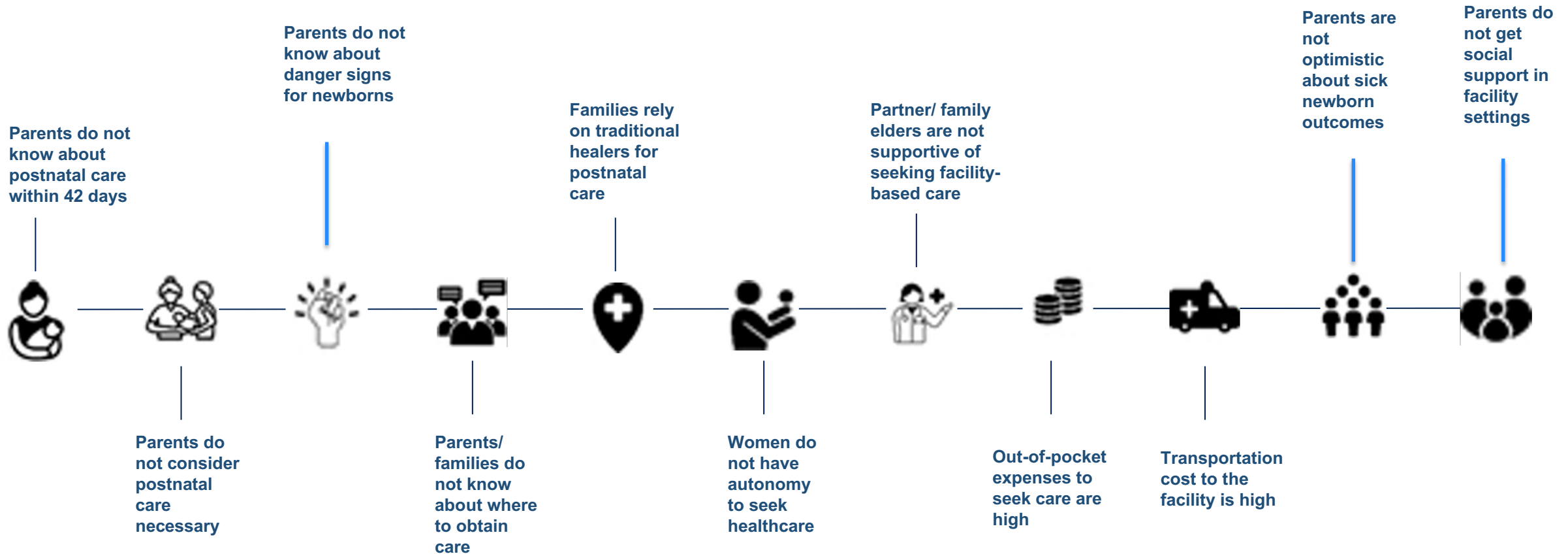
3

Interventions for SSN were sparse, compared to healthy newborn interventions



# PATHWAY

Where are there barriers related to the lived experiences of individual people and families?



*\*Blue bars are additional barriers to care for small and sick newborns*



# THEORETICAL MODEL

Where are the actionable gaps in the types of interventions that might be applied to the problem at hand?

1

Review interventions from other areas of interest

2

Group interventions (PNC and others) by level

3

Compare gaps

Theory construct	Examples from pregnancy, labor and delivery	Examples from family planning, nutrition, and maternal mental health
Societal (policies, laws)	Unconditional cash transfers	Girls' education
	Conditional cash transfers	Economic empowerment of girls and women
	Vouchers	

# THEORETICAL MODEL

Where are the actionable gaps in the types of interventions that might be applied to the problem at hand?

1

Significant gaps in SSN work

2

Strong results for healthy newborns at interpersonal, individual levels

3

Reliance on mobile health applications

**In practice:  
small and sick  
newborns**

Conditional cash transfers

**In practice:  
healthy newborns**

Health systems strengthening  
with a demand-side approach

A young child with dark hair is sitting in a white hammock with a colorful pattern of small figures and shapes. The hammock is suspended by light blue fabric. The child is looking towards the camera. The background shows a rustic setting with a thatched roof and some foliage.

# **RECOMMENDATIONS** **& DISCUSSION**

Where are the gaps or methodological weaknesses in the published literature?

Where are the actionable gaps in the types of interventions that might be applied to the problem at hand?

Where are there barriers related to the lived experiences of individual people and families?



# **METHODOLOGICAL WEAKNESSES**

## SMALL AND SICK NEWBORNS

- SSN interventions limited in scope and size
- Studies included were not limited to LMIC
- Significant gaps in scalability analyses, especially in the SSN group

## HEALTHY NEWBORNS

- Qualitative methods made for challenging effectiveness evaluations
- Outcome variability across studies
- Only half (14/28) of the studies addressed cost effectiveness

# **ACTIONABLE GAPS**

## SMALL AND SICK NEWBORNS

Financial incentives

Vouchers

Subsidies

Home visits

Training on symptom recognition

## HEALTHY NEWBORNS

Engaging fathers and other family members

Financial incentives

Vouchers

Subsidies

# **SUMMARY OF RECOMMENDATIONS**

1

Use the frameworks presented here to guide where additional work is needed

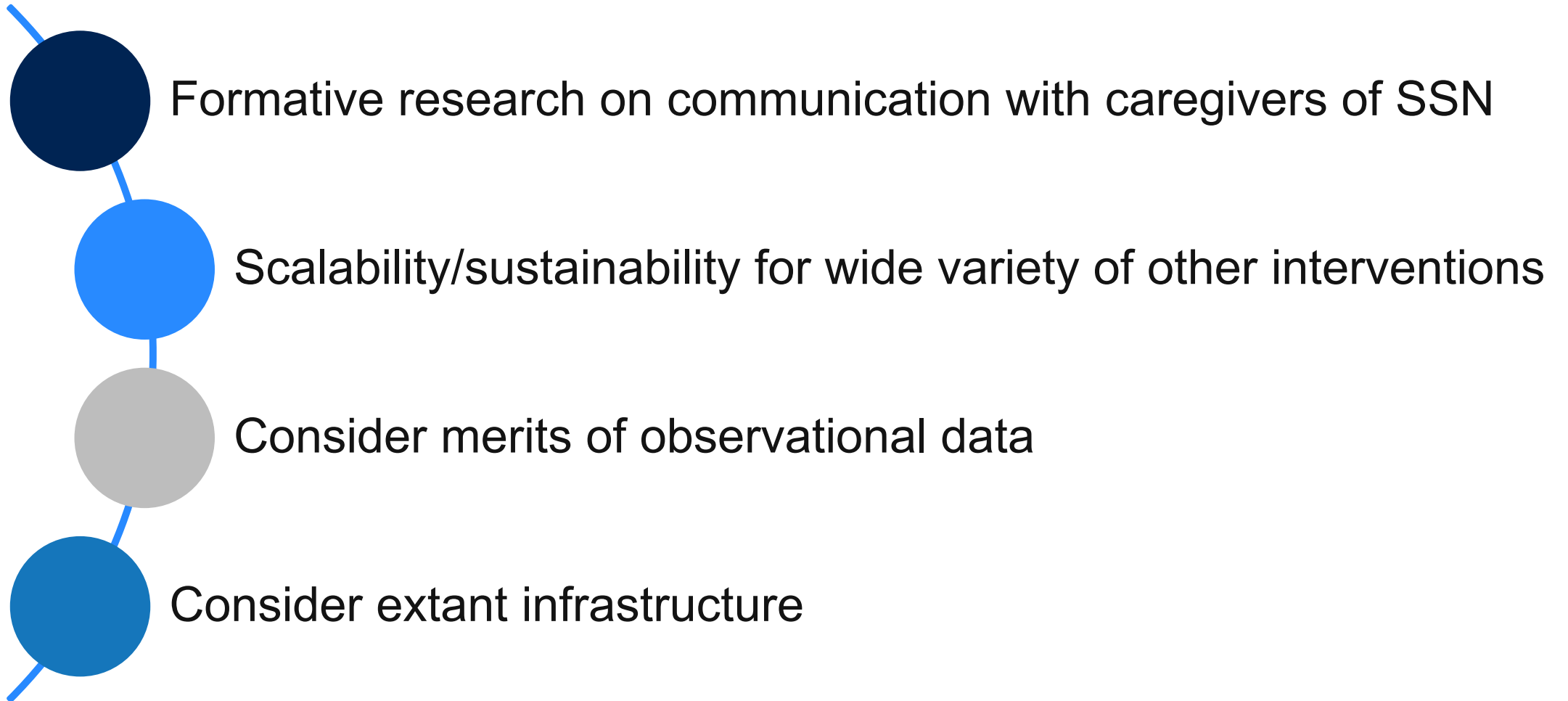
2

Distinguish areas where formative research is appropriate vs. where assessments of scalability, sustainability

3

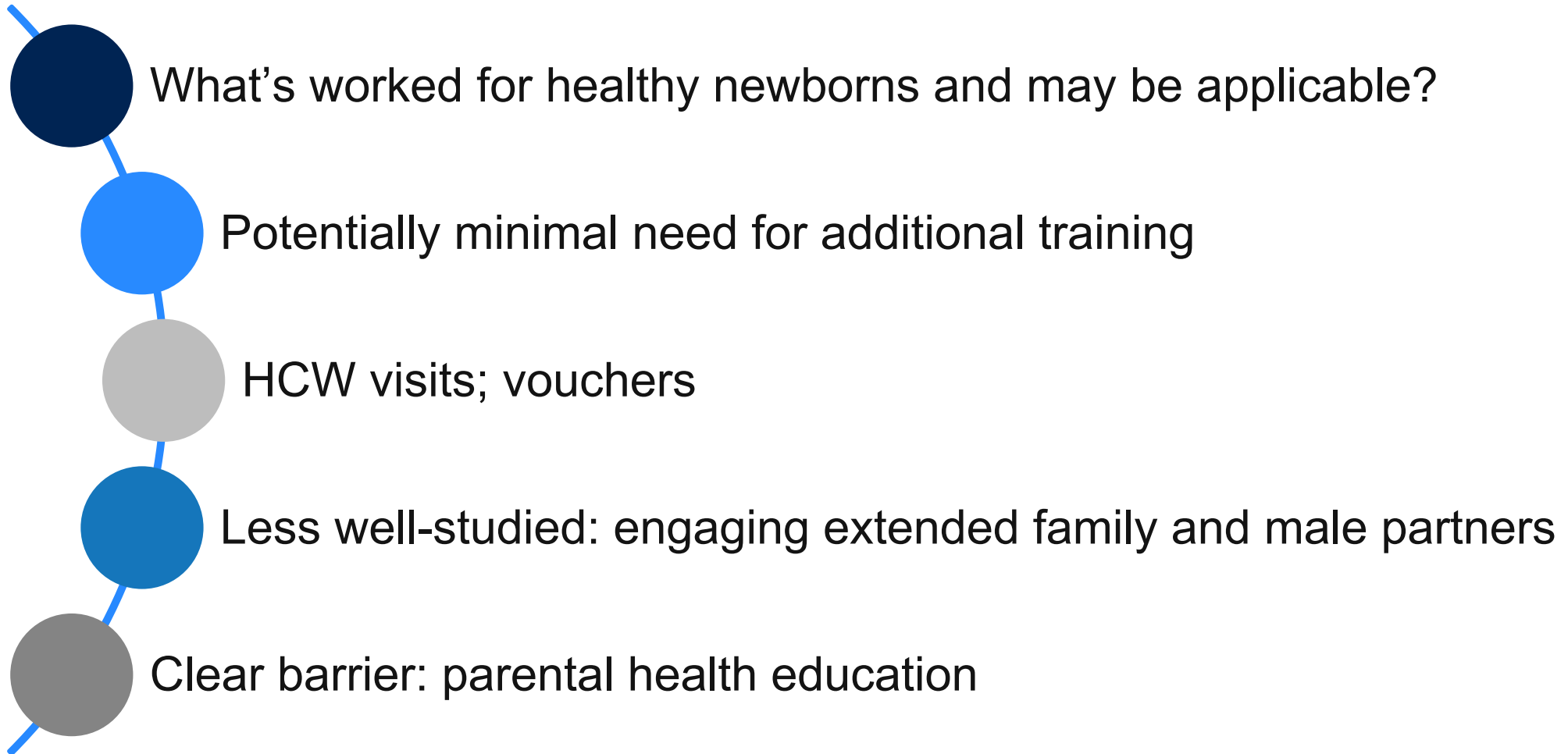
Focus on small and sick newborns

# **APPROPRIATE RESEARCH**





# **FOCUS ON SMALL AND SICK NEWBORNS**



# THANK YOU



START  
CENTER

STRATEGIC ANALYSIS,  
RESEARCH & TRAINING CENTER

Department of Global Health | University of Washington