

Access to health care in rural areas: Creating a strategy to transport severely ill people to the health facilities in Southern Mozambique

Saquina Cossa¹, Maria Maixenchs^{1,2}, Felismina Tamele¹, Zubaida Manhenje¹, John Blevins³, Quique Bassat^{1,2,4,5}, Inácio Mandomando¹ Khátia Munguambe^{1,6}

¹Centro de Investigação em Saúde de Manhiça, Maputo, Mozambique; ²ISGlobal, Hospital Clinic, Universitat de Barcelona, Barcelona, Spain; ³Emory Global Health Institute, CHAMPS Program Office, Emory University, Atlanta, USA; ⁴Catalan Institution for Research and Advanced Studies (ICREA), Barcelona, Spain; ⁵Paediatric Infectious Diseases Unit, Paediatrics Department, Hospital Sant Joan de Déu (University of Barcelona), Barcelona, Spain; ⁶Faculty of Medicine, Eduardo Mondlane University, Maputo, Mozambique.

BACKGROUND

- In low and middle income countries, access to health care in rural areas is difficult, mainly due long distances to health facilities, unaffordable transport and other indirect costs.
- The Child Health and Mortality Prevention Surveillance Program (CHAMPS) is a program that aims to increase knowledge on the cause of death of children under five in low and middle-income countries. CHAMPS is implemented in the Manhiça District, Mozambique, since 2013.
- CHAMPS has a community engagement (CE) component aiming at building partnerships and aligning healthcare and health seeking priorities. Communities identified the lack of access to the health facilities as one of their health priorities.
- A strategy was developed to engage the communities in the design and implementation of a transport strategy for the severely ill to the health facilities.

METHODS

Figure 1: Activities

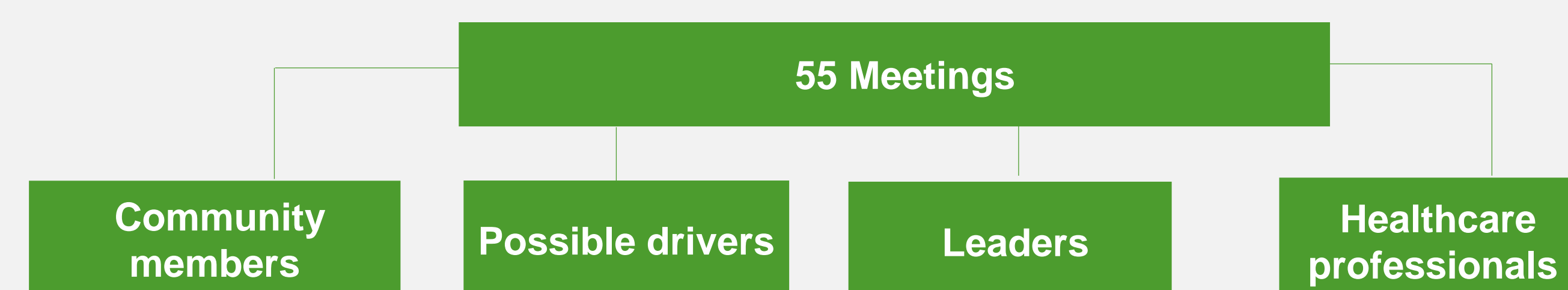
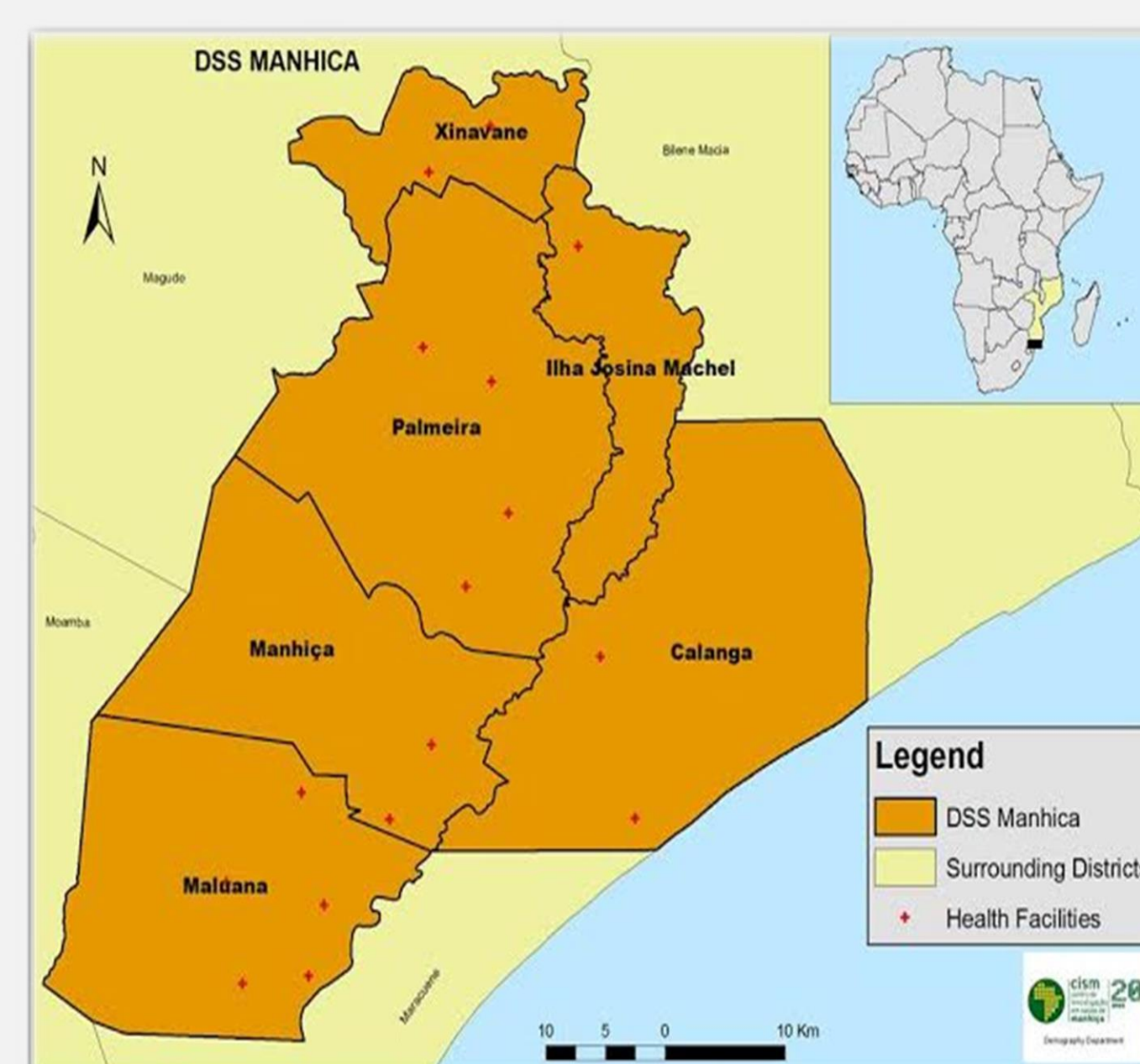


Figure 2: Data collection and management



Figure 3: Study area



RESULTS

Steps and requirements for starting the transport strategy

- Establishment of a common fund, provided with monthly contributions from each family that agreed to participate.
- Designation of three (3) community members responsible for managing the funds.
- Identification and hiring of local “taxi drivers”.
- CISM to reinforce the cash and support all necessary administrative expenses.
- Establish a system that helps the Community to access health services whenever there is a seriously ill person.

Results achieved

- Ten Families benefited from transport to the health facility, from June to November to 2019.
- During this period, six neighborhoods adhered to this strategy, totalizing 332 families estimated to the value of 643 \$ collected.
- Community members showed satisfaction in knowing that they can access health services whenever necessary.
- During this period, we interview drivers they reported to be satisfied, as they have an extra income provided by the strategy.
- Community leaders undertake efforts and actions to mobilize the local families to adhere to the strategy.
- *I am really happy because this strategy helped me and my son in the worst health situation. Matrona, November 2019*



Figure 4. One of the cars used for the transport strategy

CONCLUSIONS

- Ten families have benefited from the transport strategy from September to November 2019 and all of them showed satisfaction.
- The involvement of the community from the beginning, during the identification of the problem, the design and the implementation generated a sense of ownership and responsibility, contributing to a good management of the transport strategy.
- This strategy made the community more organized, united and sensitive to illnesses and death affecting neighbors and peers.
- The transportation strategy provided satisfaction to community leaders, as they feel that they can do something for the good of their communities.

Further information at <http://manhica.org/wp/pac/>

