



## Improving Access to Emergency Health Facilities in Rural Areas

**Social Science study of attitudes to attendance at maternity healthcare facilities**

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This project was funded by the Africa Community Access Programme (AFCAP) which promotes safe and sustainable access to markets, healthcare, education, employment and social and political networks for rural communities in Africa.

Launched in June 2008 and managed by Crown Agents, the five year-long, UK government (DFID) funded project, supports research and knowledge sharing between participating countries to enhance the uptake of low cost, proven solutions for rural access that maximise the use of local resources.

The programme is currently active in Ethiopia, Kenya, Ghana, Malawi, Mozambique, Tanzania, Zambia, South Africa, Democratic Republic of Congo and South Sudan and is developing relationships with a number of other countries and regional organisations across Africa.

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## Executive Summary

Developing Technologies (DT is implementing a project within AFCAP to promote affordable access to emergency health services in rural areas. The project is running trials of a low-cost ambulance, a motorcycle ambulance-trailer (MAT), to determine its effectiveness in providing an emergency transport service. The project is being implemented in Lundazi District in the Eastern Province of Zambia by DT's partner, the Disacare Wheelchair Centre (DWC) in collaboration with the Lundazi Health Authority (LHA). Two MAT are being tested – MAT 1 based at Mwase-Lundazi clinic and MAT 2 based at Kanyanga clinic.

The project started in June 2011 and an inception report on setting it up was submitted in January 2012.

This social study on peoples' attitudes to attendance at health facilities and use of emergency transport was carried out in June/July 2012 by Miriam Orcutt, an M Sc student in medical anthropology at Durham University. The study comprised group and individual interviews in 6 villages in the Lundazi district with both women and men.

A summary of the very useful findings from the report which mainly relate to maternity patients is given in Table 1 and below. The full report is attached to this summary.

**Table 1: A summary of issues affecting attendance at health facilities**

Issue	Influencing factors
1 Deciding to attend	<ul style="list-style-type: none"> <li>- Role of women in community and family – putting family responsibilities before personal care</li> <li>- Influence of family, particularly husband</li> <li>- Traditional beliefs and customs</li> <li>- Problems of getting there – access, time and cost</li> <li>- Attitudes of staff at clinics</li> <li>- Facilities and effectiveness of treatment at clinics/hospitals</li> <li>- Cost of treatment and care needed</li> </ul>
2 Access to health facility	<ul style="list-style-type: none"> <li>- distance</li> <li>- condition of paths, tracks, roads</li> <li>- barriers such as rivers and streams</li> <li>- availability of appropriate and acceptable transport - comfort, convenience, speed and cost</li> </ul>
3 Effective and acceptable treatment at facility	<ul style="list-style-type: none"> <li>- Number of trained staff</li> <li>- equipment and facilities</li> <li>- medicines and drugs</li> <li>- attitudes of staff</li> <li>- cost of treatment and care</li> </ul>

Particular findings on access were:

- 1 The main problem is getting from the village to the HP/clinic as the Landcruiser ambulances based at the clinics generally do not provide this service. In a few cases where this has occurred a fee of ZKw 60,000 (£8) was charged. Since charges for medical care have now been removed it seems likely that the Landcruisers will not collect patients from villages at all because limited funds for fuel will make this unaffordable.
- 2 The main means of transport from the villages are walking, bicycles and ox-carts. Bicycles are the fastest but are not suited to carrying maternity patients because of the discomfort. Walking and ox-carts are very slow and because women often leave the decision to travel until the first labour pains they may give birth by the road-side, increasing the risk of complications.
- 3 The bicycle ambulances (BAT) have been welcomed in the villages where they are located as they provide a comfortable and faster means of transport. However, it was commented that there were not enough of them. (This seems strange as monitoring of their use shows only one or two trips per month. However, they are only available in a limited number of villages and some of these are out of use because of lack of funds for repairs. Another factor noted in monitoring is that sometimes the care that has to accompany the patient does not have a bicycle and the BAT is pushed rather than ridden, therefore reducing speed)
- 4 The condition of the roads, particularly in the rainy season, is a significant barrier to access, making trips more uncomfortable and longer. Longer trips increase the risk of

giving birth by the road-side. Streams and rivers may be particular barriers in the rainy season because of the lack of bridges for vehicles.

- 5 Although there appears to be a general consensus that it is better to give birth at a clinic many women do not consider this because of the perceived barriers to access and other issues listed in Table 1.

It is widely recognised that the route to reducing maternal and new-borne deaths requires increasing the proportion of births that take place in the presence of skilled medical staff. In most of sub Saharan Africa this requires travel to a medical facility with the necessary resources. This study reinforces the findings from other published studies that the decision to attend a health facility is often difficult and complex for pregnant women, involving many considerations. However, it seems clear that improving access to health facilities is a key factor in reducing barriers to attendance, therefore encouraging more mothers to attend.

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