

Barriers and facilitator to referral system in primary health care in Mozambique: Perspectives of communities, supervisors and community health worker in Moamba and Manhiça

Reachout  
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BACKGROUND

The APEs (Agentes Polivalentes Elementares –meaning “essential [or elementary] multi-purpose agents”) Program is a strategy of the Mozambican health system to enhance access to health care mainly in rural areas. The scope of work of APEs includes health promotion, disease prevention and specified curative care for rural communities. APEs are trained to identify and refer patients with illnesses and other physiological conditions (e.g. pregnancy) for which they are not able to provide care. Appropriate referral and feedback is limited. This study analyzed the facilitators and barriers to appropriateness of timing, documentation and feedback of referral in rural communities to health facilities by APEs in Mozambique.

METHODS

The study was done in Manhiça and Moamba Districts of Maputo Province, in Mozambique. In-depth interviews (IDIs) were conducted with APEs and their supervisors (health workers). Additionally, focus group discussions (FGDs) were conducted with community members (including leadership). Both IDIs and FGDs were conducted in Portuguese (and when necessary in local languages) by use of semi-structured guides and were recorded and transcribed. A total of 11 APEs (6 female) and 6 supervisors (2 female) participated in IDIs. There were 7 FGDs conducted with community members with a total of 58 participants (47 male). The analysis carried out of Portuguese transcriptions were verified for quality and read for identification of emerging themes and sub-themes related to barriers and facilitators of successful referral of patients by APEs to health facilities.

RESULTS

Our findings reveal that all participants acknowledged value of referral and its contribution to enhancing quality of care of patients. Some factors identified by participants as barriers and facilitators for successful referral were related to the health system, but others were related to community perceptions of care. The table above present three top barriers and facilitators and quotes:

Facilitators	Barriers
Availability of referral slips	Poor or non-preferential treatment at health facilities after referral
Clear guidelines for referral	Lack culture of feedback from health facilities
Prioritization of clients with referral slips in the health facilities for services delivery	Perception of community members that APEs offer better services than health facilities
Community perception of appropriate referral (what the APEs can do)	Demotivation of APEs when they could not provide appropriate care
Acknowledgement that referral systems are vital for the improvement of primary care	Workload of supervisors and under utilization of information generated in the referral system

REFERRAL SLIPS AS A FACILITATOR IS REVEALED BY APES AND COMMUNITY MEMBERS:

“The referral slip is a document that the community take to the health facility. This document helps us as APEs to refer people without constraint. When you have these slips, you can be observed quickly.”  
APE, 35 years old, male

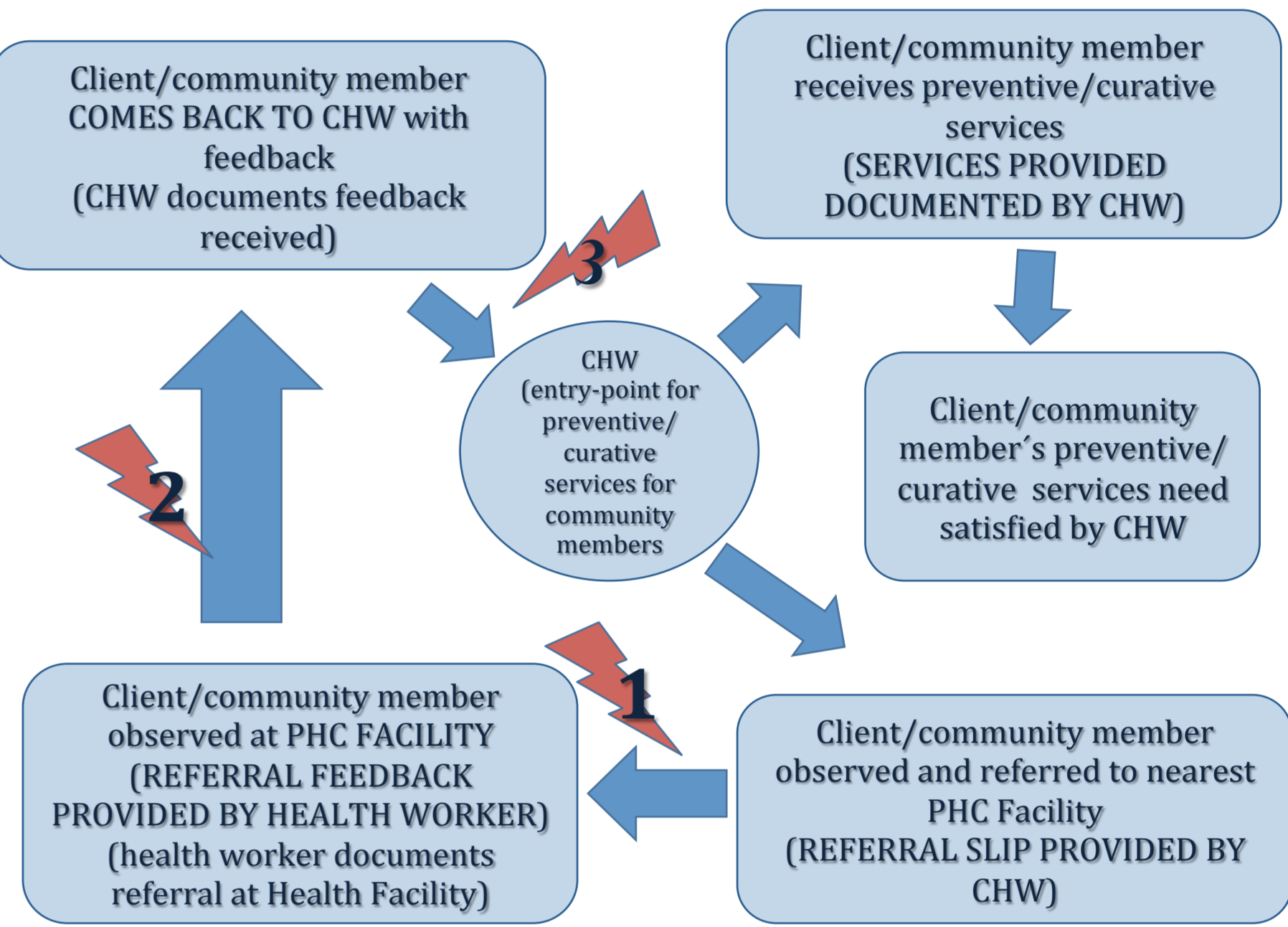
“We cannot lie to them. When we go to the hospital for referral with the slip that our ‘nurse’ gives us, they meet us without delay, and no need to stand in the long queue. I even went last month, and it did not take me long.”  
Mother, 38 years old

“The referral is very important to follow up the clients. We know that the APEs cannot treat many diseases, they treat malaria, diarrhea, cough and other simple disease. The APEs help us to reach patients in the communities and this can improve our primary health care.”  
Supervisor, 34 years old, female

POOR OR NON-PREFERENTIAL TREATMENT AT HEALTH FACILITIES AFTER REFERRAL IS MENTIONED AS BARRIERS BY APES AND COMMUNITY MEMBERS:

“We had problems. I have seen cases of my colleagues who have used the referral slip for referral to the facility...When the patient arrived there with the slip and presented it, the nurses said ‘you’re sick, and these people who are here are not sick? Join the queue.’ Maybe this person is the last to arrive, because it is far. I have seen it many times. So when I take a referral slip, it does not help you at all.”  
APE, 27 years old, male

“In the hospital they don` t treat well. I prefer to have a treatment with our doctor (APE). Sometimes they – health facilities health providers – just look at you, when you are suffering. The paper – referral slip – doesn` t work there... Therefore some people go to the church or take local medicine”  
Mother, 24 years old



CONCLUSION

- To enhance access and quality of primary health care in rural areas of Mozambique, it is necessary to improve the referral system by strengthening communication and feedback between APEs and their facility-based supervisors to follow up referral defaulters.
- Community engagement can stimulate the use of health facilities and/or the creation of more remote health posts for APEs could reduce the time and financial costs associated with referral for patients.

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