Access to formal Healthcare Services: Why Non-medical Social Resources Matter

By Laban Musinguzi Kashaija, PhD Candidate, CoHeRe

Key Message:
A holistic approach that recognizes and embraces already existing non-medical resources such as social groups, informal transport providers, the norms, obligations, trust and reciprocal relationships that build and bind community members together offer a more sustainable solution for improving access to healthcare.

Events such as bicycle races were used to mobilize people to attend health outreaches

Background

Since the 1978 Alma Ata Declaration, there has been growing consensus that the solutions to the challenges of access to formal healthcare in low-income countries are as social as they are medical. To improve access to formal healthcare services, the Uganda government, and her development partners have implemented a number of interventions at community level. While some interventions such as the construction of health centers at every parish have assumed a medical perspective, others entail a more community-based and socially oriented approach. The socially – oriented interventions have included; training of lay persons as village health teams (VHTs), formation of HIV and AIDS post-test clubs, supporting the establishment of community health insurance schemes, and community health outreaches for immunization. Although considered to have no immediate effect and direct impact on access to formal healthcare services, initiatives such as community-based micro financing have also been implemented. The adoption of community-based approach for health promotion interventions is based on the knowledge that illness is a social phenomenon, whose management requires collective community action. Additionally, this approach

is informed by the recognition that such interventions tap into existing systems of cooperation and norms of interpersonal trust and reciprocal relations that exist in community structures; embodying features of what has come to be popularly known as social capital. However, there is limited consensus on how to translate this knowledge into locally adapted solutions that enable vulnerable populations to access formal health care. The study aimed at exploring how community members rely on existing social groups, networks and processes to access formal healthcare services.

A TBA attending to a pregnant woman (note other clients awaiting service)

Non-medical interventions/ resources

- *Community-based micro financing*
- *Social groups such as village savings and loan associations*
- *Informal transport providers such as motorcycle taxis*
- *Traditional birth attendants*
- *Informal spaces of social interactions and support structures including informal social networks*

Methods:
Data collection was done using different methods including participant observation, in-depth interviews with community members, focused group discussions and informal conversations.

Key Findings

- *Lack of simple everyday resources such as a mobile phone and a motorcycle hinders access to healthcare services*
- *Good neighborliness is a key resource in the community*
- *Every day processes of social interaction trigger collective and reciprocal action*
- *Social groups are a critical entry structure for healthcare access*

Findings

- Access to formal healthcare is not only facilitated by the lack of money services but also access to simple everyday resources such as having a mobile phone, and availability of transport providers.

> *A woman was about to deliver; the family tried to reach out to the boda boda [rider] but his phone was off. So they failed to take her to the facility and she delivered at home. When we [VHTs] reached the home in the morning, we found that she had lost a lot of blood. Her mother-in-law told us she did not have money [to hire a vehicle] to take her to the hospital... So we called another boda boda. On reaching the hospital, we were told that she was about to die. She was admitted for two weeks.* ***(Extracts from the focus group discussions with the VHTs)***

- The value of neighborliness and the informal transport providers as a resource in the community.

> *About two weeks ago, that child you see there [points to one of the children playing in the compound] developed malaria at night. I mobilised a boda boda from my neighbour and we took him to the hospital at night. We were lucky God helped him and he got well* ***(Interview with a community member)***

- Membership in savings associations, connections with informal transport providers and community ability to reach out to the disadvantaged community members were found to be key resources in overcoming problems of poverty and accessing distant health facilities.

> *Some community members came to see the child and asked me why I was not taking him to the hospital. I told them that I had no money at all. I had nowhere to start from.…So they went around the community, and whomever they told contributed, even a coin of 100 shillings. They mobilized Ush20,000 [US$5.60)] and gave it to me, and I took the child to the hospital****.(Interview with a male community member)***

- Every day processes of social interaction trigger collective and reciprocal action so that health problems are solved like other problems are solved through social networks and social capital.

The people we offer services to are normally people we know… In most cases they stay with our families and act like guardians when we go to work…. My child can go to his home and ask for water or food... So, giving a free lift to such a person when they are sick is like a sign of appreciation... Indeed, after giving such a person a free lift, he will develop even more love for my children and continue helping them and treating them well ***(Interview with a boda boda rider from the community)***

Conclusions and recommendations

- *Access to formal health care can be improved through simple, locally crafted solutions spontaneously initiated by community members as part of the daily practices and long-standing traditions of mutual support.*
- *The findings of this study suggest that the existence of such social resources in the community is in direct contradiction to the labels often given to such communities as resource-limited, or resource-constrained. Can we still subscribe to the general description that communities in low-income countries are resource-poor and that's why their health care is affected?*
- *Government should enact a policy that promotes equipping of informal transport providers with patient handling skills as sustainable measure aimed at improving access to formal healthcare.*
- *Entry into the community should be based on already existing processes and interventions should simply build on what already is happening.*
- *The resources that lie outside the traditional boundaries of the formal healthcare system present an opportunity for a people-centered approach towards improving access to formal healthcare.*
- *A holistic approach that recognizes and embraces already existing non-medical resources such as social groups, informal transport providers and the norms, obligations, trust and reciprocal relationships that build and bind community members together may offer a more sustainable solution for improving access to healthcare.*

Acknowledgements

This work was made possible by support from "Developing Sustainable Community Health Resources in Poor Settings in Uganda (CoHeRe) project at the Centre for Social Science Research on AIDS (CeSSRA), Makerere University School of Social Science and University of Amsterdam grant number W07.45.2009.014 from The Netherlands Science Organization (NWO), WOTRO Science for Global Development office.

Additional Information

For additional information, please contact **Laban Musinguzi Kashaija,** rebman2k@yahoo.com or **Dr. David Kaawa** – Mafigiri, mafigiridk@yahoo.com