

Improving outcomes of severe malaria management: The role of a 'community transport referral system' in a rural district in Eastern Uganda

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Introduction

The existing referral system which connects the different levels of the health system in many sub-Saharan countries including Uganda is weak. This negatively impacts on family healthcare-seeking practices and referral completion.

The barriers to seeking healthcare and completing referral are numerous and varied. In the Mbale district of Uganda in particular, there are indications that long distances to health facilities, availability and high transportation costs as important bottlenecks to seeking care and completing referrals.

In 2009, Uganda introduced a community health care system run by village health teams (VHTs) to treat simple illnesses and refer the severe cases to health facilities. However, up to the end of 2011, there was no referral transport system between the community and health facilities in Uganda.

In 2012, Malaria Consortium in collaboration with Mbale District introduced a 'community-to-health facility motorcycle (locally known as *Boda-Boda*) transport referral system' aimed at improving access to health services.



Methods

Baseline and endline cross sectional surveys were conducted in June 2012 and May 2015 to explore whether this transport referral system improved the management of severe malaria amongst the children under five years old in Mbale District.

Questionnaires based on the Demographic Health Surveys and Malaria Indicator Survey modules were used. The evaluation targeted 1,040 households for each survey round and achieved 99% response rate in each.

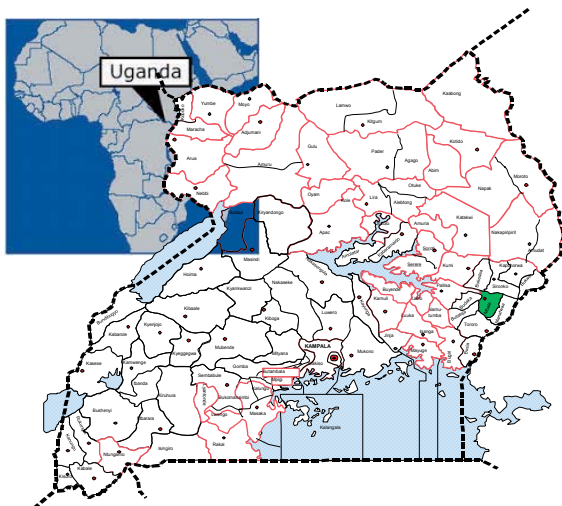


Figure 1: The study area

Results

- Treatment seeking within 24 hours of onset of fever improved from 42% at baseline to 61% at end line (p-value <0.001).
- Of all children under five with severe malaria who sought treatment, the proportion that received treatment within 24 hours of onset of fever significantly improved from 48% to 70% (p-value= 0.001).
- Completion of referral to a health facility among children with malaria was 60% at endline.
- There was a 30% reduction of in-patient case fatality rate for children under five that were diagnosed with severe malaria (from 0.7% to 0.5%). Treatment by a skilled health provider improved from 68% at baseline to 79% at endline (p-value= 0.002).
- The proportion of caregivers that sought treatment for their child from the public sector increased from 62% at baseline to 68% at endline.

Conclusion

- There were improvements in care seeking and treatments between endline and baseline values.
- Intervention well received by members of the community within intervention area.
- It is likely that community referrals has improved health service delivery and health outcomes.



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