

MAPPING OF HEALTH SERVICES ALONG MAJOR TRANSPORT CORRIDORS IN EAST AFRICA

March 2015



The findings from this mapping exercise will serve as a guide for the **East African Community** in the development of an integrated health and HIV and AIDS strategy and related programming along transport corridors in the region.

METHODOLOGY



- Multi-method, multi-site designed
- Quantitative and qualitative approach
- GIS mapping of health facilities
- **341** health facilities surveyed
- Cross-sectorial data collected from 5 countries in East Africa: Burundi, Kenya, Rwanda, Tanzania and Uganda

BACKGROUND

Several studies have highlighted the health risks encountered by migrant populations such as long-distance truck drivers, female sex workers (FSWs), other populations associated with major transport hubs and communities along transport corridors in East Africa. Available evidence indicates that they tend to be highly vulnerable to infectious diseases, including HIV, tuberculosis (TB) and malaria. The health risks stem not from migration itself but rather from a complex interaction of factors at individual, environmental and structural levels.

Some of the factors that have been consistently cited in literature include risky sexual behaviours, low risk perception, high levels of mobility, the nature and condition of work, repetitive work activities, unsanitary accommodation, separation and isolation and inadequate access to health and social services, among others.

Available literature also highlights challenges faced by migratory populations in accessing health services. Populations along transport corridors struggle with problems of health care access similar to those of many other underserved populations, with the additional burden of having to search for new care options as they move.

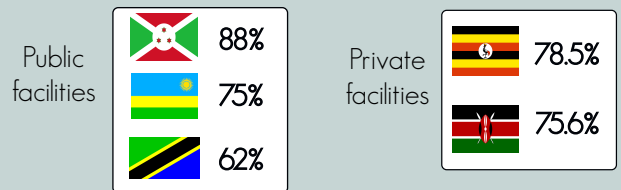
OBJECTIVES

- **Compile** reliable and up-to-date data on available health services along transport corridors in the EAC (focusing on key and vulnerable populations).
- **Generate** evidence-based, strategic information to inform the East Africa Regional Task Force on Integrated Health and HIV and AIDS Programming along Transport Corridors.
- **Identify** gaps to inform the development and finalization of an EAC minimum health service package to guarantee continuity of care along the transport corridors, which is already in process.

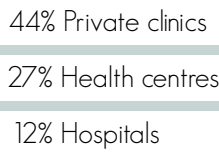
SYNTHESIS OF MAIN FINDINGS

341 Health facilities analyzed

Ownership

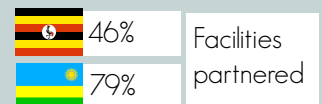


Type of facilities



Partnership

A considerable proportion of health facilities partnered with NGOs/CBOs/FBOs to provide services such as: medicines, essential supplies, delivery of care and administrative costs.



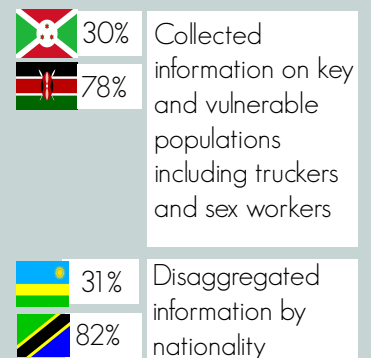
Monthly caseload



**Data to be interpreted with caution as not all facilities provided health services to key and vulnerable populations and/or collected data on them.*

Health management

The majority of assessed facilities in the five countries utilized a health management information system and most of them collected information using a paper-based system.



Professional staff



RECOMMENDATIONS

- 1 Strengthen the capacity of health care facilities.** Support public facilities in providing migrant-friendly health services, the health-seeking behaviour of key and vulnerable populations must be catered to as well. Private facilities are key providers of health services along transport corridors in some locations. There is need to enhance their capacity to provide a minimum service package that addresses basic primary care, STI screening and treatment, malaria prevention and treatment, as well as provision of integrated tuberculosis and HIV responses.
- 2 Strengthen tuberculosis and HIV and AIDS responses along transport corridors.** Scale up the provision of such services, especially by the private health care facilities in the areas where they are most prevalent. Where private facilities lack infrastructure and resources to provide such services, referral systems between private and government facilities should be developed to ensure that key and vulnerable population groups are linked to services.
- 3 Strengthen referral mechanisms.** Establish an affective referral network for facilities within the hotspots. Particularly, there is need to (i) map out and support development of direct referral between facilities within and between hotspots, and (ii) support innovative ways of developing capacity to capture client data in terms of location, for example by using a health passport or smartcard.
- 4 Key population and migrant-friendly health service provision.** Health services, where available, must be more client-friendly, migrant-sensitive and attractive to key and vulnerable populations
 - Train health workers on how to provide migrant friendly services, addressing both the clinical and social aspects.
 - Develop and disseminate guidelines on providing migrant-friendly services to ensure health services at the different hotspots are uniquely suited to address the needs of migrants.
- 5 Support the establishment of integrated health clinics or wellness centres in priority sites** to provide a minimum service package to key and vulnerable populations and migrants along transport corridors, particularly truckers, cross-border traders and female sex workers. Strengthening existing health facilities - along with establishing new centres to ease the high burdens on existing services - will help improve access to quality care for the people who live, work and travel along the EAC transport corridors.
- 6 Strengthen structural interventions and social and behavioural change communication (SBCC).**

HEALTHY MIGRANTS IN HEALTHY COMMUNITIES



IOM International Organization for Migration
OIM Organisation Internationale pour les Migrations
OIM Organización Internacional para las Migraciones



North Star
Alliance

fhi360
THE SCIENCE OF IMPROVING LIVES

Study commissioned by:

