

---

# Linkages and referrals to public health systems

---

Anthony K. Mbonye (PhD)

Associate Professor/Director Health  
services

---

# Referral of patients

- Studies have shown that referral of patients from lower levels of care to higher ones is low.
  - Several factors have been attributed to the poor referral including: lack of money, high costs involved in referral, long distances to the referral health facilities, poor attitudes of health workers
-

---

# Referral of patients

- Lack of drugs at health facilities, gender issues and negotiations in the referral process
  - *“Others think that when the nurse in a clinic refers a patient, then she is not well trained, she has no experience to manage the illness. Others have a perception that may be the nurse hates them and it’s the reason she has referred them so that they suffer” (FGD male- Mukono district).*
-

---

# Referral of patients

- *“They don’t give referral letters because of lack of confidence to state the diagnosis, whether the treatment given is the correct one. So the provider will think that making a referral letter puts her in problems so she will verbally tell you go to a hospital” (FGD male-Mukono district)*
-

---

# Introducing mRDTs in the drug shops in Uganda and experiences with referral

- We evaluated the referral practices after drug shop visits and focussed on the following: what advice was given by DSVs, whether a referral form was provided, what the DSV recorded as referral and whether patients took up the referral advice.
  - DSVs were viewed as offering a convenient and potentially cost-effective solution to patients where travel time and finances were important barriers to accessing the formal health system.
-

---

# Introducing mRDTs in the drug shops and experiences with referral

- mRDTs at drug shops helped to improve the desirability of DSVs in the eyes of their patients.
  - However, there was poor referral uptake
  - Fear of the implications of referral by DSVs (loss of confidence, loss of money), coupled with mistrust of mRDT negative results by both DSVs and patients led to poor referral uptake.
-

---

# Introducing mRDTs in the drug shops and experiences with referral

- Other constraints were the high costs of transport to the health facilities
  - Public health workers were dismissive of the referral forms (in Luganda) coming from providers that they often mistrusted
-

---

# Way forward

- Further studies are needed to assess how the barriers identified in this and several other studies could be addressed to improve referral.
-