



Context: The access and use of health care declared by Alma-Ata (1), is a necessity of urgent action for all stakeholders to protect and promote the health of all peoples of the world. In Morocco this necessity is reinforced by art 31 of the constitution of July 29, 2011 (2). The 2008-2012 action plan, describes that access to health care is determined by a multitude of factors of a very diverse nature, engendering inequalities between urban and rural areas, comfortable and poor population, regions and provinces, still persist both at the level of indicators relating to the state of health of the population and those of access. Our study goal to identify difficulties in accessing and using health care among nomads' pastoralists population in the rural areas of Figuig Province, with the finality of improving them

Method: We conducted a descriptive cross-sectional study on this population. 38 surveys and semi-structured direct questionnaires were conducted over a period of one month with nomads and providers. Dispersal is the tool for describing data. The variables studied relate to the characteristics of the determinants of health and relate to the determinants: of the health system, individual, social and those related to the use of care as a purpose

Results: Of the 38 respondents, analysis of Andersen model data showed that the main difficulties encountered by nomads are concentrated at two levels of access and care recourse. Before admission to care, it is accessibility and waiting time on the one hand, and after consultation at the health center level with the removal of sick nomads for hospitalization at one of the hospitals of the region, are the main difficulties. While, the nomads are satisfied even if the number of doctors is insufficient: reception, benefits and free medication after entry to care at the rural health center.

Conclusion: Taking into account the difficulties mentioned above; the study proposes to adapt the offers to the needs of the population upstream of the care, while taking into account the dynamics of the pastoral sector by integrating the community health in connection with the other policies involved in the development of the area.