Emergency Transport experiences from Sub-Saharan Africa

Public involvement in transport innovations to improve access to healthcare

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Outline of the presentation

• Maternal and Neonatal Mortality in Sub Saharan Africa (SSA)
• Context of Emergency Transport System’s (ETS) intervention
• ETS characteristics
• Uganda
• Nigeria
• Madagascar
• Zambia
• Key elements of success
• Conclusions
• For more info…
Maternal and Neonatal Mortality in Sub-Saharan Africa

- Maternal Mortality Ratio (500 deaths per 100,000 live births), *WHO 2012*

- Perinatal mortality (56 deaths per 1,000 births), *WHO 2007*

- Only 47% of births take place in a facility

- MDG 4 and 5

- Interventions to halt Maternal and Neonatal mortality foresee enhanced access of pregnant women, mothers and children under-5 to health facilities
Context of ETS interventions

- Three delay model (Thaddeus and Maine, 1994)

http://www.cpc.unc.edu/measure/prh/rh_indicators/specific/sm
Emergency Transport Systems’ characteristics

- **Innovative** transport solutions in collaboration with private sector and/or communities;

- **Sustainable** – they build on what is already available in country and rely on public involvement (mostly volunteers)

- Examples from: Madagascar, Nigeria, Uganda, Zambia
Uganda

Merck for mothers (Oct 2012 – Aug 2015)
Uganda
Results

• 319 Community-based ETS riders in 5 districts
• Operate using volunteer motorcycle taxi riders
• 2 motorcycle taxi trailers. They are facility-based and are primarily for referrals
• 211 riders contacted for data (January and February)
• 1,110 women transported (2.63 women per driver per month)
• Average cost reduction of journey price (estimated 15%)
Nigeria

Adamawa State ETS (July 2013-2018)
Nigeria Results

• Operating in high level insecurity – curfews and road blocks
• 13 LGAs (similar to districts), all wards covered
• 520 drivers in 13 LGAs
• 3 more LGAs for scale up
• 20 more drivers for scale up
• From December – March; 514 pregnant women were transported to health facilities successfully
Madagascar
MAHEFA programme (May 2011-2016)

• 3 types of emergency modes of transport produced
  • Bicycle-Ambulance / Cycle-rickshaw
  • Wheeled Stretcher
  • Canoe

• 96 fokontany (communities) provided with modes of transport

• 283 people formally involved in ETS

• Between January and April 2015, 173 patients transported by ETS (not only mothers and children)
Zambia

More MAMaZ (Apr 2014 – Sept 2016)
More MAMaZ (Apr 2014 – Sept 2016)

- Community-based Emergency Transport Scheme
  - Bicycle ambulances (134)
  - Ox carts (16)
- 118 communities served with ETS (each with 2 riders)
- From October 2014 to May 2015, 1100 women were transferred by 237 drivers
- Average distance 5km, but also up to 20km
Key Elements of Success

• **Assess** modes of transport in the intervention area to avoid introducing unsustainable or inappropriate solutions;

• **Ownership** of the scheme remains with the communities/operators that have the mean of transport

• Community appreciation and **recognition** of volunteers

• Maintenance and **management systems** in place

• **Advocacy** to government institutions to recognise and support the intervention
Conclusion

- **Objectives**: similar to all projects presented
- **Approaches**: different and always based on the reality on the ground
- **Results**: may differ but they all rely on key elements of success
For more info…

- Access to Transaid’s technical case studies and tools

http://www.transaid.org/home/knowledge-centre/

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Thank you!

Do you have any questions?