



Afghanistan Maternal Health Transport Project

Project Location:	Balkh Province, Afghanistan
Project Start Date:	2010
Project Duration:	1 Year

Introduction: Transaid was asked by HealthProm, an international development organisation, to provide assistance to find a solution for transporting pregnant women to health facilities in the difficult mountainous region of Northern Afghanistan.

HealthProm approached Transaid to seek assistance in the development of a solution to ensure that pregnant women could access health facilities at time of birth. Transaid sought advice from Olivia Comberti, an appropriate technology engineer, formerly with Developing Technologies. Working with Transaid and HealthProm, Olivia has developed a number of designs to move pregnant women using different methods including traditional stretchers, wheeled stretchers, and sleds pulled by horse or donkey. Discussions were held during the development process regarding localisation, sustainability and availability of materials in Afghanistan to produce the right methods of transportation. Best practice input was also gathered from mountain rescue teams in the UK.

Transaid provided advice and expertise on rural access development projects. A Participatory Rural Access Survey (PRAS) was developed to help local HealthProm facilitators in Afghanistan discuss access issues with key stakeholders on the ground. This helped facilitate the sharing of negative experiences of women who had struggled to reach health facilities and problem solving activities to overcome these challenges. Transaid also advised on the establishment of men's voluntary groups to support the movement of women during emergencies.

Transaid has committed to fund the in-country manufacture of whichever design is finally chosen.

Methodology: Transaid developed the PRAS - which is designed for helping guide the facilitation of participatory discussions with rural communities and other stakeholders regarding maternal referral. This tool was developed using the knowledge and experience of Transaid staff, and has also benefited from other published tools including the Sub Saharan Africa Transport Policy Program (SSATP) Methodology for Rapid Assessment of Rural Transport Services by Paul Starkey. Other content was taken from the Emergency Transport Scheme Training Manual, originally developed by Mini Soyoola and Ibrahim Ahmed in Nigeria under the PATHS project.

The tool guides facilitators on how to gather and sensitize stakeholders, explaining which stakeholders might be appropriate and how to communicate the objectives of the workshop. The next step is to set the context of the workshop, emphasizing the importance of prompt, safe and affordable referral of maternal cases

to health facilities to minimize maternal death. During this time a number of key messages are relayed to the group;

- 75% of maternal deaths are estimated to be avoidable;
- Minimizing the three delays is seen as one of the most effective strategies for reducing maternal mortality;
- A woman can die in as little as two hours from post partum haemorrhage, eight hours from ante partum haemorrhage, and 24 hours from eclampsia;
- A lack of prompt affordable transport has been identified as an issue in Northern Afghanistan;
- Successful interventions have been undertaken across the developing world to establish effective transport solutions for maternal referral. Many of these interventions are low technology, non-motorised projects that result in many life-saving trips.

At this point it is important to build on the context, to realise the issues, and to find practical examples of the problem at hand. In order to do this, facilitators are encouraged to ask a series of open questions and allow the participants to tell and share stories of their experiences about referral from their own community. The group then dissects the story, investigating the issues that arise and seeking practical solutions. If a story does not provide sufficient detail facilitators are encouraged to ask the following questions:

- Did the mother survive?
- Did the baby survive?
- What form of transport was used? (Stretcher, donkey, etc.)
- How was the transport arranged?
- How much did the transport cost?
- How was payment arranged?
- How many hours did the journey take?
- What was the distance to the health facility?
- Was the outcome positive or were there problems?
- What were the problems?
- What are the solutions for these problems?

When several participants have responded with their experiences facilitators are encouraged to ask questions including the following:

- Of the experiences that we have heard which ones had sad outcomes?
- Why were they sad outcomes?
- Of the experiences that we have heard which ones had happy outcomes?
- Why were they happy outcomes?

At this stage, facilitators encourage more participants to tell stories. It is also important to discuss reasons that not transport-related when pregnant women do not receive timely treatment. Each participant is asked to explain more about the circumstances in cases

where they have witnessed any of the following reasons for treatment delays:

- **Knowledge of the danger signs:** the pregnant woman and her family did not know the danger signs; they did not know the mother was in danger.
- **Savings:** The family had not saved money for an emergency, so there was no money for transport, blood, medicines, or the supply of these.
- **Standing permission:** The husband did not pre-emptively give permission for his wife to travel to a health facility so people could not take the pregnant woman to the hospital.
- **There was no woman helper:** The pregnant woman had no-one to help her identify the danger signs.
- **There was no blood:** The family of the pregnant woman has not identified blood donors or the blood was too costly.
- **Transport problems:** there was no transport, the family has not identified a driver who could help in case of an emergency, or the road was bad.
- **Problems at the hospital:** The family did not want to go to the hospital, because of poor staff attitudes; the hospital did not attend to the pregnant woman on time.

Outcomes: Where transport is raised as an issue (it frequently was amongst the mountain communities of Northern Afghanistan) problem-solving begins. Certain questions helped to ignite discussions about possible opportunities for strengthening referral arrangements;

- What transport resources are available in the community?
- What is the frequency of motorised transport in the village?
- Are there transport associations or local transport groups, and if so what role do they play?
- What are the key problems and solutions for rural transport?
- Do transport requirements change according to changes in seasonal weather?
- What issues are associated with paying for transport?

During the discussions in Afghanistan a number of issues were raised by participants. Most commonly mentioned was the physical process of getting women to the health facility. During the summer the rains and snow melt leave the mountains muddy and treacherous. During the winter deep snow makes any movement difficult.

Conclusion: Transaid, Olivia Comberti and HealthProm are now looking at a number of solutions for ensuring that women have access to safe and affordable transport when suffering from a maternal emergency. Designs which are currently being reviewed include donkey-drawn sleighs (some with wheels and others with skis for winter), a variety of stretchers constructed from local materials and donkey-mounted seats. The final design will be low-cost, made of local materials, and locally produced by Afghan artisans.

As important as developing the physical means of transport is ensuring the support of the local stakeholders to ensure that it is used effectively. For example the establishment of men's groups to manage stretcher journeys when they are needed, and the development of local policies regarding the management of animals for patient transfer are key components of an effective solution.

Tools Utilised: Participatory Rural Access Survey (PRAS)

Partners: HealthProm, Developing Technologies, Olivia Comberti

About Transaid:

Transaid is an international UK development charity that aims to reduce poverty and improve livelihoods across Africa and the developing world through creating better transport. Transaid was founded by Save the Children and the Chartered Institute of Logistics and Transport. Our Patron is HRH The Princess Royal. Transaid specializes in the following:

- Building the capacity of public health authorities to provide effective, safe and cost efficient transport management systems to promote equitable access to primary health care services.
- Developing and improving logistics and supply chain systems to enhance the delivery of medicines, equipment and relief services to vulnerable communities.
- Promoting effective partnerships to support and enhance community participation in developing sustainable transport solutions in rural areas.
- Developing and delivering transport and logistics training and qualifications for public and private sector operators.

Transaid has the capacity and reach to lead projects throughout the developing world, but is equally capable of providing niche technical assistance to large scale health systems strengthening projects. Transaid maintains strong relationships with a number of leading international organizations including donor agencies such as DfID, DANIDA and USAID, and implementing organizations such as Health Partners International, Options Consulting, John Snow Inc. and Management Sciences for Health.

Contact:

Transaid
137 Euston Road, London NW1 2AA
United Kingdom

t: +44 (0)20 7387 8136
f: +44 (0)20 7387 2669
e: info@transaid.org
www.transaid.org

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