

Transport Systems for Maternal Health

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Outline

- Introduction and background
- Brief experiences from 3 different transport programs
- Summary of best practises
- Areas for improvement

Introduction and background

- Access to transport essential for ensuring women reach service points on time
- Averagely 72% reside within 5 km of a health facility, but some women reside further
- Transportation issues often left to households to deal with, affordability – a problem



Introduction and background

Variety of transport types

- Motorised transport – personal, taxis (hired), ambulances – broken down, require fuel, few functional
- Motorcycles – common in most rural areas at negotiated prices
- Motorcycle ambulances – in a few scattered places
- Bicycles rather uncomfortable



Introduction and background

- Three different research projects (Safe Deliveries Study, MANEST and MANIFEST)
- They all aim at increasing access to maternal health services by
 - Improving birth preparedness (CHW's)
 - Increasing access to transport services
 - Increasing access to financial services
 - Improving quality of maternal health care



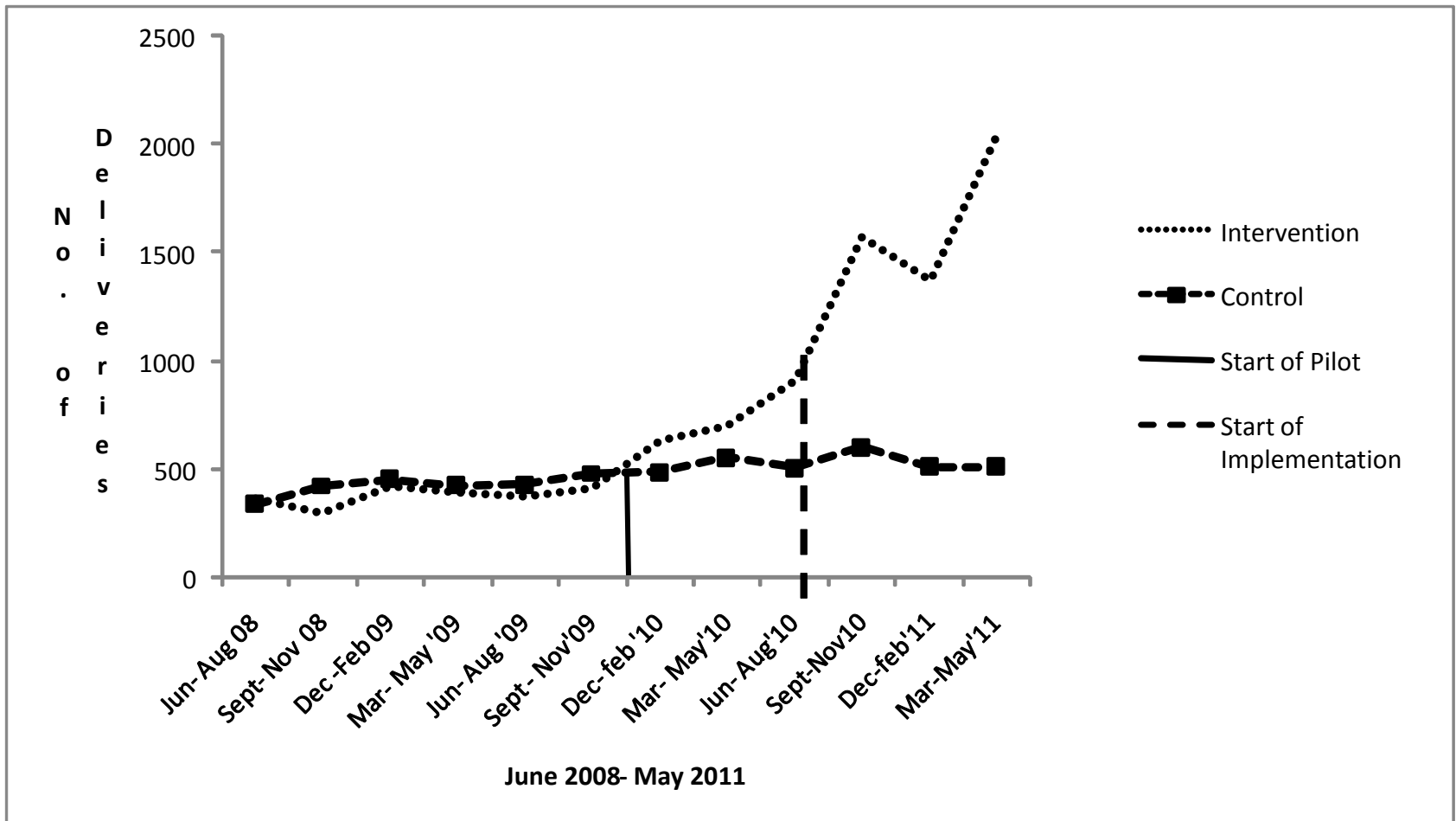
Acknowledgements

- Comic relief
- DFID
- FHS partners
- MAKSPH staff
- District health team staff and Political leaders from kamuli, Iganga, Pallissa, Kibuku, Luuka

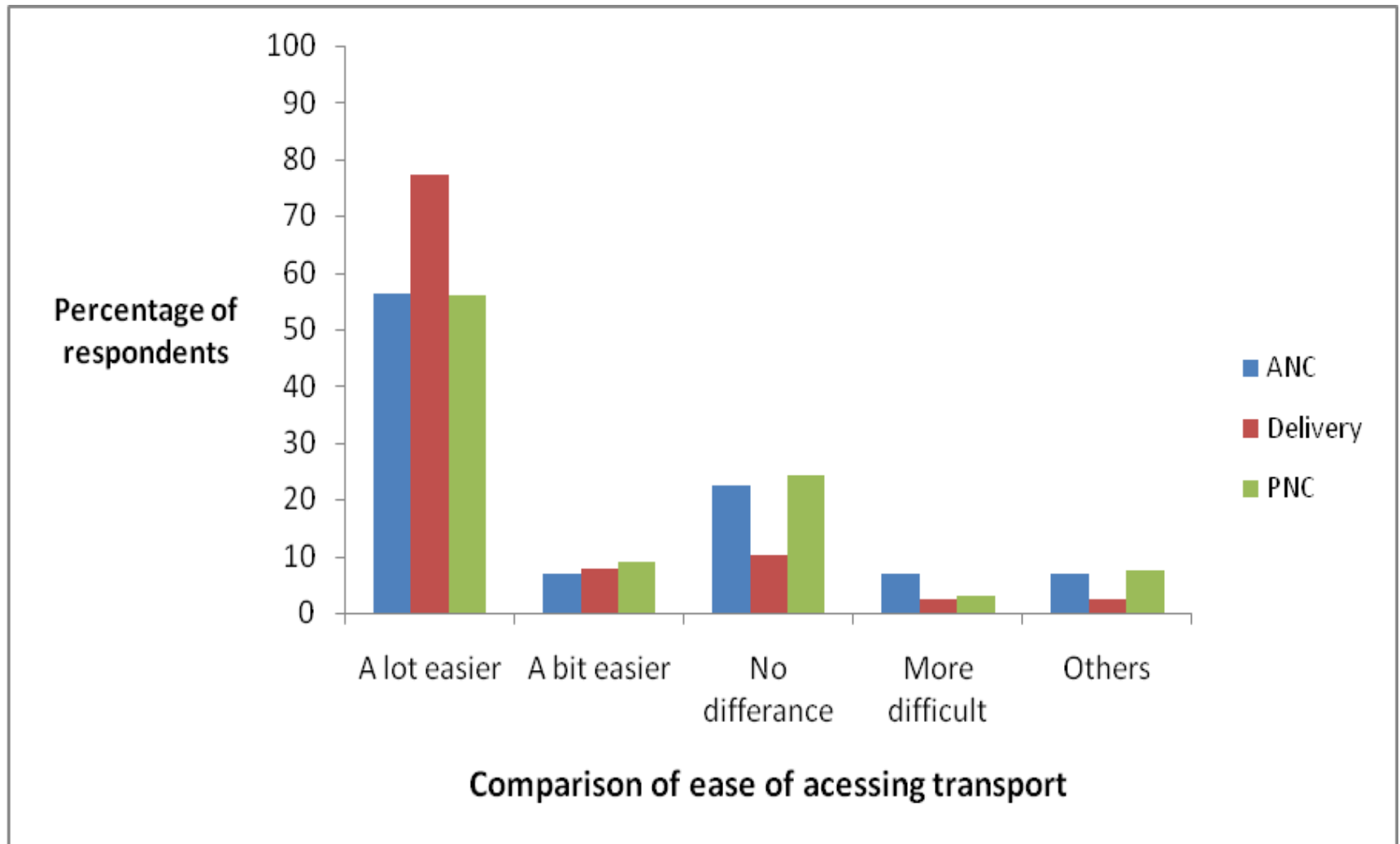
Safe Deliveries Study

- **Duration:** 2 year program (2010- 2011) funded by Bill and Mellinda Gates foundation
- **Location:** 2 districts in Kamuli and Pallisa
- **Organization of the transport component**
- Transport vouchers to transport women for ANC, delivery, PNC, referral
- Arrangements were negotiated with transporters with involvement of local leaders
- Payment rates negotiated and contracts signed
- Payment by cash, often delayed but contact maintained

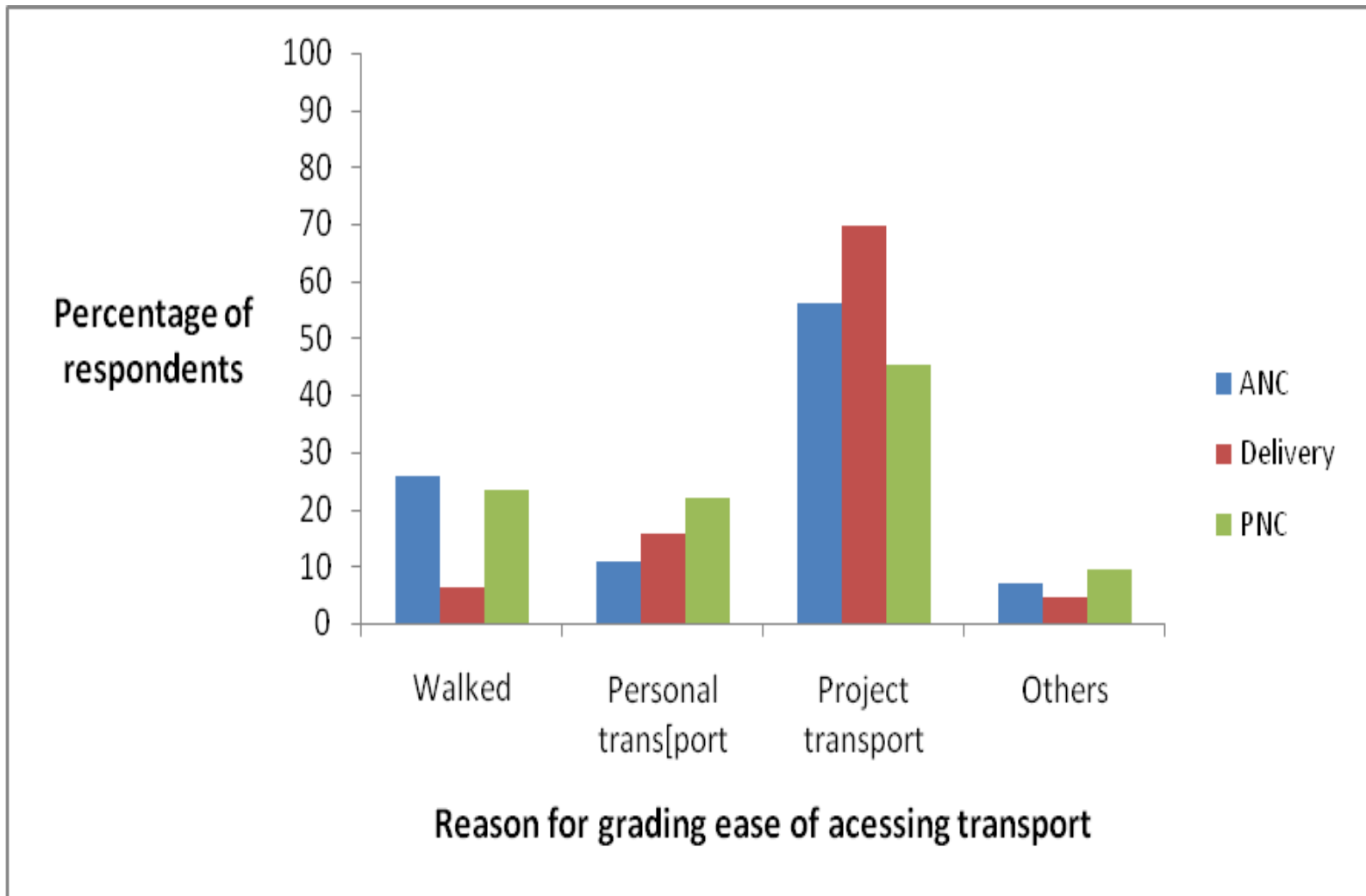
Deliveries in intervention and control facilities



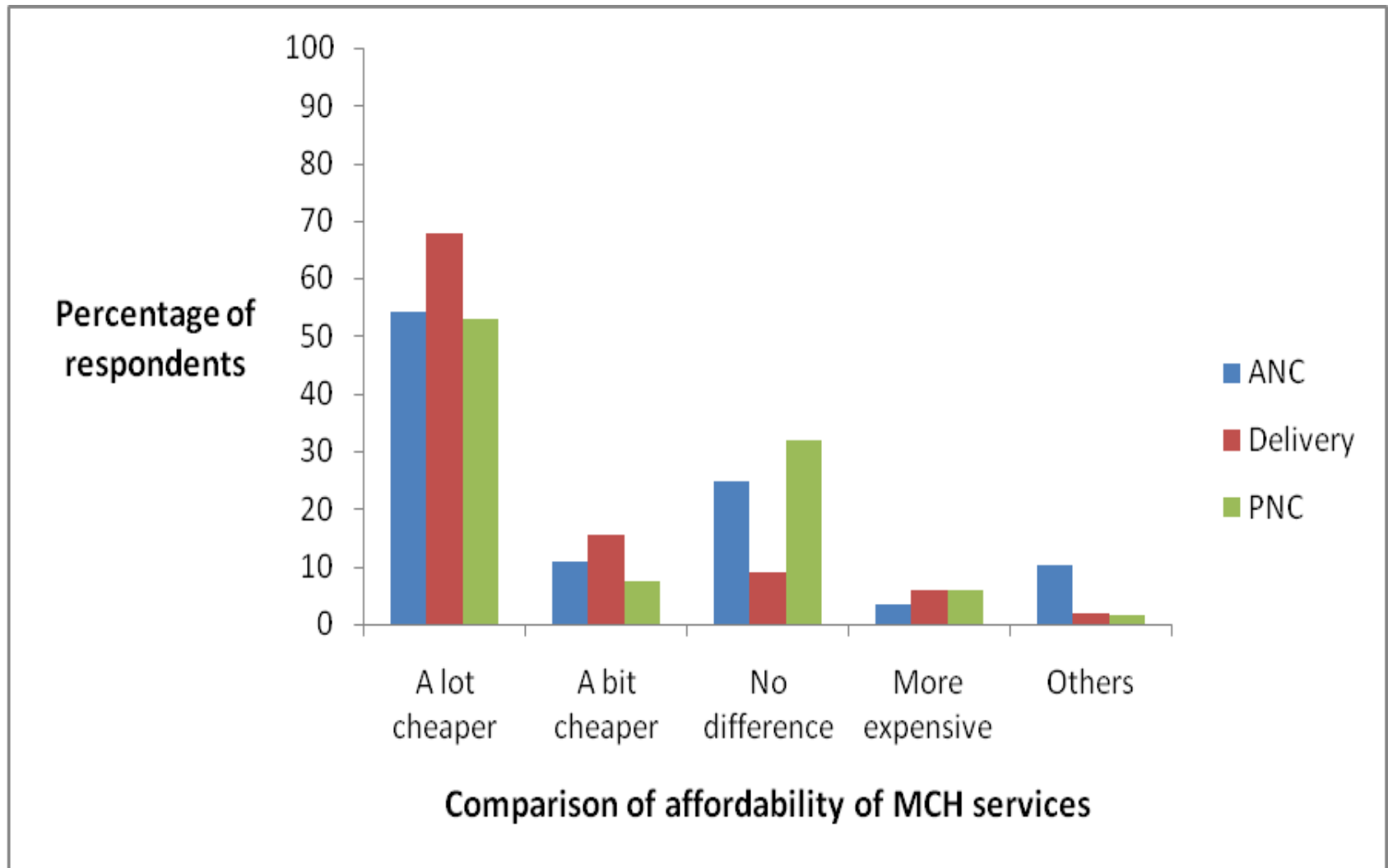
Changes in availability of transport services



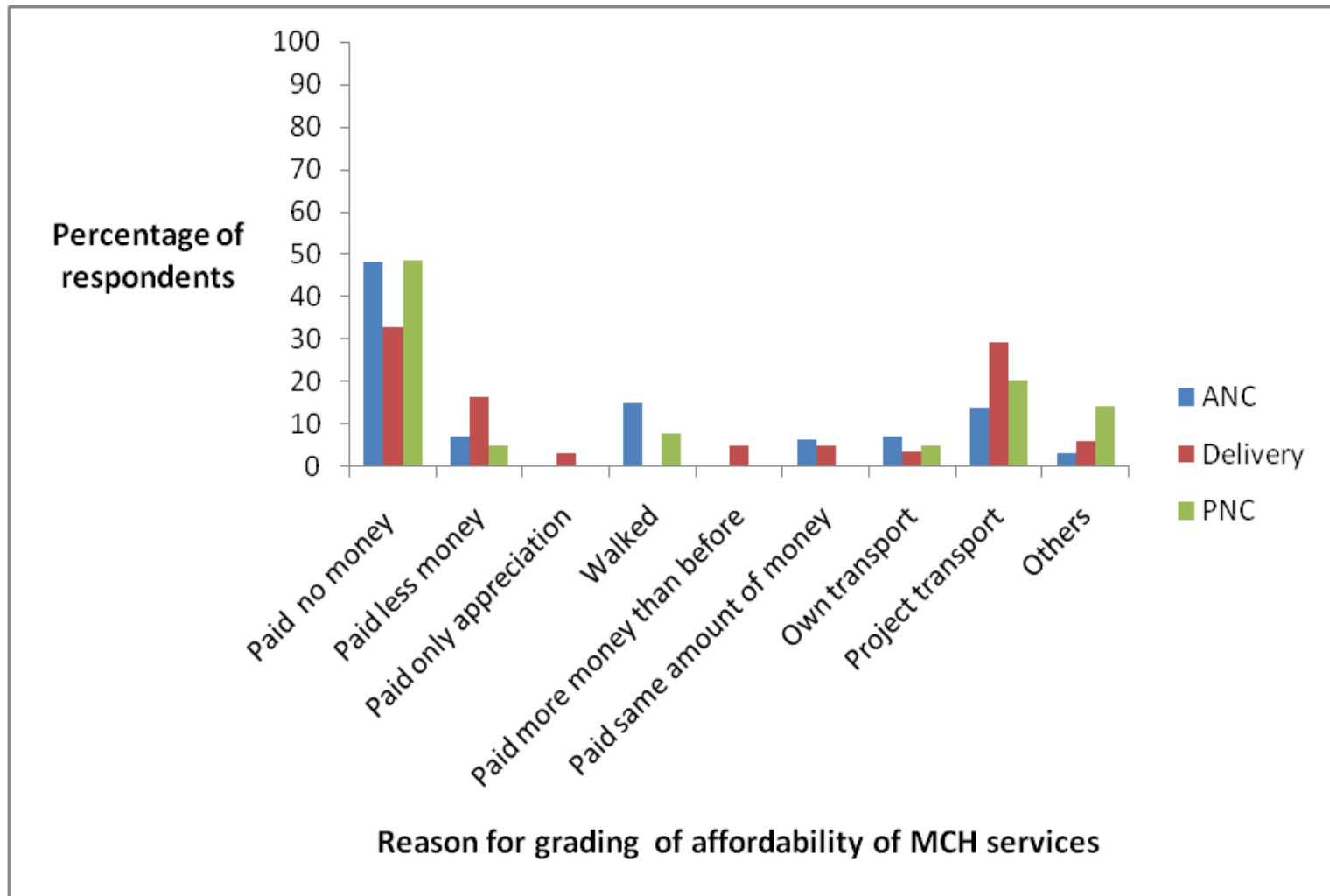
Reasons for grading the change in availability of transport services



Changes in affordability of MHS Costs



Reasons for grading changes in affordability of services



Safe Deliveries Study

Key Issues

- Transporters very active mobilisers can be useful advocates for maternal health (Diff incentives – profit, status, apprecaition)
- Social networks – important for providing support
- Issues of fraud
- Sustainability was a challenge because of donor funding and external management

MANEST

- **Duration:** 3 year program (2010 – 2014) funded by WHO and DFID(FHS)
- **Location:** Quasi experimental trial in 3 districts (Iganga, Buyende and Luuka)

Organization of the transport component

- Transport vouchers for one way transport to the health facility for women living beyond 5 km from the health facility – allows family to contribute, reduces overall cost of the vouchers
- Distribution of vouchers linked to CHW's
- Verification of provision of transport service done before payment
- Some local management of vouchers
- Variety of payment methods – cash and mobile payments

MANEST

Key issues

- Stakeholders would prefer two way transport
- Some villages don't have well known transporters , rely on those who are far off and want higher pay
- Poor record keeping at some health facilities
- Some conniving between health workers, VHT's and transporter's
- Transport for referral still a problem

MANIFEST

- **Duration:** 3 year program (2013 – 2015) funded by Comic relief
- **Location:** 3 districts in Kamuli, kibuku and Pallisa

Organization of transport component

- Participatory approach – changes, local implementers to lead (ownership and sustainability)
- Organizing local transport systems – boda boda cyclists – make contracts with saving groups agree on rates for transportation – transport mothers
- Payment within 7 days (verification period too long)
- Disciplinary committee to settle disputes

MANIFEST

Households starting to save, women beginning to get transported

Key issues

- Slow process of linking transport providers, saving groups and households
- Poor saving culture, reliance on government
- Difficulties in agreeing on payment rates between saving groups and transporters
- Developing database for transport system to allow deeper analysis of key issues – many players

Lessons learnt

- Important to build trust between implementer and transporters, transporters and the community
- Prompt payment is very important to the transporters ,in the event of failure – regular communication about problem
- Review of payment rates whenever there are local changes eg fuel prices
- Multiple payment methods are required

Lessons learnt

- Multisectoral programs/group of programs that target different key aspects are likely to be more successful in increasing access to maternal health services
- Use of local persons for management of the scheme is important for sustainability
- Social networks – important for increased utilization

Areas that need improvement

- Abiding by traffic regulations – helmets, riding licenses
- Linking with faster transport – motorcycle ambulance, motorised ambulance
- Increased community awareness about danger signs for mothers and newborns that require urgent transport – delays in seeking transport – death

Areas that need improvement

Question – Should we equip the motor cycle ambulance ? Boda boda rider?

- Basic training on what to do if a mother goes into labour and can't reach facility, immediate newborn care (*Who ----boda boda rider, motorcycle ambulance rider, VHT, TBA?*)
- Should transporter have emergency kit (cord ties, Gloves, razorblade, Mackintosh)

Yes we can save the lives of
mothers and newborns!

*“Women are not dying because of diseases we
can not treat. They are dying because societies
have yet to make the decision that their lives
are worth saving”*

Professor Mahmoud Fathhalla