

An Emergency Transport Scheme in Rural/Peri-Urban Uganda that Utilises Informal Transport Services

Project Location: Mubende, Hoima, Ibanda, Lira and Alebtong Districts, Uganda
Project Start Date: October 2012
Project Duration: 3 years Transaid involvement (4 years overall project)

Introduction: The *MSD for Ugandan Mothers* (MUM) Programme works with franchised, private health facilities, local businesses, and communities to expand women's access to affordable, quality maternal healthcare. The MUM Programme was developed and is being implemented in collaboration with MSD for Mothers, MSD's 10-year, \$500 million initiative to help create a world where no woman dies giving life. *MSD for Mothers* is known as *Merck for Mothers* in the United States and Canada. MSD is a global healthcare company that uses their business and scientific expertise to improve maternal health in over 30 countries worldwide.

As a part of this programme, Transaid was contracted to improve the understanding around the transport related constraints to women accessing maternal healthcare and to design and implement an intervention to improve access.

An extensive formative assessment revealed that transport providers were employing exploitative pricing strategies when passengers required emergency transport, for example if a woman was in labour and wanted to travel to a health facility. Journey price was found to increase by up to twice the normal rate. With the support of the project's lead organisation, Population Services International (PSI) and its network member in Uganda, Program for Accessible health Communication and Education (PACE), Transaid designed an Emergency Transport Scheme (ETS) appropriate to the context whereby informal transport providers, in this case motorcycle taxi (boda boda) riders, in five districts were recruited on a voluntary basis to act as 'ETS riders'. The ETS riders were also trained on how to safely transport pregnant women. In return for pledging to not overcharge pregnant women wishing to access maternal health services, the ETS riders were promoted as a 'preferred' means of emergency transport to women in the wider community by community health workers, resulting in an increase in their number of clients, and therefore their household income. While the project primarily focused on providing transport for emergency cases, it also was used for antenatal visits and other maternal healthcare issues that may not necessarily be classed as emergencies.

Methodology: The following key activities were undertaken in order to achieve the objectives of the project:

- Execution of formative research to inform project implementation and to obtain rudimentary baseline data.
- Project design based on the findings of the formative research.
- Project implementation of Emergency Transport Schemes individually appropriate to each of the 5 target districts.
- A series of monitoring visits to collect relevant data, and to cross-check this data with users of the service.

These activities included:

- In depth focus group discussions with communities relating to the transport related constraints to accessing maternal health services.
- In depth interviews with private health facilities to understand the wider context to transport and problems relating to access.
- The implementation of ETS in five districts including the recruitment of 324 ETS riders.
- Related sensitisation activities for all stakeholders - ETS riders, community health workers and health facility staff.
- Procurement and distribution of motivational items for all recruited ETS riders to maximise safety (high visibility clothing) and improve project visibility.
- Procurement and distribution of motorcycle stretcher trailers where challenges existed in terms of referral from primary to secondary health provision.
- Monitoring visits for data collection.
- A series of rural assessments consisting of in depth interviews to cross-check data collected.

Outcomes: The project's monitoring and evaluation related activities carried out from January to July 2015 aimed to achieve the following:

- Monitor the achievements of the activity's intervention.
- Collect and analyse performance information to track progress toward achieving project objectives.
- Use performance information and evaluations to present recommendations.
- Use performance information to act as guidance for the potential scale up of this intervention.

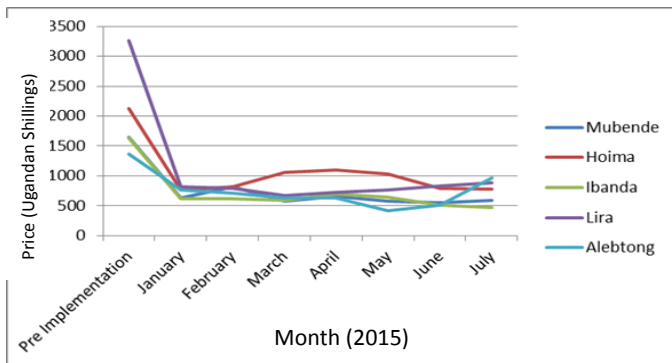
The following findings came to light through analysis of the data collected and are based on the period January to July 2015.¹

- From the data collected, 3720 pregnant women were transported to health clinics by the ETS riders for the purpose of attending antenatal visits, childbirth, or due to an illness during pregnancy.
- The retention rate of ETS riders was high, with a net increase of six riders. The total number of ETS riders at the end of this project was 330 over the five districts.
- 32% of all women transported chose to travel to private sector health providers as opposed to government-run health centres which are free at the point of service delivery.
- The vast majority of women travelling to private health clinics did so to attend antenatal visits. In cases such as these, most women who attend antenatal visits at private clinics still give birth in government-run facilities.
- 51% of all women were transported to clinics to attend antenatal visits, 39% for delivery, and 10% for illness.
- The average lengths of journeys in each of the 5 districts ranged from 1.2km to 6.5km. This statistic is a useful guide for any potential replication of this project in determining the number of riders to recruit and their locations.

¹ This monitoring was based on self-reports by ETS riders

- Substantial price reductions for journeys were recorded with the highest being a 41.6% average reduction in Mubende District.
- The graph below shows the reduction in price from before the project was implemented to the end of data collection. It demonstrates a consistent reduction in price for all districts during the monitoring period from January to July 2015.

Average price of a journey of pregnant women travelling to a health facility over the data collection period



The data collected during this period from ETS riders was corroborated by the findings of community-based assessments which consisted of detailed interviews with women that had used the ETS service. The findings from these assessments agreed that there had been a considerable reduction in prices for pregnant women. Women also indicated that they tend to use the same ETS rider for repeated journeys and many now use the riders for non-pregnancy non-health related journeys. This fact points to achieving a primary goal of the project, which was to position ETS riders as a preferred transport provider to increase their levels of income. One interesting finding in particular was that in districts where there are more rural-based riders, access to credit has increased, in that the ETS rider does not necessarily demand payment for each journey immediately. This is not so prevalent in districts where riders are more urban-based.

Conclusion: Affordability and availability are two factors that affect the accessibility of maternal healthcare services which are particularly relevant to the issue of transport provision. Economically disadvantaged people often either do not seek the use of maternal health services, or only do so when they can afford it. However, the reduction in out-of-pocket expenses through the provision of affordable transport has the potential to significantly improve access to maternal health services.

Evidence points to the fact that the introduction of the emergency transport scheme using boda boda riders in five districts in Uganda is achieving its objective in providing affordable transport. The uptake of this service has exceeded expectations and the sustainable approach taken appears to be bearing fruit as boda boda riders start to see an increase in their earnings. This is reinforced by the positive perception of this project by pregnant women who have used the service and corroboration with ETS rider data that journey prices have reduced significantly and, as a by-product, access to credit has increased.

The approach to this intervention has been one which maximises sustainability and promotes longevity through avoiding the dangerous precedents set by offering financial incentive to participants. The focus has been to grow their business over time through their participation in the project, an approach which will

result in an increase in their household income level, whilst benefits are also being passed on to pregnant women.

The challenges remain the role that the clinics and the community health workers play in supporting and promoting the project. Feedback demonstrates that the majority of users of the service know about the project through having been told about it by the riders themselves. Through no fault of their own, community health workers are unable to serve much of the wider community due to transport and time limitations. Buy in from clinics with whom community health workers are associated would support their work and has huge potential to increase both the clinics and the riders' client base.

Safety is quite rightly an increasing cause for concern in countries where boda bodas are widespread. Legislation to safeguard the riders and their passengers needs to be balanced with the absolute need that there is for this form of transport, particularly in rural hard-to-reach communities. Training provision for boda boda riders needs to be more readily available at an affordable cost otherwise many of the more isolated communities face losing an essential means of transport.

Tools Utilised: Interview and focus group discussion guidelines for Emergency Transport Schemes.

Partners: The MUM Programme was developed and is being implemented in collaboration with MSD for Mothers, MSD's 10-year, \$500 million initiative to help create a world where no woman dies giving life. MSD for Mothers is known as Merck for Mothers in the United States and Canada.

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

Transaid Worldwide Services Ltd is registered in England as a company limited by guarantee. Registered no 3511363. Registered charity no 1072105. Patron HRH The Princess Royal.