



Assessing transport barriers to maternal health services and designing a context appropriate referral scheme

Project Location: Bungoma, Western Kenya

Project Start Date: March 2015

Project Duration: 1 month

Introduction: With support from the UK Department for International Development, the MANI project is working with the County Health Management Team (CHMT) in Bungoma, Kenya, to strengthen core health systems and increase survival of mothers and newborns by enabling poor women to access affordable and quality health services in Bungoma County. In Bungoma, technical expertise is being provided in two core areas:

1. Strengthening health systems to manage and deliver quality Maternal and Newborn health (MNH) services. Technical assistance is being provided to the Bungoma CHMT and Sub counties focusing on health planning, governance and leadership and supply chain management. The MANI project will strengthen the capacity of health workers to provide quality Basic and Comprehensive Emergency Obstetric and Newborn Care services by increasing the functionality of facility-based health management and quality of care committees, to increase accountability of service providers to communities. This will result in both strengthened management systems and increased capacity of health workers to provide quality services to women and newborns.
2. Working at the community level to increase demand for services by mothers and newborns. The MANI project will support the CHMT to ensure that community units are functional and use social and behaviour change communication activities to increase women's awareness of entitlements such as free maternal care; the national hospital insurance fund, increase knowledge of danger signs in pregnancy and reduce social and cultural barriers which prevent women's access to routine and emergency MNH services. MANI will introduce demand side financing subsidies to address financial barriers to accessing transport and maternal healthcare, and performance based incentives to motivate facilities to improve quality of care.

Marie Stopes International and Options Consultancy Services lead the technical assistance provided through the MANI project with support from AMREF, CARE, the Institute of Health Policy, Management and Research, KPMG IDAS, MannionDaniels, and the Population Council.

Methodology: Transaid was asked to provide technical support to the MANI project to assess current transport barriers to maternal health services, and also to design an appropriate referral system to

facilitate the transfer of pregnant women from their homes to health facilities. Specifically the tasks included:

1. Conducting a transport mapping exercise in a sample of communities in Bungoma County to confirm what types of transport are available and what the obstacles to pregnant women using them are.
2. Reviewing and strengthening the initial design proposed for a transport voucher scheme, paying attention to how the mechanisms established through the voucher programme can be enshrined at the community level for future sustainability.
3. Making recommendations for potential innovative transport solutions to be funded through the challenge fund in Bungoma and other similar counties.

A combination of qualitative and quantitative data was collected through stakeholder meetings, focus group discussions and individual interviews with key stakeholders. Specifically the following activities were undertaken:

- Meetings with the MANI Project Team
- Consultations with Sub County Health Management Team teams from three sub counties; Bungoma North, Bungoma Central and Sirisia.
- Separate Focus Group Discussions with Boda Boda riders, men's groups and women's groups
- Interview with Lillian Owoko (Community Engagement Technical Officer) from the USAID-funded APHIA PLUS project and a visit to Kopsiro Health Facility where the APHIA PLUS Boda Boda (motorcycle taxi) Ambulance scheme was implemented

Outcomes: The main outcome of this assessment was a report which was structured as follows:

- A brief review of the academic basis for addressing transport challenges in maternal health programmes.
- A review of similar initiatives; two from Kenya and four from other countries – Zambia, Nigeria, Uganda and Madagascar.
- The findings of the interviews and focus group discussions
- A series of recommendations
- A brief discussion regarding other possible transport interventions which may increase the reach and impact of the MANI Project.

The findings of this assignment suggest that transport challenges are not the biggest influence on a pregnant woman's healthcare seeking behaviour in Bungoma. However, it is a factor, and for those who have made the decision to give birth in a health facility the absence of timely transport can be the sole reason for having to undergo a home based birth.

Fortunately there is real potential to establish an Emergency Transport Scheme (ETS) to reduce the cost and delay associated with organising transport from the community to the health facility. In Kenya, the APHIA PLUS programme has proven the feasibility of an approach which capitalizes on surplus capacity within the Boda Boda market. Beyond Kenya's borders, programmes in Uganda and Nigeria have highlighted the potential for establishing formalized referral schemes using private sector transport resources.

The ETS will commence with the recruitment of Boda Boda riders from each identified Community Unit. Recruitment will be undertaken by a group consisting of community members, Community Health Volunteers (CHVs), Village Elders and local Chiefs. Only riders of good standing, who own their own motorcycle, a license, a phone and helmet will be eligible. With support, these riders will develop strong linkages between communities and health facilities; working with CHVs, ETS riders will become aware of who pregnant women are, where they live, and when they are expecting to give birth. Riders will get to know the woman and her family so that, if at the time of labour the woman needs to be transported on credit, the ETS rider will do so knowing that he will be able to collect funds later. CHVs will be the liaison person between the pregnant woman, the ETS rider and the health facility.

In agreement with riders, communities and the riders' representative association (be it a local or a county-wide organisation) prices for transporting pregnant women will be fixed at a rate as close as possible to the market rate. A day rate and a night rate will be agreed. Exploitative pricing by Boda Boda riders for transporting pregnant women will cease. Phone numbers of ETS riders will be shared with communities, and will be available at dispensaries, health facilities and will also be carried by CHVs. Mothers will be made aware of ETS on an individual basis when developing birth preparedness plans with CHVs and health workers during ANC visits. For selected communities in specific Community Units, a Tapered Voucher Scheme (TVS) will be implemented. The TVS will provide vouchers to pregnant women and, for the first 12 months, will cover the whole cost of referral from their community to the health facility. For the second 12 month period the vouchers will cover 50% of the cost of using the ETS to reach a health facility. Frontline SMS (or a similar system) can be used as an SMS platform for managing and verifying the voucher system.

Conclusion: The outputs of this approach are expected to be:

1. A cadre of trusted ETS riders sensitized to the importance of their role in reducing maternal mortality
2. Lists of approved ETS rider phone numbers and their locations available from CHVs and at antenatal care facilities
3. An agreed pricing scheme for specific communities available publicly in health facilities, with the CHV, with the rider and at the MANI project office
4. A transport subsidy programme targeting the poorest and most hard to reach communities

The outcomes of this approach are expected to be:

1. A reduction in the time taken to organise transport for pregnant women
2. A reduction in the time taken for pregnant women to access health facilities
3. A reduction in the costs associated with pregnant women using Boda Bodas to reach health facilities (due to a reduction in exploitative pricing practises)
4. A reduction in the number of women who are unable to pay for transport (during the 24 month Tapered Voucher Scheme period)
5. A reduction in the number of home births

6. An increase in uptake of services/facility based deliveries

The impact of this approach is expected to be:

1. A reduction in maternal deaths as a result of delays in reaching facilities
2. A reduction in stillbirths/neonatal deaths

Tools Utilised: Transaid Focus Group Discussion Questionnaires, Transaid Participatory Rural Access Survey

Partners: Marie Stopes International and Options Consultancy Services are leading the technical assistance provided through the MANI project with support from AMREF, CARE, the Institute of Health Policy, Management and Research, KPMG IDAS, MannionDaniels, and the Population Council.

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.

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