



transaid

# **TRANSPORT AND REFERRAL COMMUNITY PROJECT PRACTICE: IMPLEMENTING EMERGENCY TRANSPORT SOLUTIONS IN NIGERIA AND UGANDA, TO REDUCE THE TIME TAKEN TO ACCESSING MATERNAL HEALTHCARE, AND INCREASE AFFORDABILITY TO INFLUENCE IMPROVED HEALTH OUTCOMES.**

Webinar: November 2024



# TRANSAID

Transaid transforms lives through safe, available, and sustainable transport.

## Access to Healthcare

Nothing should prevent communities from accessing vital healthcare. Every person should have the opportunity to build the skills they need to transform their future.

## Road Safety

Every driver should be able to leave for a day's work without the fear they may not come home because of a lack of training, or dangerous vehicles and roads.





# UGANDA CASE STUDY

## MSD for Ugandan Mothers Programme

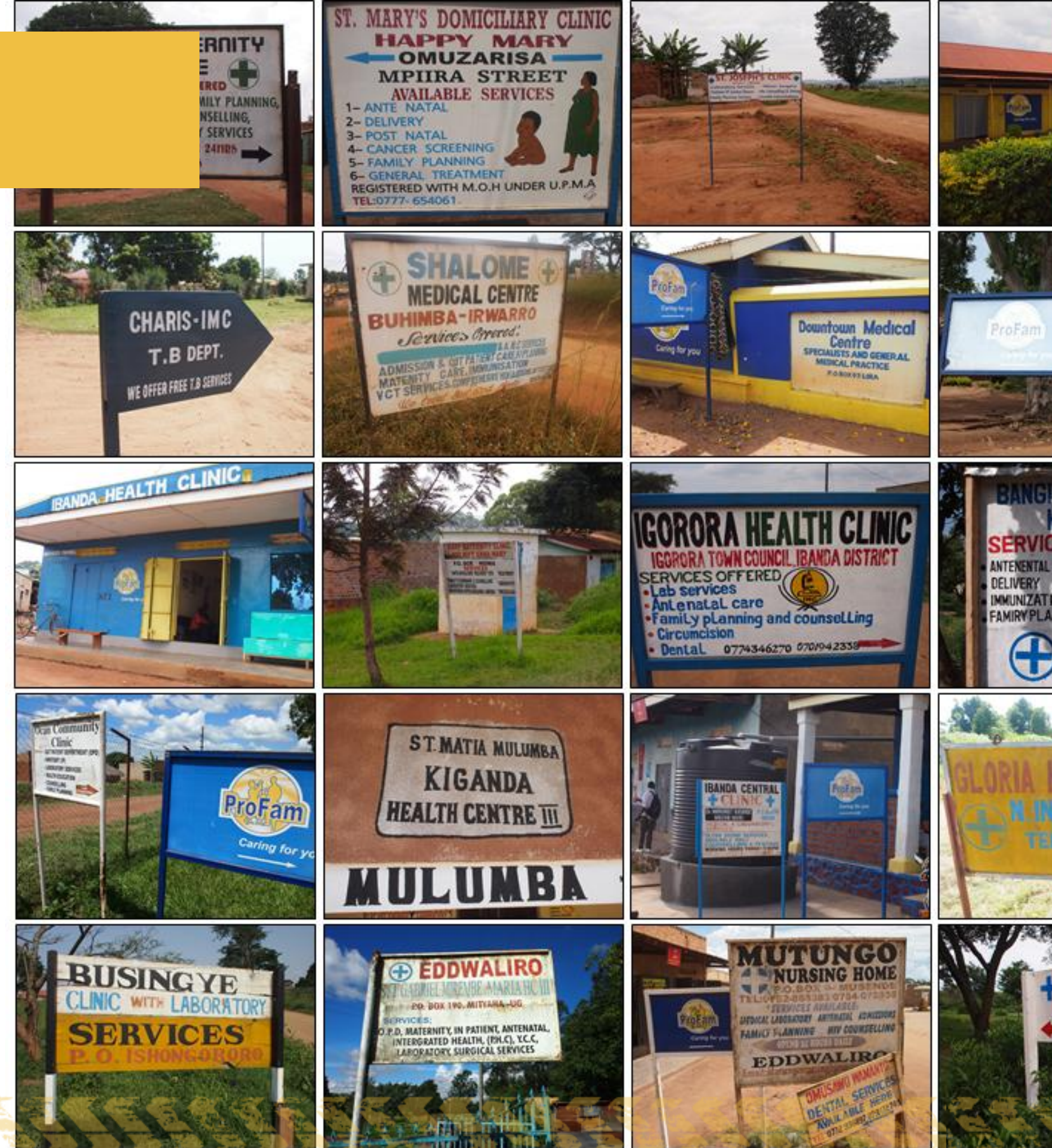
- Three year' implementation
- Implementing partners: PSI and Transaid

### Aim:

Improving the availability of affordable transport as a means to overcoming the constraints to accessing maternal health services

### Geographical Scope:

Five districts (Alebtong, Hoima, Ibanda, Lira, Mubende) with a focus on last mile referral.





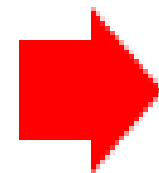
# CONTEXT

## Existing Problems

High maternal mortality rate, poor quality rural transport service provision, inadequate knowledge of transport associated risk and danger, perceived poor quality of available service, unaffordable out of pocket expense.

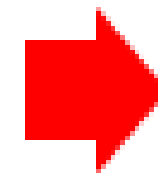
### Transaid Innovation

Locally appropriate model to address transport related barriers to access of maternal health services.



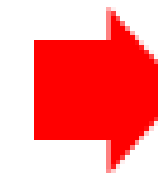
### Lifesaving Intervention

Women's access to maternal healthcare services is increased through the reduced cost of available of transport.



### Output

Increased uptake of maternal health care services leading to more women delivering at health centres with skilled birth attendants.



**Health Outcome**  
Reduced pregnancy associated maternal mortality.



# PROJECT ACTIVITIES

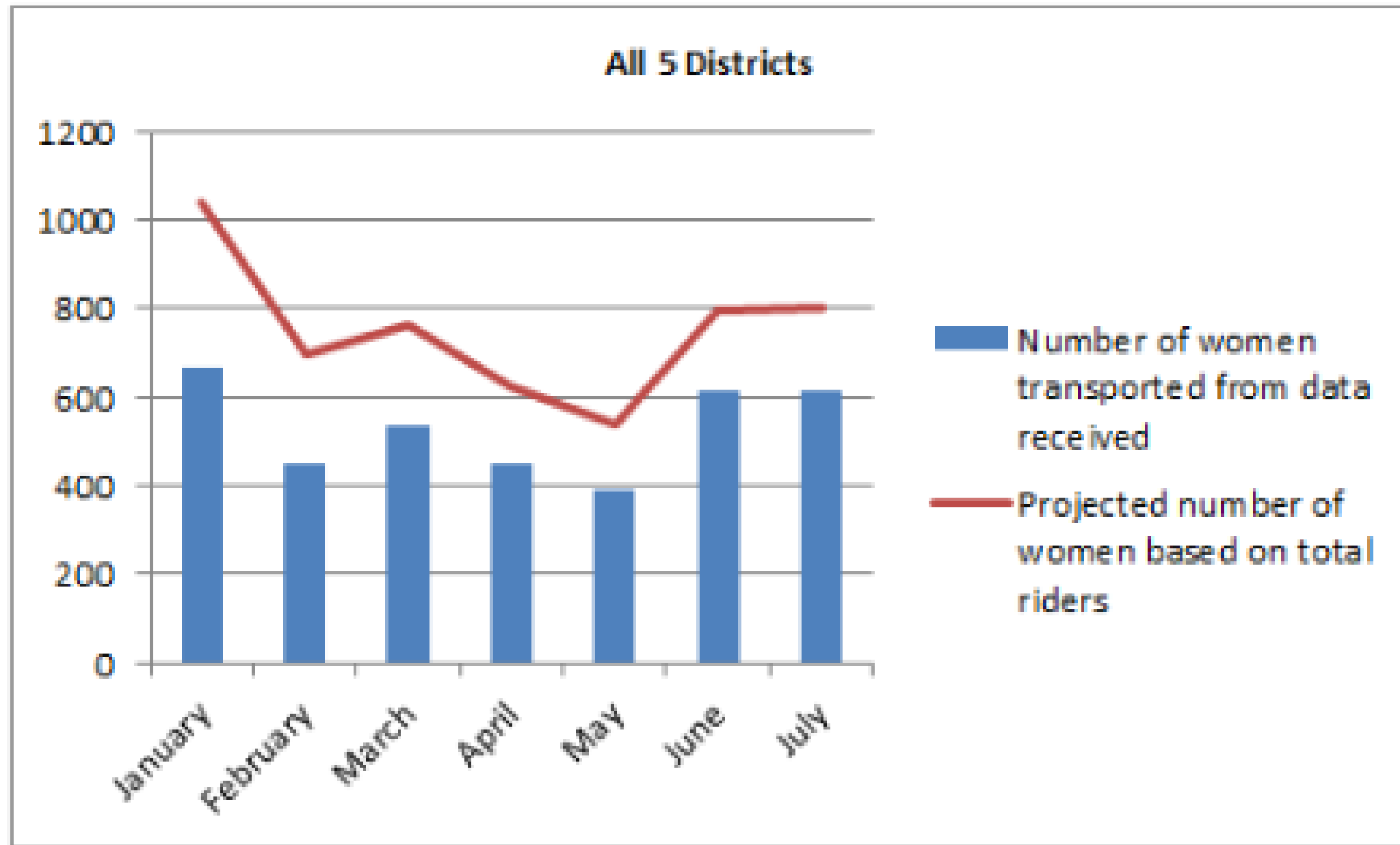


- Implement Emergency Transport Scheme
- Stage Selection and Rider Recruitment
- Boda Boda Rider Sensitisation and Training
- Participant Motivation
- Health Clinic Sensitisation
- Monthly Data Collection
- Assessments to Evaluate the Project Effectiveness





# PROJECT RESULTS



## Number of Women Transferred

A total of 3,720 women transferred by ETS riders (330)

Numbers were recorded by riders in logbooks and reported back to 'focal riders' each week

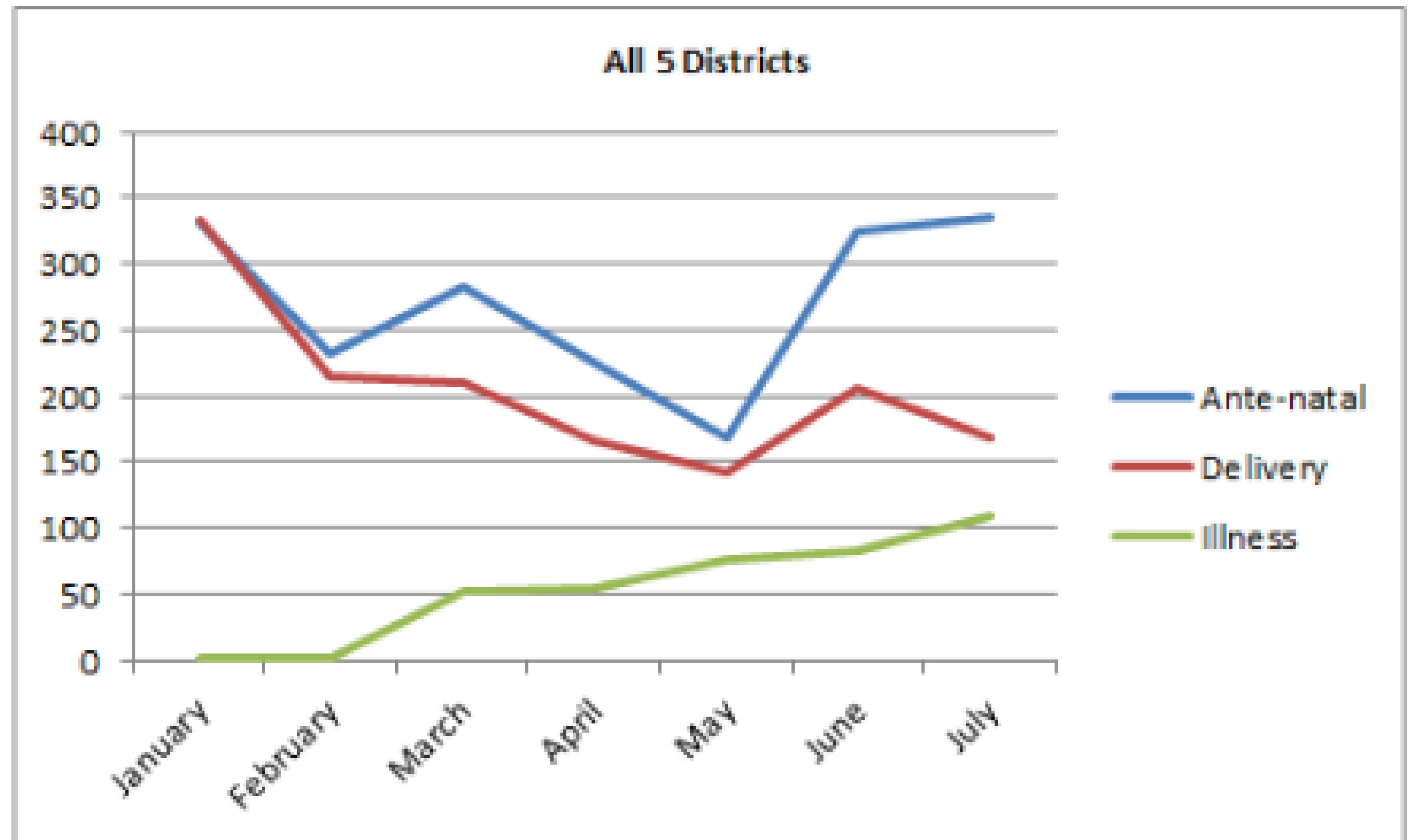
Peaks and troughs in numbers transferred could relate to fertility trends or could be influenced by external factors e.g times of the year for crop harvesting influencing women's decisions not to travel

# PROJECT RESULTS

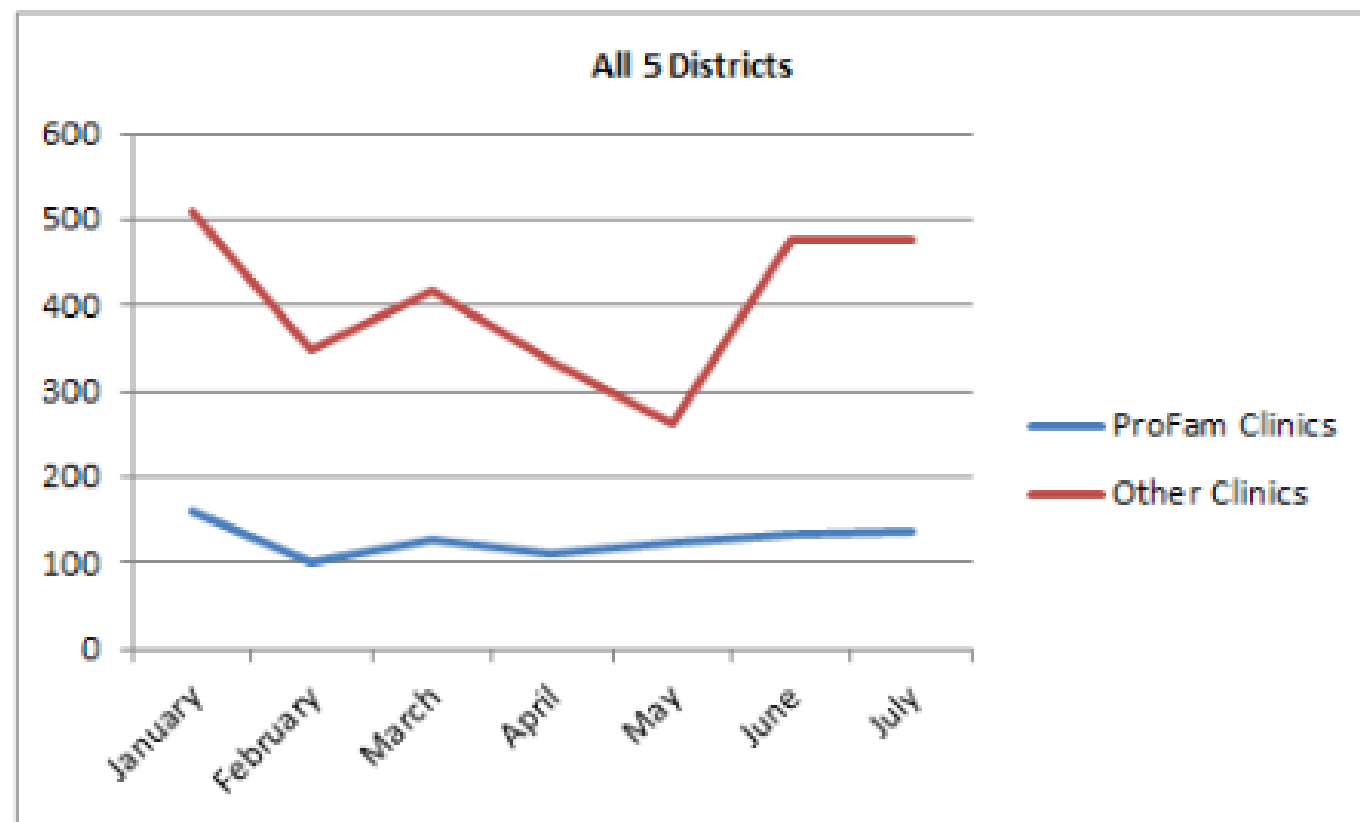
## Reason for Transfer

Most transfers made by women to attend ANC, slightly fewer for delivery, and lower still for illness (most frequently Malaria)

No discernible trends – would benefit from a dataset covering a longer period



# PROJECT RESULTS



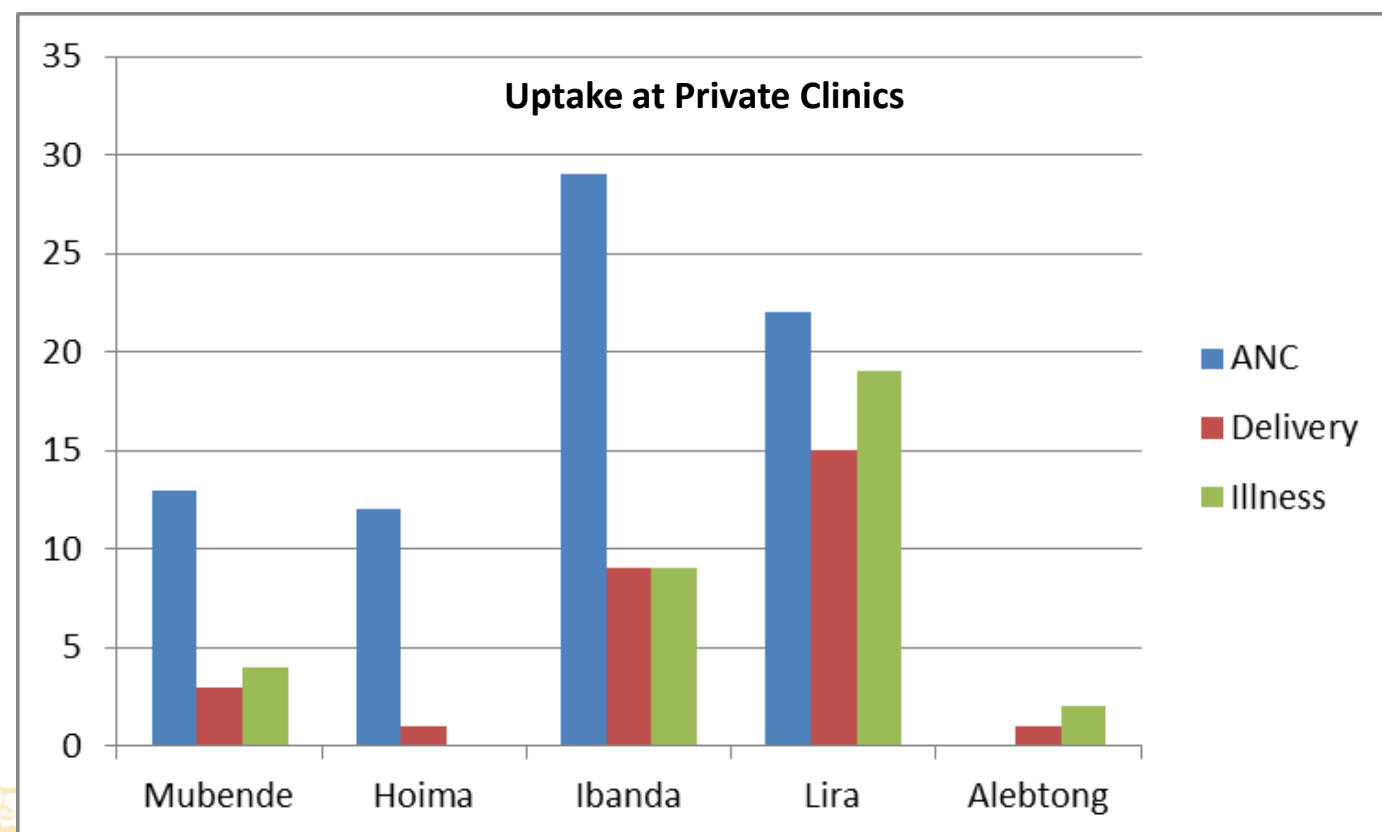
## Government vs Private Clinics

Widespread recognition that private clinics are thought to provide a better service

Women overwhelmingly chose government over private clinics as a destination despite concerns about quality of service

Decision based largely on affordability

Interestingly, of the women that do chose private clinics significantly more women chose them to attend ANC than delivery





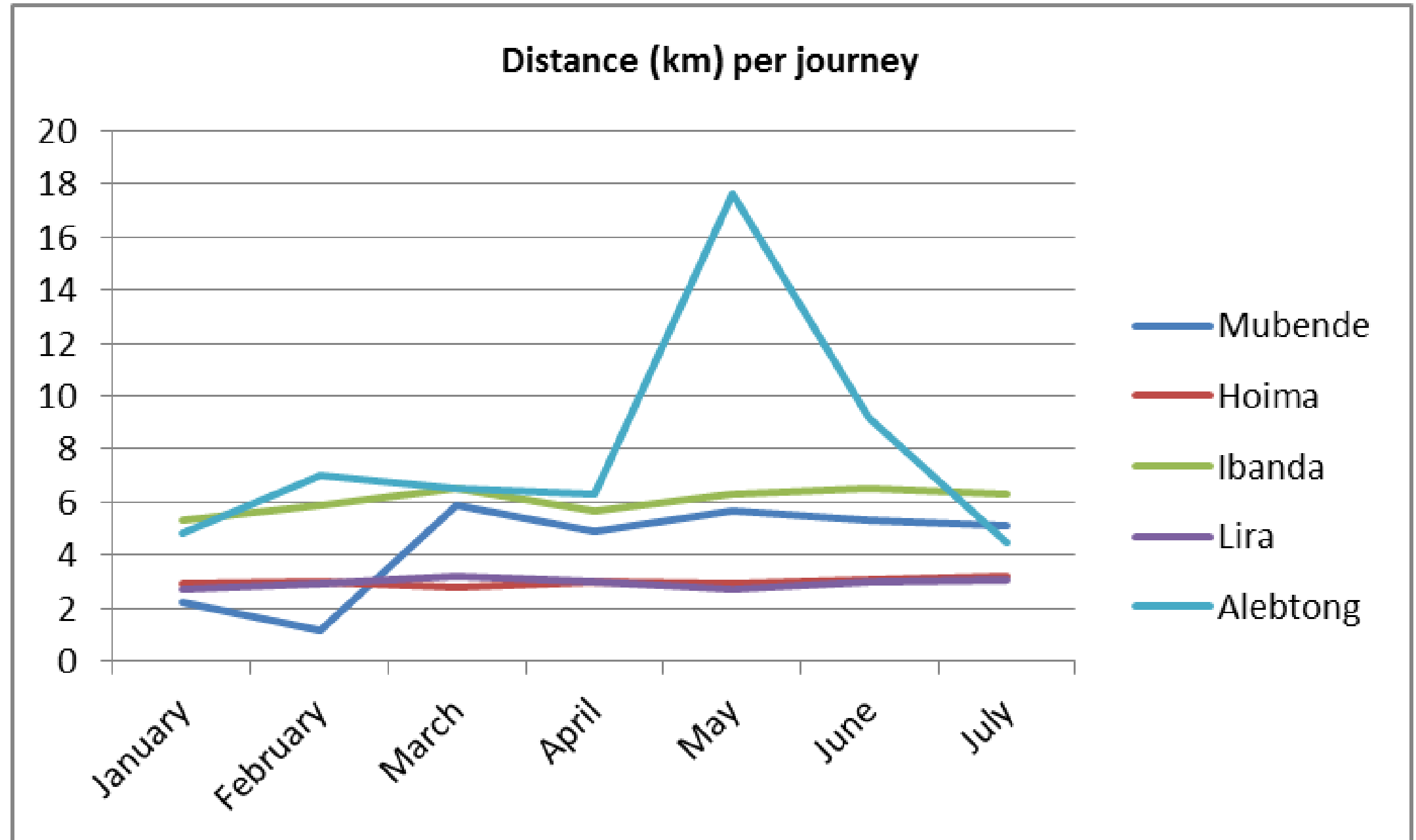
# PROJECT RESULTS

## Length of Journey

ETS riders would in most cases not carry women more than approximately 10-12kms

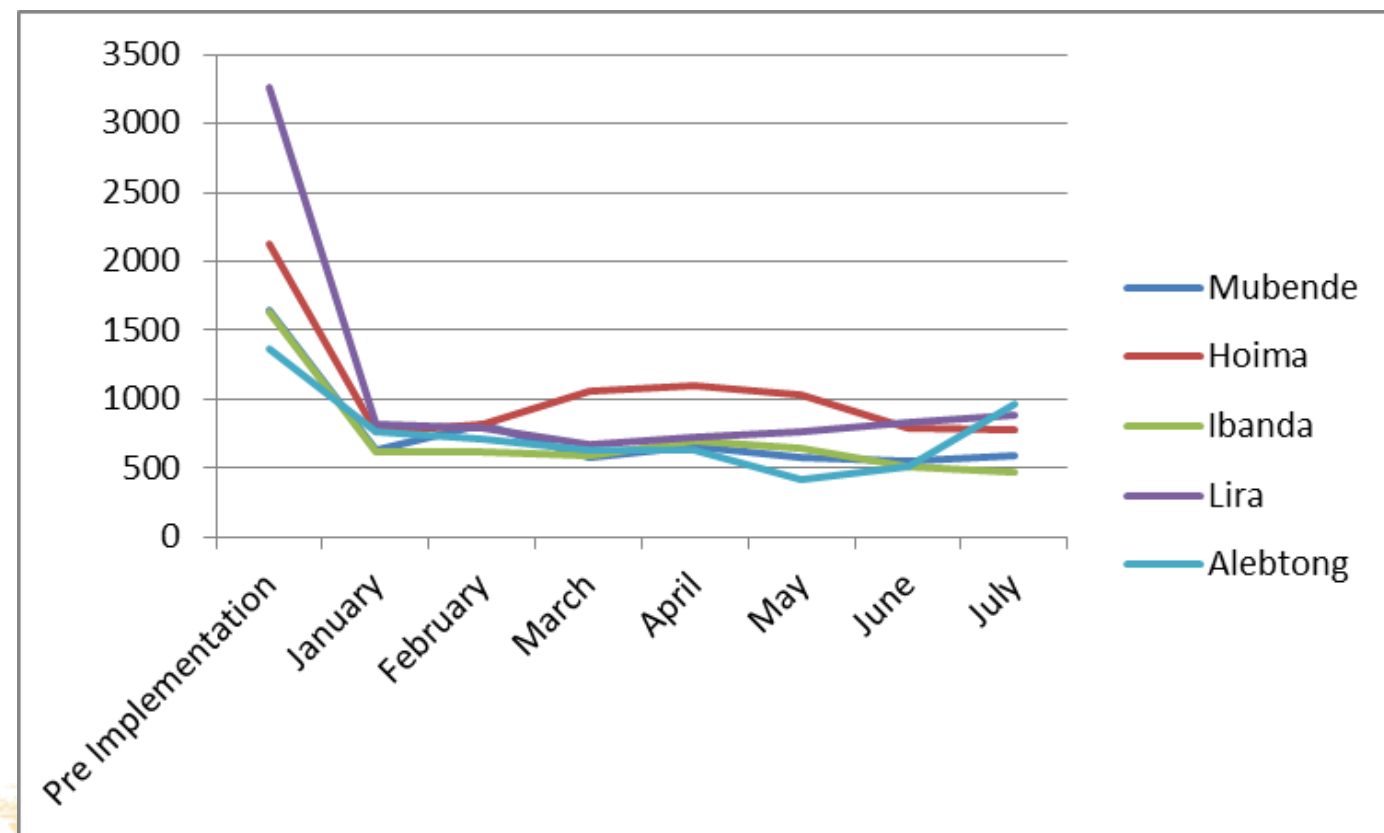
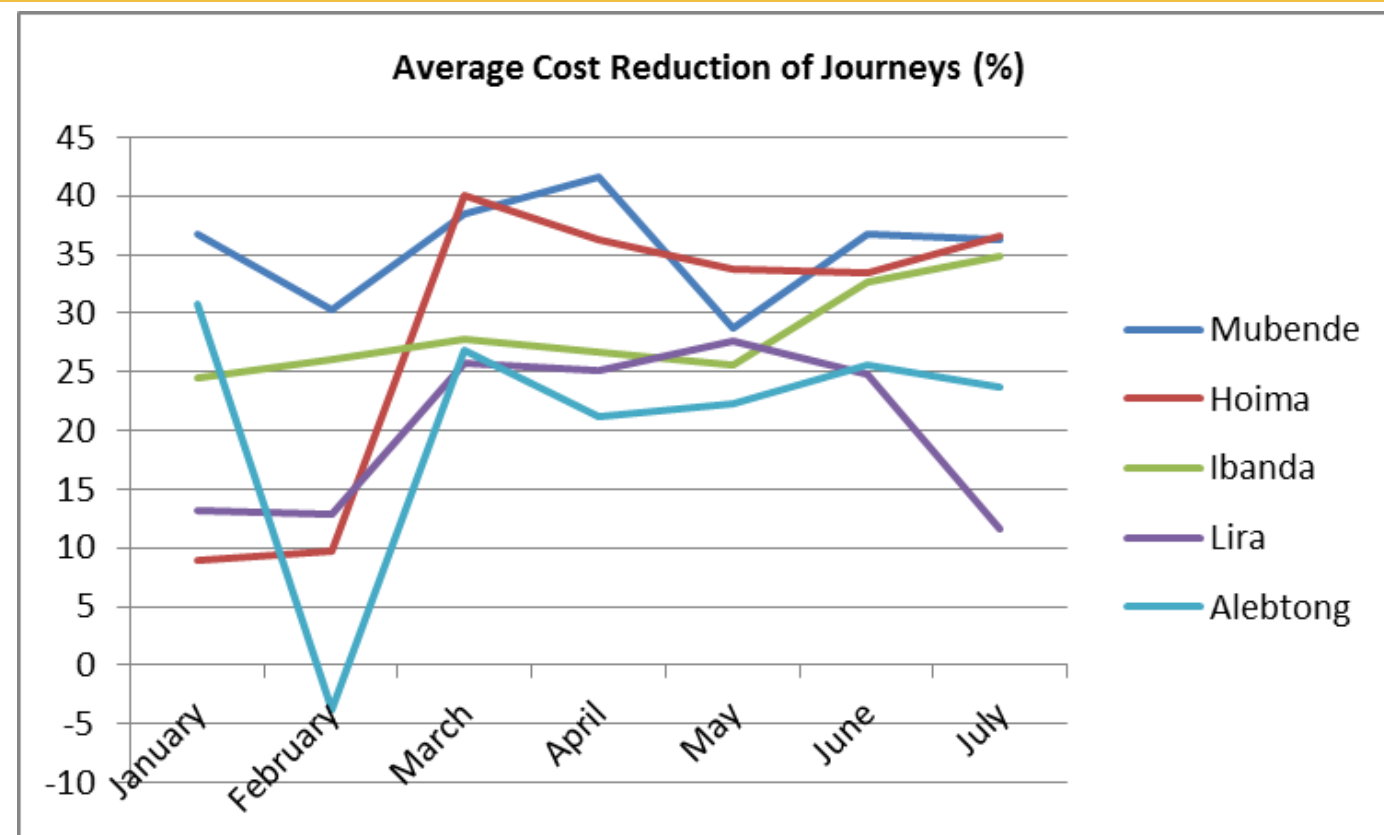
The graph shows this to be the case (largely), with one exception, Alebtong District. Alebtong District does not have a district referral hospital many patients experiencing complications must go to Lira Regional Referral Hospital which is more than 40km away

Excluding Alebtong, the average journey length is from 1.2 to 6.5km





# PROJECT RESULTS



## Journey Cost Reduction

The price that the rider would usually have charged prior to joining the project was recorded as a baseline

Up to a 41.6% reduction in journey cost for pregnant women using the ETS – average 27% over all five districts

Spot checks were performed periodically to validate claims of reduced pricing also verified through women that had used the ETS.



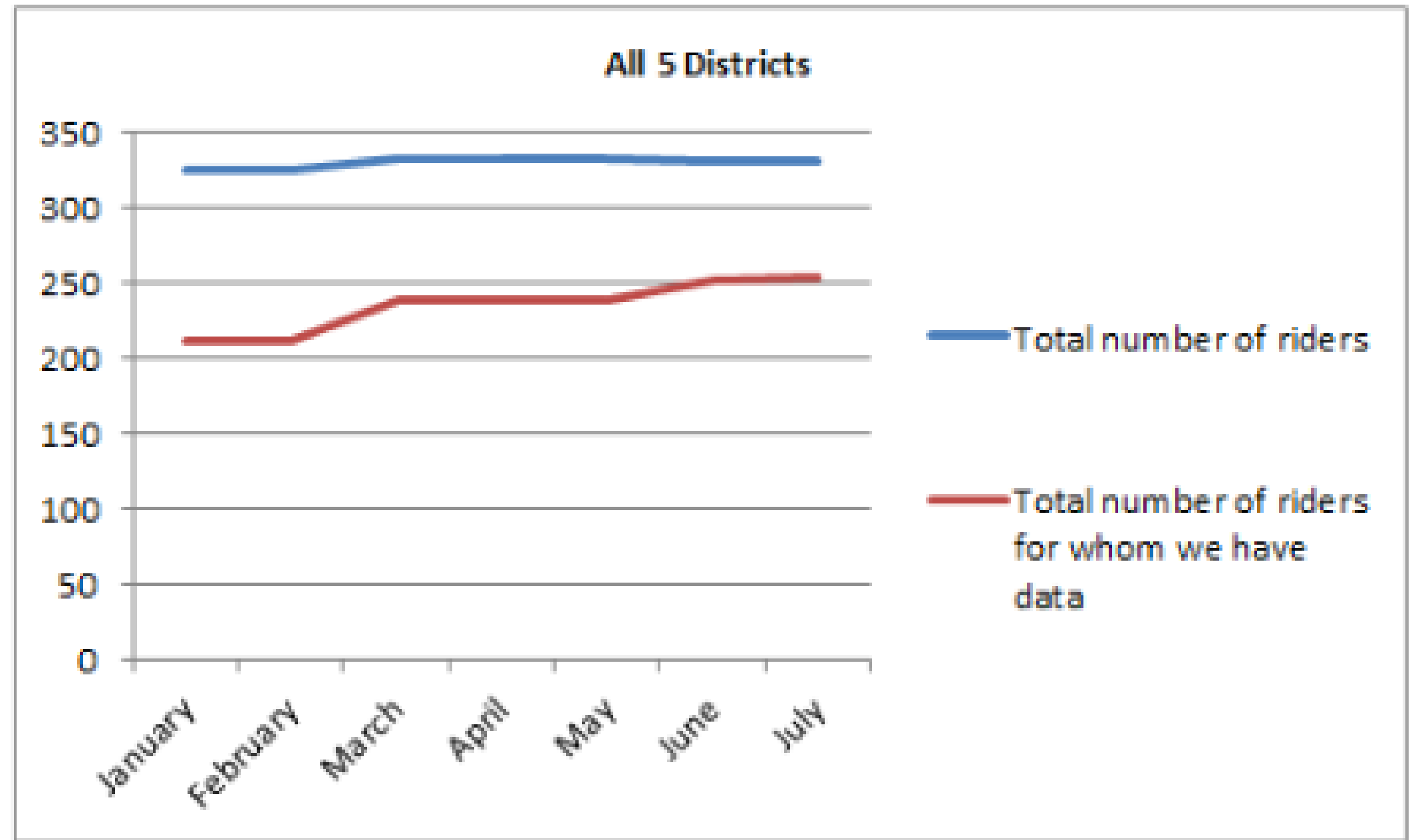
# PROJECT RESULTS

## ETS Rider Retention

Small early drop off in numbers resolved by training stage chairpersons to select and recruit new riders where replacements needed

Close attention paid to number of transfers per rider as an indication of the need to recruit more riders

Initial number of riders recruited (324) increased to 330 by end of project.





# IN CONCLUSION

- Affordability and availability constitute 2 dimensions relating to the accessibility to maternal health services
- Cost appears to affect poorer communities disproportionately – with lower numbers of women accessing healthcare in rural areas
- Reduction in spend on transport through more affordable transport has the potential to improve access to maternal health services
- Uptake exceeded expectations both in terms of women transferred and rider participation
- Riders report an increase in their earnings as a result of promotion of their services
- Data from users and ETS volunteers has been cross checked and results corroborated – women confirm the information shared by ETS riders is valid
- As a by product, access to credit has improved based on the relationship between rider and pregnant women, as more women chose to use specific riders
- Indications that attitudinal change has occurred resulting in continuity of service on the part of riders, and flexible payment in some cases
- Needs more promotion on the part of health clinics – most women transferred heard about the initiative from riders not from health facilities
- Important to prioritise addressing safety concerns given issues around motorcycle taxis – therefore comprehensive training provision



# NIGERIA CASE STUDY

## Linking Pregnant Women to Maternal Health Services

- Five year' implementation
- Implementing partners: Society for Family Health, Nigeria and Transaid

### Aim:

Contribute to reducing maternal mortality through the utilisation of taxi drivers who provide an affordable, accessible, safe and timely emergency transport service, at the last mile level, for pregnant women in labour or for those experiencing complications during their pregnancy.

### Geographical Scope:

16 local government areas in Adamawa State, Northern Nigeria.





# APPROACH



- Training of Master Trainers
- Trained ETS volunteer
- Trained ETS volunteer drivers implement intervention at community level
- Garage mobilization
- Role of NURTW
- Creation of technical steering groups
- Continuous monitoring and evaluation
- Conduct Health facility study
- Conduct ETS user survey



# PROJECT RESULTS

A total of 18,873 women transferred

Over 740 ETS volunteers participating

State government, security forces, religious organisations, communities and health facilities engaged in ETS

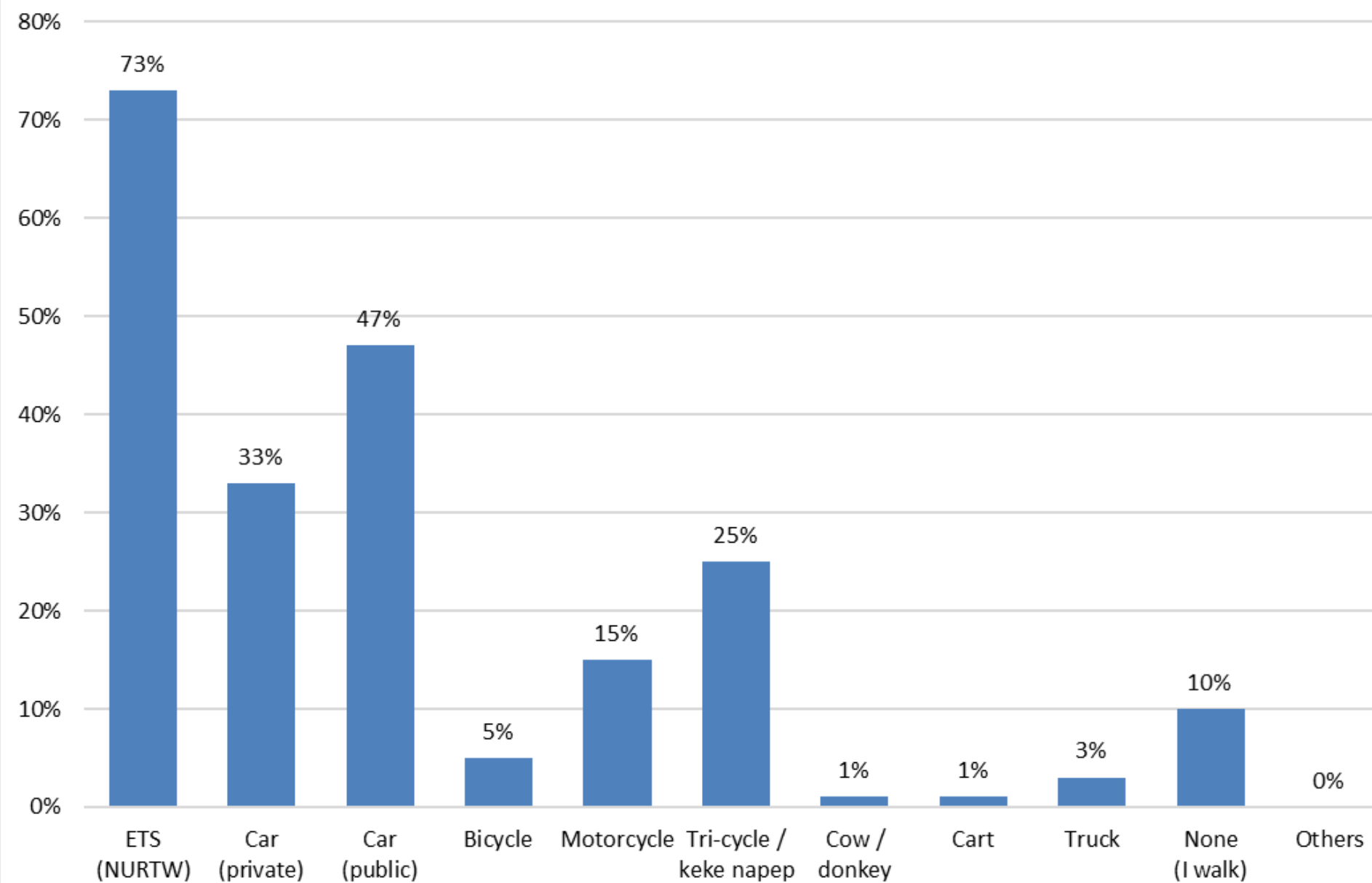




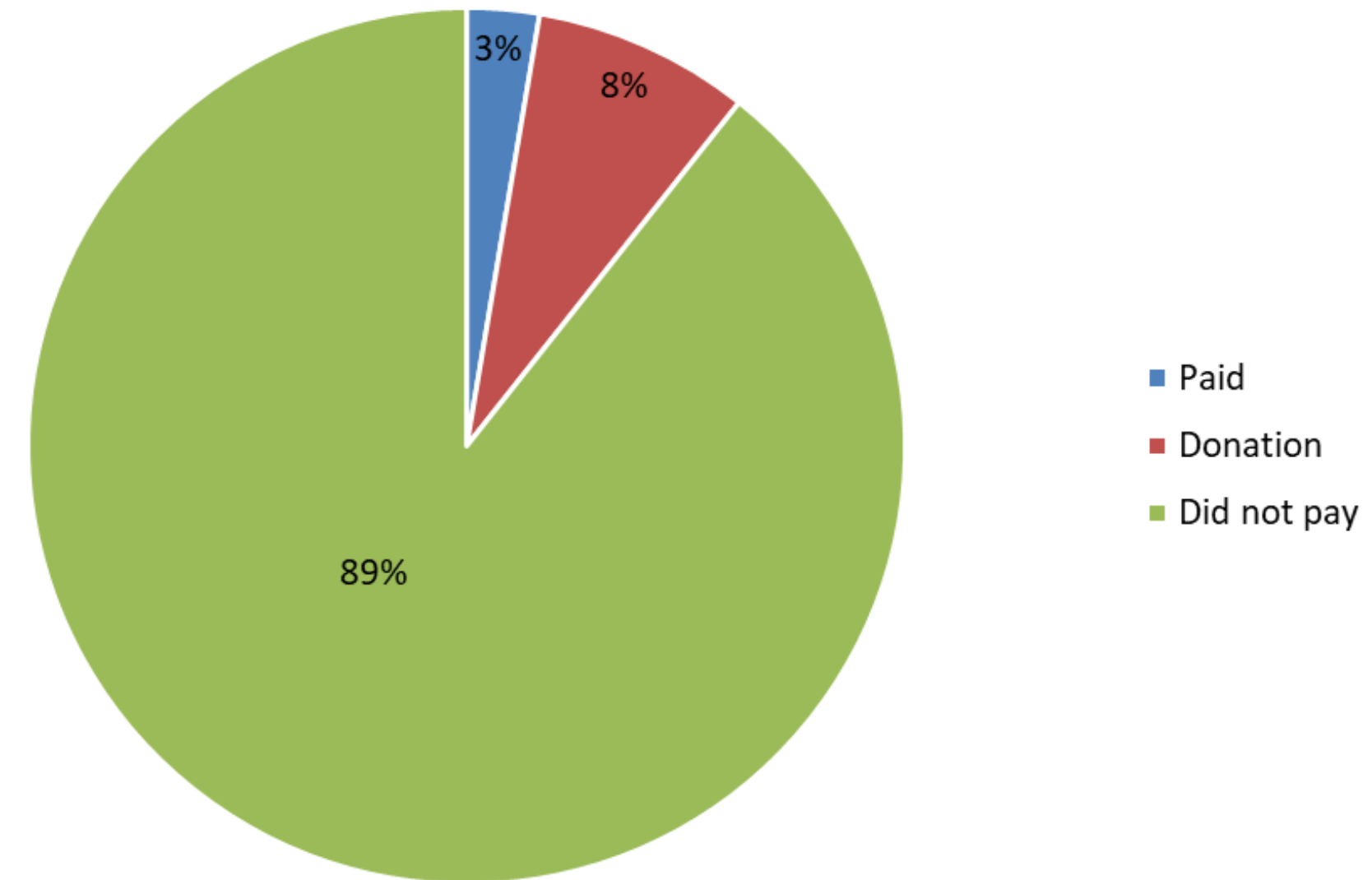
# ETS USER SURVEY

- to undertake targeted sampling of ETS users to understand the intricacies of its working on the ground and where, if any, there are gaps to be improved.

Type of vehicle in emergencies



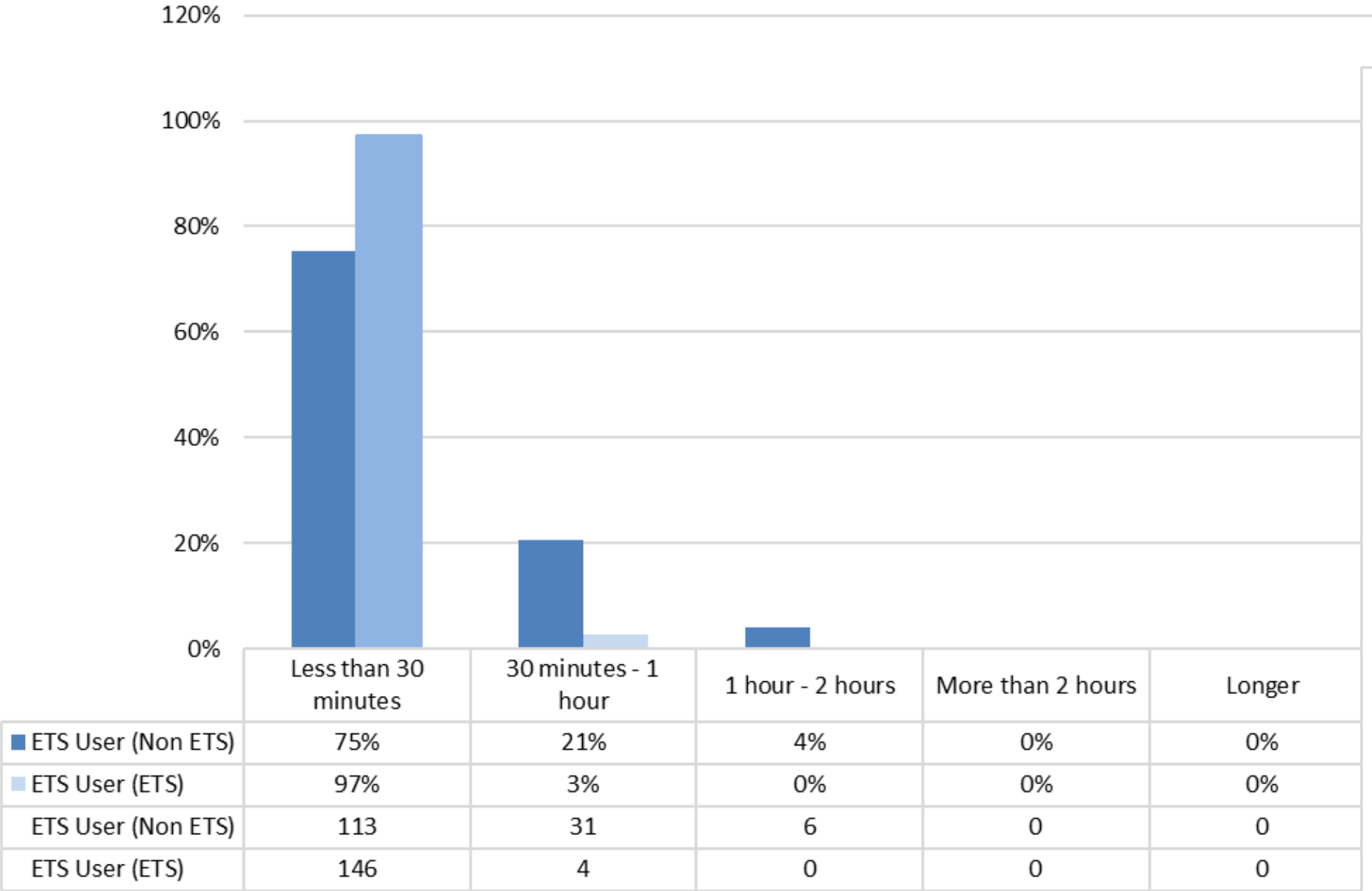
Payment breakdown for ETS journeys



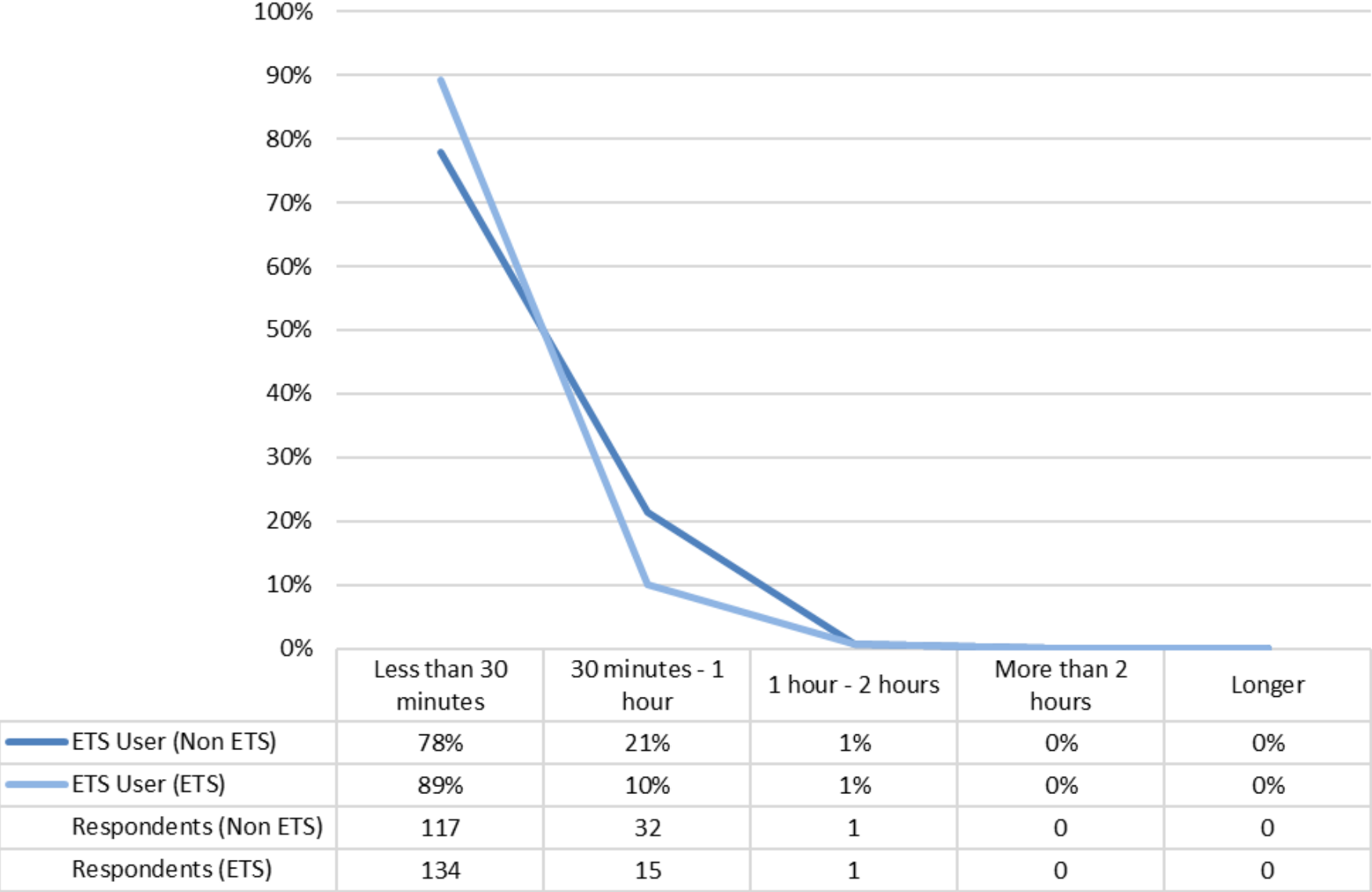


# ETS USER SURVEY

Time to arrange transport



Time to health facility



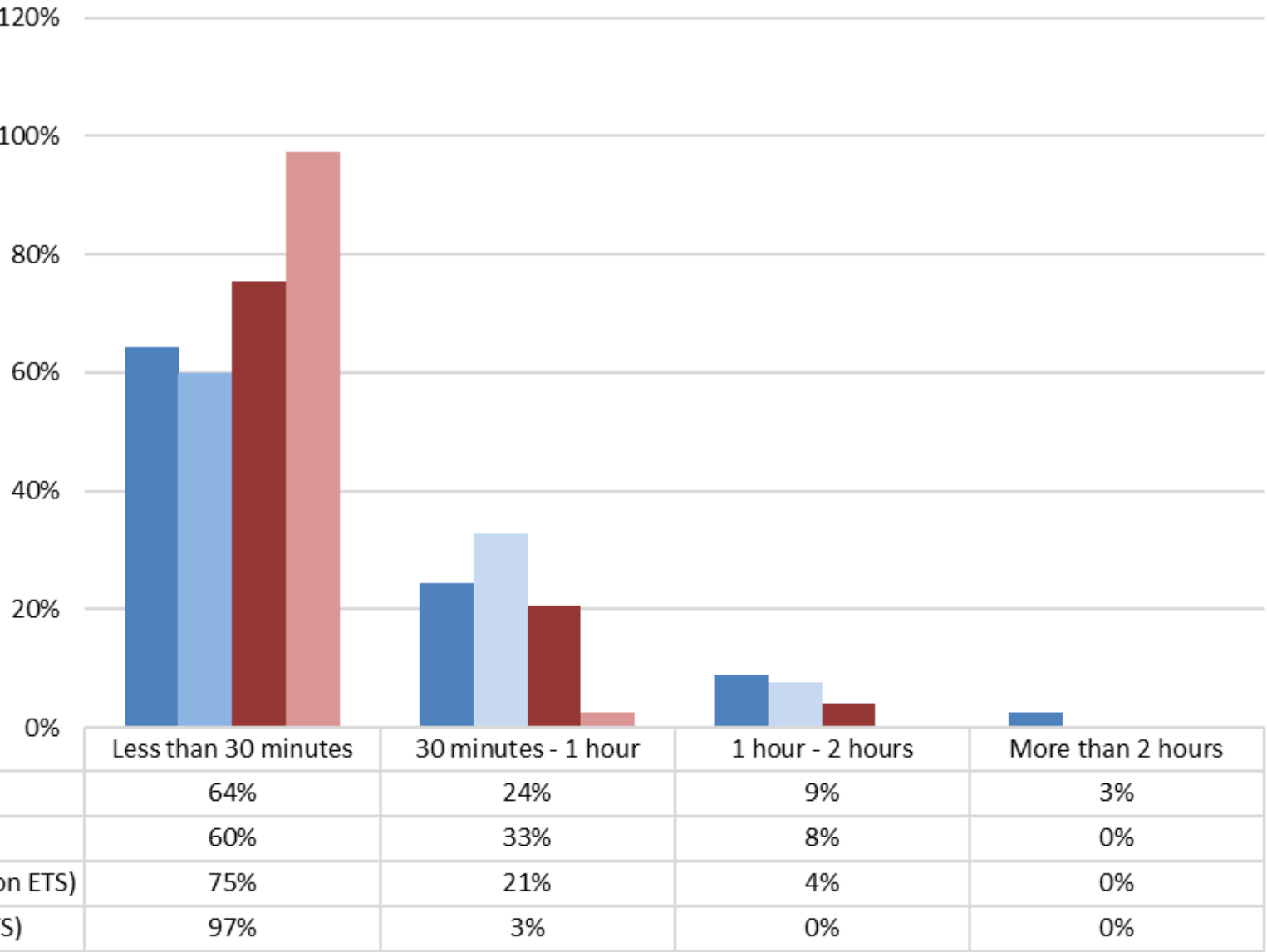
# HEALTH FACILITY STUDY

- The study focused on the programme objective, “To determine the effect of the use of ETS on the health status of women on arrival at a facility for maternal health care”.
- 312 cases were surveyed across the nine health centres in the three selected LGAs.
- 94% of women who took part in the study who had at least one previous live birth also had a complication during a previous pregnancy.
- The ability to organise ETS transport in under one hour (93%) is higher among ETS users compared to users of non ETS modes of transport (88%).
- The health condition on arrival at the health facility of ETS users is significantly better than that of non-ETS.
- The poorest 20% of women who used ETS were in a better condition on arrival at the health facility than non-ETS users in the same quintile.

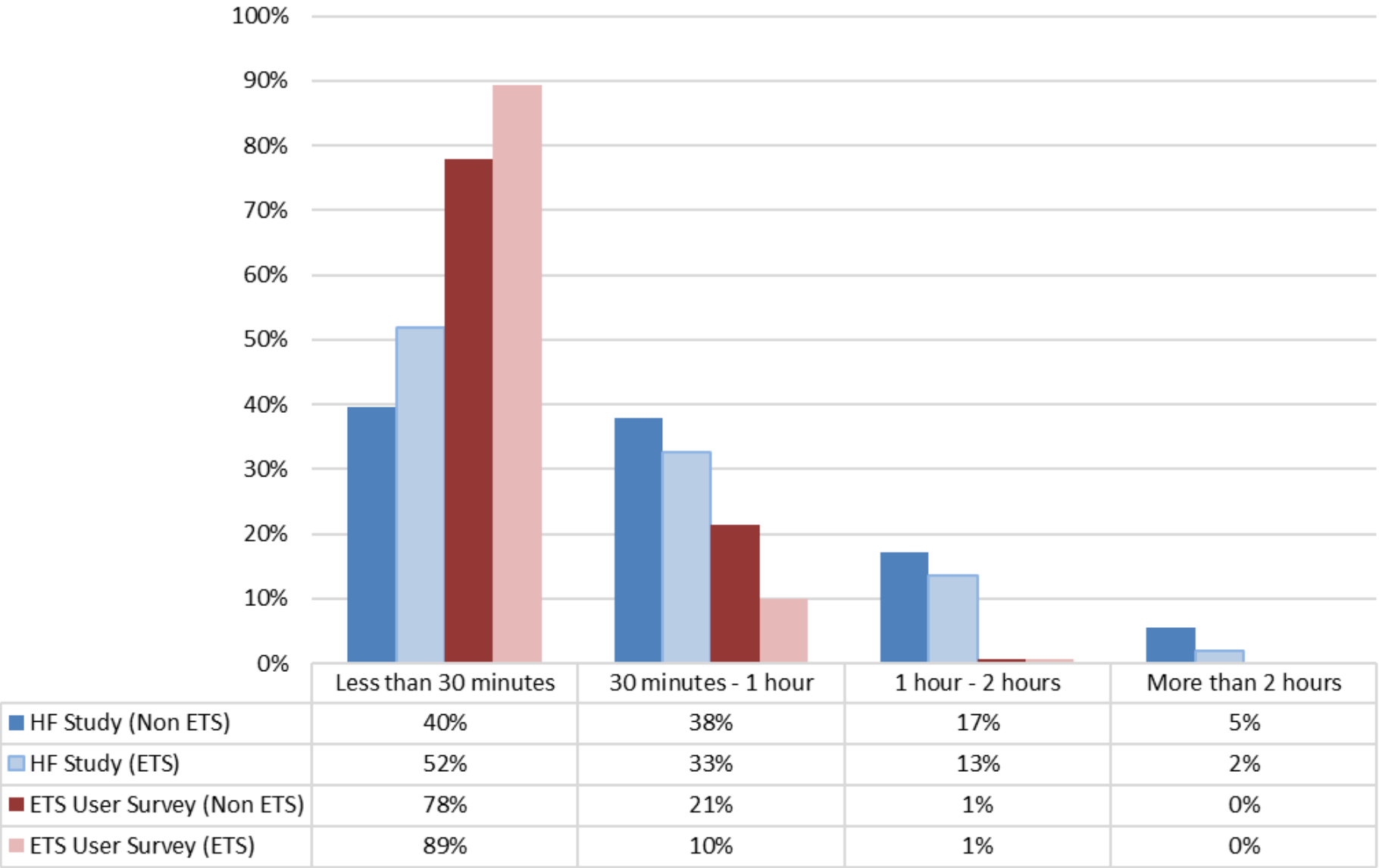


# HEALTH FACILITY STUDY

Time to arrange transport - Health facility study vs ETS User Survey

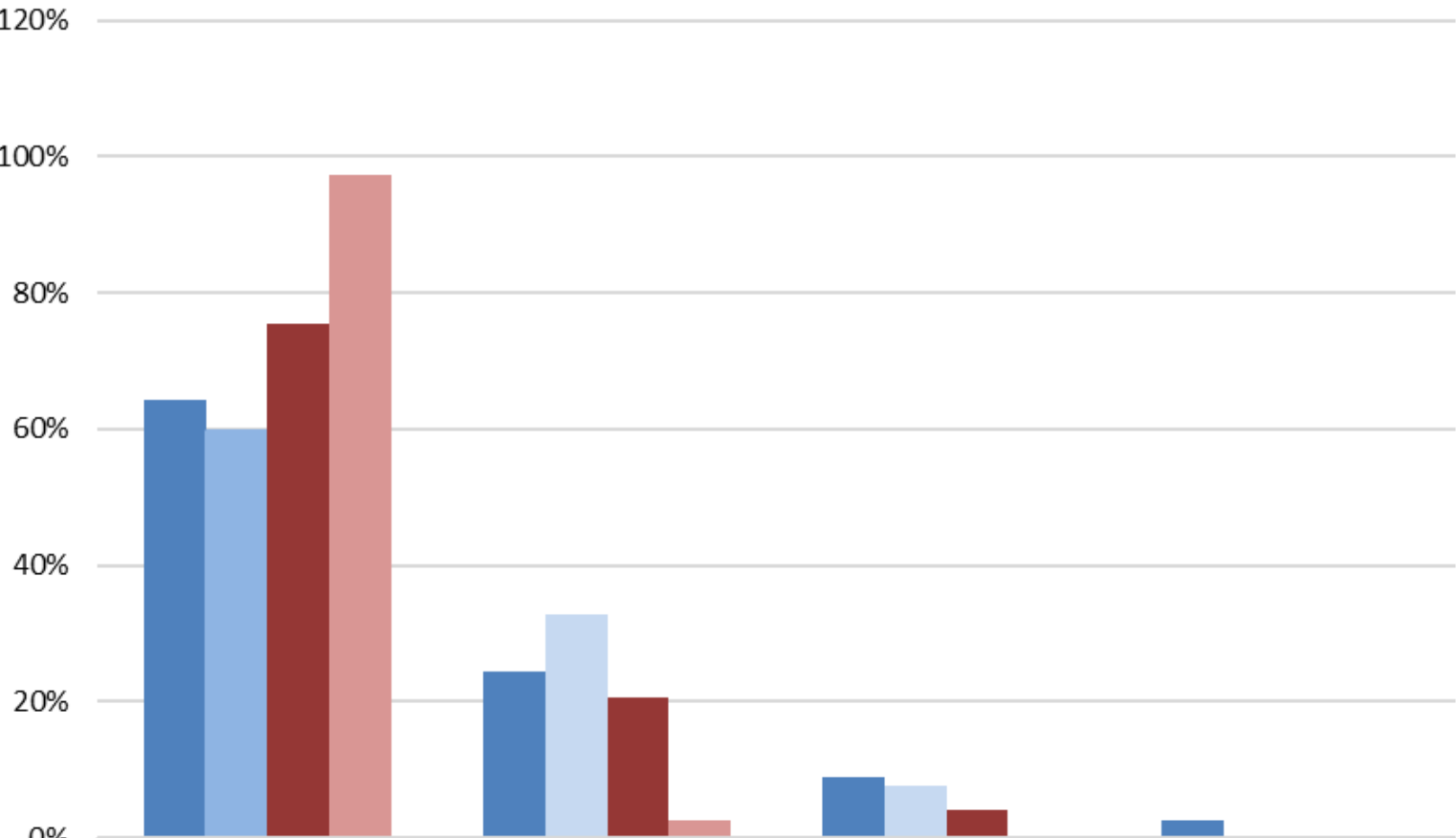


Time to health facility



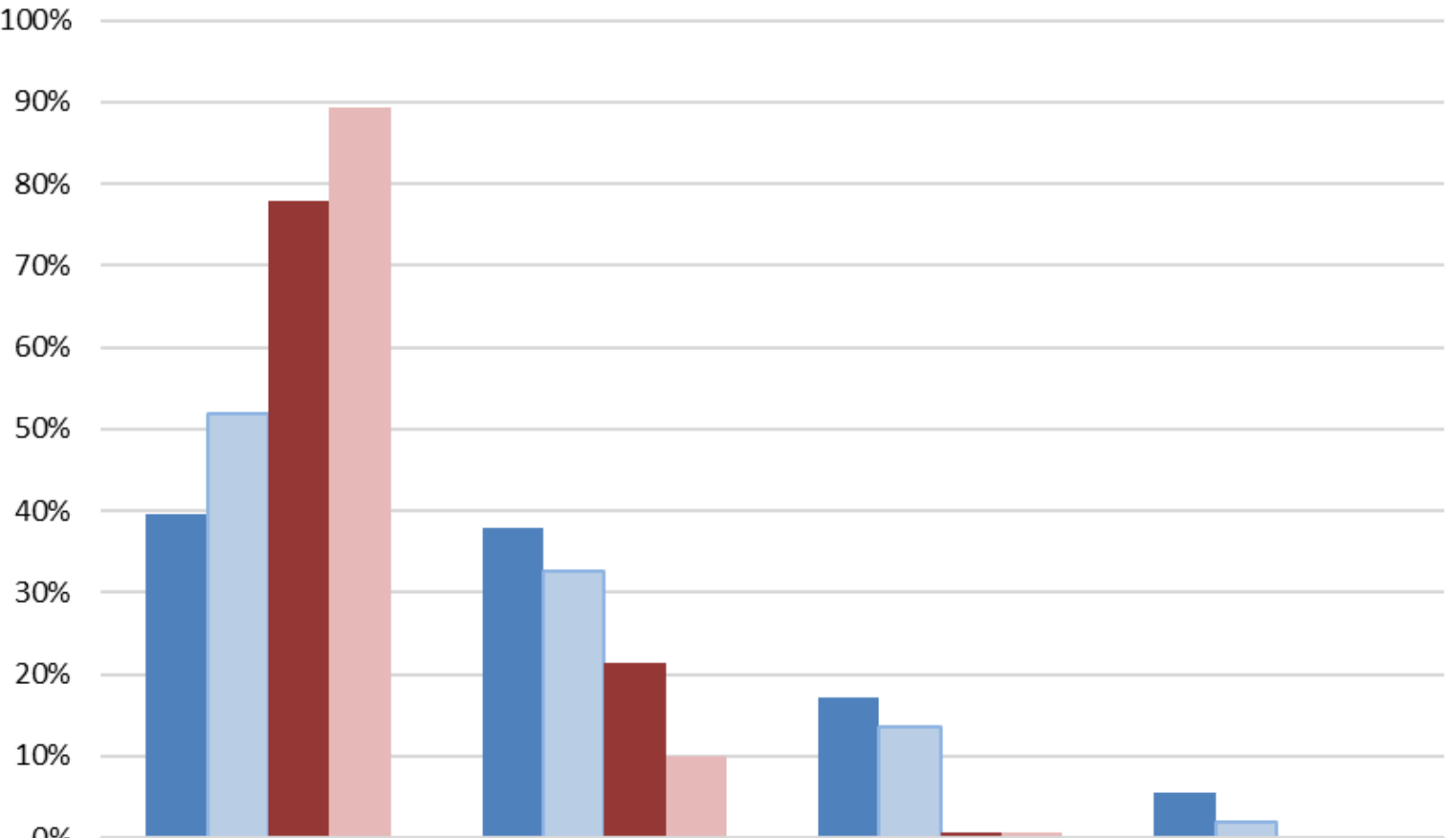
# HEALTH FACILITY STUDY

Time to arrange transport - Health facility study vs ETS User Survey



	Less than 30 minutes	30 minutes - 1 hour	1 hour - 2 hours	More than 2 hours
HF Study (Non ETS)	64%	24%	9%	3%
HF Study (ETS)	60%	33%	8%	0%
ETS User Survey (Non ETS)	75%	21%	4%	0%
ETS User Survey (ETS)	97%	3%	0%	0%

Time to health facility



	Less than 30 minutes	30 minutes - 1 hour	1 hour - 2 hours	More than 2 hours
HF Study (Non ETS)	40%	38%	17%	5%
HF Study (ETS)	52%	33%	13%	2%
ETS User Survey (Non ETS)	78%	21%	1%	0%
ETS User Survey (ETS)	89%	10%	1%	0%



# IN CONCLUSION

- Community buy-in, engagement with religious organisations and government buy-in and support are vitally important
- Volunteerism can contribute to sustainability
- Recognition of ETS drivers is very important
- ETS drivers self-promoted their service and health facilities promoted ETS as well as “word of mouth”
- ETS has had a positive impact on the health status of women arriving at a facility when accessing maternal healthcare
- ETS serves women in poorer communities
- ETS should be part of the wider maternal health discussion and discussed as a part of the solution.







transaid

[www.transaid.org](http://www.transaid.org)

Sam Clark

[samclark@transaid.org](mailto:samclark@transaid.org)

Edward O'Connor

[edwardoconnor@transaid.org](mailto:edwardoconnor@transaid.org)

