

Interview with Sebastian Simpasa

Project Officer for the Mobilising Access to Maternal Health (MAMaZ) and MAMaZ Against Malaria projects in Zambia

Sebastian Simpasa is a Project Officer for the Mobilising Access to Maternal Health (MAMaZ) and MAMaZ Against Malaria projects in Zambia, supporting the delivery of training for community health volunteers and bicycle ambulance riders, the delivery of bicycle ambulances, and liaising with the Zambian government.

The MAMaZ Against Malaria and MAM@Scale programmes aim to increase access to effective treatment for severe malaria for hard-to-reach communities with high malaria prevalence.

Sebastian became involved with the project after originally working as a driver for the MAMaZ team and helping with translation. "I always thought I would work in business or security, but when I saw the good work MAMaZ was doing, I was encouraged, and I knew I had to get involved."

Sebastian notes the impact of the MAMaZ programmes: "From when we first started in 2010 to now, the differences in the communities are huge. In the past, lack of knowledge around the

danger signs of malaria and a maternal health emergency, as well as delayed decision-making, meant that more children and women died.



"Now, communities are taking ownership of the project and are more confident in their decisionmaking."

As part of his role, Sebastian helps to organise training for the communities. After the community has chosen community health volunteers, the MAMaZ team train them on the danger signs of severe malaria and a maternal health emergency, and then the volunteers conduct the training of their communities themselves.

"We work alongside decision makers such as the Ministry of Health and the National Malaria Elimination Centre. We tell them what we're doing and then we go to the communities and ask for volunteers - the communities choose them. They undergo our training and then they go out into their communities to spread the word."

In the past, Sebastian recalls "at a community level, decision-making was very, very poor. Sometimes, families would delay travelling to the health facility until the husband returned from work. By the time he comes back home, it's too late. Too much time was being lost. They would try remedies in the community before going to the health facility as a last resort."

"One of the barriers we face in sensitising the communities is illiteracy. It's easy to memorise danger signs by singing, so we see a lot of that. I've also seen volunteers using drama and sketches to teach others about the danger signs of malaria."

Sebastian also highlights: "It's important to teach children and mothers as well, in case other family members aren't home in an emergency. I've even seen children singing the danger signs of malaria! When they are equipped with the knowledge of the danger signs, they can quickly respond to emergencies and get to the nearest health facility as soon as possible."

"The volunteers deserve a lot of credit.

Many go the extra mile and go door-to-door in their communities to educate on malaria and maternal health. They go to community meetings, funerals, everything."

In addition to education, Emergency
Transport Systems (ETS) like the bicycle
ambulances provide a lifeline for
communities with limited formal ambulance
services. "The bicycle ambulances reduce the
time spent travelling between the
communities and health facilities. They are
important in bridging the gap."



"The ETS is not perfect, but there's a big difference between walking for five hours and cycling for two hours. Time is crucial in saving lives."

When Sebastian visits the communities across Serenje District, people tell him how important the bicycle ambulances are in saving lives.



"I've heard of emergencies like breech births and children fitting from severe malaria. Without the knowledge and means, these mothers and children would not be here today without training and the bicycle ambulances."

There are also economic barriers to accessing healthcare, as Sebastian notes. Sometimes, people are reluctant to go to the health facility out of fear of missing work or not being able to provide for their families.



"Before the MAMaZ project, people would be reluctant to go to the health facility because of financial barriers. If you're at the health facility, how can you work, or cook? Now, communities themselves raise money for emergencies, and stock up food banks for mothers to use if they have to go to the health facility."

Following the incredible results from the pilot and scale-up programmes, which saw a 90 percent decrease in the number of children dying from severe malaria, Sebastian would like to see an even bigger scale-up to reach even more communities.

"We still have a lot of districts to cover. We have the innovations, we just need the capacity. We need to increase the knowledge and interest in the communities to decrease deaths in children and pregnant women. They need to know the importance of using the health facilities for better outcomes."

"Funds are the most limiting factor for us. Having more funds means the team can work with more districts. Again, the limiting factor for our government is lack of funds. With more funds, they could go the extra mile to help."

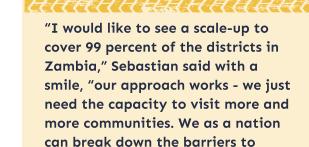












accessing healthcare."

Sebastian won Transaid's inaugural <u>Victor</u>
<u>Simfukwe Award in 2020</u>, alongside ETS Officer
Benard Mpande. The award honours Transaid's
friend and colleague Victor Simfukwe, a
Zambia-based Project Manager, who tragically
lost his life in a road traffic collision in 2019.
The award recognises those who have made an
outstanding contribution to Transaid's mission.

The MAMaZ programme partners include: Transaid, DAI Global Health Limited, Development Data, Disacare, the Zambia National Malaria Elimination Centre (NMEC), and Serenje District Health Management Team (DHMT).



