



Interview with Beatrice Ngwadzai

Bridging the distance between communities and health facilities: an interview with Beatrice Kwadzai, Acting In-Charge at Mulaushi Rural Health Post

At Mulaushi Rural Health Post, Chitambo District, Zambia, Acting In-Charge Beatrice Ngwadzai has seen how bridging the “last mile” through community-based transport solutions can often mean the difference between life and death.

Beatrice’s journey into healthcare was shaped by the realities she witnessed in her community. “What inspired me was the cases that I saw... especially children with severe malaria and maternal health emergencies,” she explains. “Looking at the way the community was struggling to bring patients to this health facility really made me interested in working in healthcare.”

Beatrice notes that before the introduction of bicycle ambulances, delays in accessing care were common, and often fatal. Children with severe malaria were frequently brought to the facility only after their condition had deteriorated significantly. “Most of the children were dying in the community, and some were being brought here when they were already weak and tired,” Beatrice recalls.

Malaria, particularly in rural settings, progresses rapidly. Without timely diagnosis and treatment, severe malaria can quickly become life-threatening. At Mulaushi, the lack of reliable transport meant that even when caregivers recognised danger signs, reaching the health facility in time was a major challenge.

The introduction of bicycle ambulances through Transaid and partners’ MAMaZ and MAM programmes has been transformative. Community Health Volunteers (CHVs) and trained riders now play a critical role in identifying symptoms early and facilitating rapid referrals. “Once they recognise a danger sign of severe malaria or a maternal health emergency, they will assess the patient and write a referral letter. The bicycle ambulance rider will then be called and bring the patient here,” Beatrice explains.

This system has significantly reduced delays in care. Upon arrival, patients are quickly assessed and treated. For suspected malaria cases, rapid diagnostic tests (RDTs) are conducted, followed by weight-based treatment for confirmed severe malaria. This streamlined process ensures that children receive life-saving interventions as early as possible.

“If they’re brought to the facility early, we’ll be able to see where we can start from and help them as early as possible.”

The benefits extend beyond malaria. The same system has reduced home deliveries and improved maternal health outcomes. However, the underlying lesson is universal: timely access to care saves lives.

“Healthcare is supposed to start from the community because while we’re in the facility, they are our eyes. They can move around the community, they are respected, and so they can identify challenges and any patients that need to be brought here.”

CHVs and riders are essential in recognising symptoms, initiating referrals, and educating their communities on seeking healthcare.

Looking ahead, Beatrice highlights the importance of sustaining and strengthening this system. Continued training and refresher courses for CHVs and riders will be key to maintaining high-quality care and adapting to emerging health challenges. “Continued education is really important. We need to remind CHVs and riders of their training so not to forget what they have learned, and the health of every person in the community will be improved,” she says.

As we mark World Malaria Day 2026, Beatrice’s experience reminds us that defeating malaria requires more than clinical tools; it requires systems that ensure those tools reach the people who need them, when they need them most. Community-based transport solutions like bicycle ambulances, and trained CHVs and riders, are proving to be a vital link in that chain.

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



Beatrice and her team with the community at Mulaushi