



USAID COMMUNITY CAPACITY FOR HEALTH PROGRAM

Implementing an Emergency Transport Scheme in Rural Madagascar

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Presentation outline

- Background
- Objectives
- Methodology
- Results and Recommendations
- Conclusion





Madagascar

- 596 790 square kilometers.
- 22 regions, 119 districts, 1695 communes and 17 000 Fokontany.
- Total Population: 22,434,363 in 2014 (80% in rural area).
- 65% of the population live more than 5 km from a health facility with lack of formal transport service.
- World Economic Forum ranked Madagascar 139 out of 140 countries in terms of quality of roads (WEF, 2016).



Sources: DHS, 2008/09 - INSTAT, 2014 – USAID, 2014.



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National situation and health priorities



64% of delivery are home birth given.

- Poor quality of road for adequate transportation (139 of 140 countries)



By 2019:

- Reduce MMR from 478 to 300 per 100,000 LB
- Reduce NMR from 26 to 17 per 1,000 LB



Sources: DHS, 2008/09 – PDSS, 2015-2019 – WEF, 2016





Community-Based Integrated Health Program in Madagascar (MAHEFA, 2011-2016)



Five-year USAID-funded program in 6 north/northwest regions of Madagascar.

Integrated Maternal and Child health services through 6,080 CHVs.

Program reached almost 4 million people (1/5 of total population).

54% of Program areas are inaccessible by car or truck at least 2 months of year.

Mountainous, sandy areas , with access challenges in rainy season.



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Results

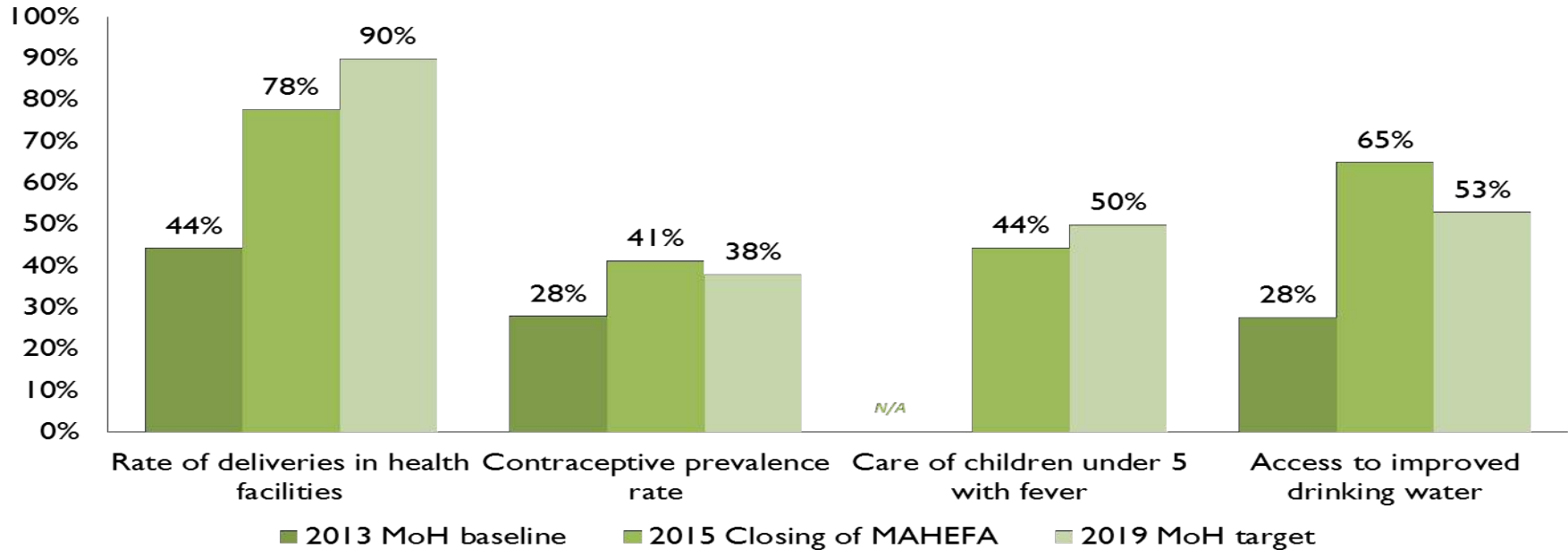


Figure: Statistics at the end of the MAHEFA programme in comparison with the baselines and targets of the Ministry of Health in Madagascar (MAHEFA, 2015)



Objectives of MAHEFA's emergency transport services (ETS) approach

- Provide access to locally available and appropriate modes of transport during health emergencies to improve health service access
- Identify and pilot a range of locally appropriate non-motorized intermediate modes of transport (IMT)





Methodology

- Conducted needs assessment (2012).
- Manufactured initial fleet.
- Conducted pilot activity and evaluated at community level.
- Conducted a workshop for construction of emergency transport after pilot.
- Expanded to other regions.
- Identified and addressed sustainability challenges.





Results

- 160 ETS management committee members and 454 supervisors and riders trained.
- Five districts now have emergency transport systems in place
- 4 eBox cooperatives established and provided with 2,562 bicycles.





Diana



Sofia

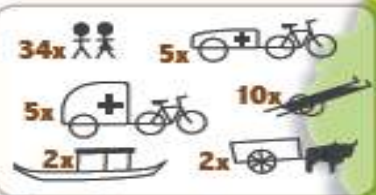


Sava

Melaky



Menabe



- Emergency Transport System (ETS) Drivers trained
- Stretchers distributed
- Cycle rickshaw ambulances distributed
- Bicycle ambulances
- Canoe ambulances
- Ox cart ambulances

Results

Type of transport produced	Number
Bicycle ambulances	50
Cycle rickshaw ambulances	5
Wheeled and non-wheeled stretchers	93
Pirogue/canoe ambulances	2
Ox carts	8

Results



964 people were transported by the ETS from their community to health facilities.



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Challenges encountered

- Cultural barriers to perception of the emergency transport.
- Sustainability after the programme ends.
- Performing complex repairs.
- Data collection.





Lessons learned and recommendations

- Conducting a needs assessment is key.
- Community engagement activities are as important as IMT distribution.
- Using a pilot to improve the technical design.
- Transport activities can contribute to local capacity building
- Adoption of IMTs was less successful in some sites than in others
- Addressing cultural and local barriers.
- Plan for maintenance and repair costs for all types of IMT.





Conclusion

- To reduce maternal, neonatal and child deaths, timely access to skilled care before, during, and after pregnancy is critical, as is access to care for children with danger signs.
- Inadequate access to transport is one of the three main delays in accessing health services.
- Transport strategy alongside key interventions such as Family Planning, improved antenatal/postpartum care may contribute up to an 80% reduction in maternal deaths (Goldie et al., 2010).
- Sustainability of the ETS is a central concern in term of ensuring both financial viability and local technical capabilities for maintenance and repair of IMTs.





Thank you

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