

PARTNERS FOR DEVELOPMENT

Saving Lives at Birth



MISSION:

Partners for Development's (PFD) mission is to work with underserved populations in developing countries to improve quality of life.

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PROJECT OVERVIEW

Partners for Development prioritizes socially and financially sustainable transportation linkages between remote rural villages and health facilities

PFD's model for ensuring access to ante/postnatal and delivery care in remote rural villages will be developed in Kratie province of Cambodia, a remote riverine province with unusually low levels of trained delivery and ANC/PNC, and high maternal/neonatal mortality.

The model will consist of a transportation system managed by local government and contracted to local private sector transport providers.

Unlike approaches to date, transport routes will include schools, markets and other popular destinations as well as health facilities, leveraging the overall demand for movement of people and goods to render the system financially and socially sustainable.

The system will provide for both emergency and routine mass travel, thereby increasing access to preventive ANC/PNC services as well as to urgent/emergency care. Families will pay a monthly rate for unlimited trips, removing what

is otherwise a financial disincentive to preventive care. Costs will be reduced through economies of scale and transport provider remuneration that offers a guaranteed income in exchange for lower trip costs. Transport contracts will also establish a set rate for emergency travel and guarantee its 24 hour availability, while revolving village loan funds provide immediate micro-credit to pay for the emergency travel.





RATIONAL

Worldwide, maternal/neonatal mortality is highest, and the coverage of preventive services lowest, in remote rural areas. A key access barrier is the availability and cost of transportation to a health facility. Ironically, the poorest have to pay for the most travel since they do not own their own mode of transport and are more likely to reside in a far-flung village. In addition to being costly, transportation is not always readily available in remote villages and certainly not so when emergencies arise at night.

In rural Cambodia, the main provider of maternal/neonatal health services are government Health Centers. Although treatment is affordable for most and exemptions available for the poor, 42.3% of rural Cambodian women stated that distance was a barrier to obtaining health services in the 2005 DHS. The figure exceeded 67% in the more remote provinces. Examination of DHS data from Cambodia shows that transportation costs exceed that of HC treatment costs more than three fold among clients not within walking/bicycling distance.

The cost and difficulty associated with transportation to a health facility is exponentially greater when travel is of an emergent nature. Private transport providers are often reluctant to accept critically ill passengers, or exploit the situation by demanding many times the usual market rate.

PFD will assist Commune Councils (CCs) in competitively awarding contracts to local private transport (boat/barge, truck/motorcycle cart) providers at a set monthly fee for plying a specified daily route. Routes will be developed in consultation with villagers based on perceived transport needs. Routes will ensure linkage of villages and health facilities but also include markets, schools and other popular destinations in order to ensure sufficient volume of travel to render the system socially and financially sustainable. Thus, travel for commercial purposes will in effect subsidize travel for ante/post natal care and delivery.

Each village's contribution to the monthly fee will be calculated according to the distance from it to the next stop on the route, thus reducing the otherwise unmanageably high cost of travel from the farthest ones. Village families will pay a monthly rate for unlimited utilization. Since it may take time to build up demand and confidence in the system, unsubscribed families will be allowed to make a limited number of initial trips on a fee basis. How many trips will be allowed to non-subscribers and at what rate, as well as the terms for payment of the monthly subscription fee will be determined by the Village Development Council (an existing body) which will also be the group responsible for collection of the premiums. It is expected that there will be some initial trial and error, and also variation between villages. The Village Development Council and village health volunteers will be responsible for publicizing the system; it will also be advertised on local radio.

Transport contracts will also specify set fees for emergency transport and guarantee its 24 hour availability. Village-level revolving loan funds will be established to provide on-the-spot micro-credit for the costs of emergency travel. When poor women are transported to the hospital, the loan will be repaid by the Health Equity Fund, a government social protection scheme already in place. Otherwise, families will be responsible for repayment with interest rates and repayment terms as set by the Village Development Council.

In unusually distant locations where emergency transport costs would exceed the repayment capacity of most residents, Commune Council social welfare funds will subsidize the actual cost. PFD will provide initial loan capitalization contingent upon the Commune Council's inclusion of such subsidies and other recurrent support in the Commune Investment Plan and commitment to do so on an ongoing basis.



FOCUS ON INOVATION: TESTING PROJECT FEASIBILITY

The feasibility of this model will be assessed using the following indicators:

1. The percent of households subscribed to the transportation system; and,
2. The percent of village loan funds which, inclusive of reinvested interest and any CC subsidies, remain at or above 90% of the initial capitalization levels at the end of year 2.

Impact on maternal/neonatal health will be measured through changes in the following indicators:

1. The number and percent of deliveries taking place in a health facility;
2. The number and percent of pregnancies receiving at least 4 ante-natal examinations.