**Community Emergency Transport Plans**

**Healthy Child Uganda**

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# Definition and Objectives

A Community Emergency Transport Plan (CETP) is a community developed plan for transport during emergencies. Supporting community-based development of CETPs is an approach to help reduce avoidable deaths, including maternal and child deaths, while also building community self-reliance. CETPs promote understanding that communities can intervene to prevent avoidable deaths, foster timely and reliable transport at times of emergency, and encourage an enabling environment in the community.

Each community that is ready to address the issue of emergency transport will be encouraged by VHTs with the support of community leaders (LC-1) to develop their own CETP that is appropriate to the needs and context of that specific community.

# Introduction: Betty’s Story

Betty had bleeding on and off in the last month of her pregnancy. She and her husband knew it was a danger sign and she should go to the health center. She rested a while and the bleeding stopped but she knew she needed to go to the health center.

The health center was 10 km. away, down a bad murram road. Betty’s husband went to ask the neighbour who had a motorbike to take her to the health center. The neighbour was away for the week. Betty’s daughter went to the road to see if there were any vehicles that could give her a ride. Several matooke trucks were nearby but refused to take Betty. Betty’s neighbours gathered to pray for her. Betty began to bleed heavily and have severe pains. Betty and her baby were both dead the next day when transport was finally found.

# Key Messages

* A CETP can help reduce avoidable deaths in communities
* A CETP can reduce delays in reaching health care
* A CETP can help a community address transportation difficulties
* A CETP can be a sustainable project that increases communities’ self-reliance

# Why Is Having a CETP Important?

Factors contributing to avoidable deaths in Uganda include:

* Delays in reaching health care
* Problems with transportation
* Challenging road conditions

A CETP can help with these issues.

Also, a high percentage of maternal and child emergencies occur in the home, rather than at a health facility. It is therefore necessary to have a plan in place to transport women or children from the home to the nearest health facility.

It is important for communities to develop their own CETPs rather than depending on outside help for emergencies, which often contributes to delays. A community must think about how they can help themselves over the long term. By having their own CETP, a community can be self-reliant.

# Benefits of a CETP

Having a CETP can have many benefits. For example:

* Individual households have the support of the wider community during emergencies
* Delays in transport times from a home to a health facility is reduced
* Community members have set procedures to follow when an emergency occurs
* Emergency transport is made more affordable for community members
* Agreement on most suitable modes of transport to use during emergencies
* Reduction in the number of deaths, including maternal deaths
* Increased self-reliance within a community
* Community ownership of a sustainable project
* Ensure that help is available in times of emergencies

# Modalities and Support for CETP

* Use of non-motorized modes of transport: Tricycles, stretchers (ngozis), bicycles, bicycle ambulances
* Use of motorized modes of transport: Motorized tricycle rickshaws, 4-wheel drive vehicles, ambulances, motorcycles (boda bodas), boda boda ambulances
* Transport vouchers
* Pre-negotiated arrangements with transport providers
* Community managed emergency funds, emergency loans, and savings groups

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# Case Examples

In Uganda as well as other parts of the world, many communities have used CETPs in order to reduce avoidable, including maternal and child deaths. There are examples of CETPs in Tanzania, Nigeria, Malawi, and outside of Africa such as in Nepal. These include:

## Nigeria

In Makarfi District, Nigeria in 1995, meetings between the village leaders in the district were held to discuss the issue of maternal deaths. It was agreed that high costs of transport and difficulty in reaching health facilities were barriers that needed to be addressed. From these meetings, plans for a community emergency loan fund and community transport services were developed. The village leaders had a large role in introducing the project to the communities through a village-to-village campaign.

An emergency loan fund management committee was formed and pregnant women and/or their husbands were encouraged to register with the committee. Local transport owners were encouraged and mobilized to form an a community transport service that would be available 24 hours a day, 7 days a week. Transport owners were encouraged to sign on for at least a 6-month period. The names and locations of all the participating transport owners were provided to registered members of the loan fund group.

It is not clear how well the project continued but it was decided that success would depend on the role of the management committee. The committee must follow up on loan repayments, maintain contact with the transport owners, and keep current records.

 \* Reference: Essien, E., Ifenne, D., Sabitu, K., Musa, A., Alti-Mu’azu, M., Adidu, V., Golji, N., Mukaddas, M. (1997). Community loan funds and transport services for obstetric emergencies in northern Nigeria. *International Journal of Gynecology & Obstetrics, 59*(2), S237-S244.

## Uganda: Ntungamo

In Ntungamo, one of the communities originally had a bataka-kwezika, a savings group that collects funding for burials. In 1993, during the monthly meetings for the bataka-kwezika, it was decided that the group should also help sick people. And so, the savings group began also collecting funds for transporting sick community members and pregnant women to the local health centre 3. Funds are used not only for emergency transport but also for purchasing materials for the community such as tents and chairs, and are still used for helping with burials.

The group mobilized other community members through community meetings and public education to teach others about what the group is doing and how members would be helped. Many people in the community took on leadership roles with the project including VHTs, teachers, health workers and counselors. The savings group began with only 15 members and now has over 100 members. Anybody that lives in the community is able to join the group.

The group has a register for sick people and an accounts book that shows the balance of the money that has been spent and the people that have been helped. The group continues to hold monthly meetings and during these meetings, the members make their contribution. In the beginning, group members contributed 500 UGX per month and now the amount has increased to 1000 UGX. Hiring motorcycles is the preferred mode of transport and vehicles are used only in very critical cases because they are very expensive. The group benefits no less than 10 patients in a month and that includes about 4 pregnant women per month.

 \* Reference: Chan, D. (June 18, 2013). HCU Ntungamo Interview.

## Uganda: Ryomiyonga

The community of Ryomiyonga used to rely on stretchers (ngozis) for transporting people during emergencies. But, a lot of people were dying and the community realized that they faced serious problems with transport. So in 2006, the community held a meeting to sensitize the whole community about the dangers of the situation and to brainstorm about possible solutions. The idea of a savings group came up and it was decided through a majority/popular vote that the community would start a savings group, and the money could be drawn upon for emergency transport. A chairperson for the project went from household to household, sensitizing community members as to understand why they should participate in the project and how they and the community would benefit.

At first, each member of the group contributed 8000 UGX per month, but it now depends on the situation. For example, if a community needs to transport many people in one month, more contributions may be needed in the following month. But if a savings pool has grown too big because there have been no patients in some time, the money can be used as loan money for a community member and interest will be collected. Motorcycles are the most preferred mode of transport that is used by the community. But if a person is in critical condition, they may choose to use a vehicle.

The savings group project began with one group of 30 members. Now, the original group has 47 members and 3 additional savings group in the community have also been created. Each savings group holds monthly meetings. Every family in the community has benefitted and the number of deaths has been reduced.

 \* Reference: Chan, D., & Kyokushaba, C. (June 11, 2013). HCU Ryomiyonga Interview.

These are just a few real life examples. A CETP in one community may be very different from a CETP in another community. There is no right or wrong plan. Each community knows what would work best for them. Through brainstorming, a community can develop a CETP that is most suitable for them.

# Considerations

Factors to consider in developing a CETP:

* Distance to the health facility
* Time to reach the health facility
* Mode of transport
* Cost of reaching the health facility
* Costs associated with accessing emergency care
* Care of children left at home

Some principles to keep in mind when developing a CETP:

* The CETP must be initiated by the community
* The community must agree on how to establish and implement a CETP
* The community must implement and monitor the CETP

Also, different CETPs may include very different elements and it is up to the community to decide what they want to include in their CETP.

Some elements to consider may include:

* A management committee/board (including procedures for electing committee members, roles and responsibilities of members, frequency of meetings)
* Record keeping
* Procedures for community use of the CETP
* Premiums/payments (amount and frequency of deposited money or other resources)
* Partnerships for transport
* Available resources locally
* Ways to resolve conflict as it arises within the committee or the community

# Potential Challenges

A community should also consider some of the challenges that they might encounter when developing and implementing a CETP. Challenges are to be expected when trying to develop a successful CETP and a community should be prepared to work hard to overcome them.

Such challenges may include:

* Certain modes of transport, such as bicycles, may be uncomfortable for pregnant women
* Certain modes of transport may not be appropriate for difficult road conditions
* Optimal mode of transport may vary by season
* High fees for hiring transport
* Price of fuel
* Difficulty in developing beneficial partnerships, such as with transport providers
* Finding responsible people for management roles
* Level of resources in a community
* Community members reluctant to contribute higher amounts of money
* Community members not wanting to share responsibility for emergency transport of others
* Not all community members will want to participate
* Concerns about privacy and accommodating family members

# Guidelines for developing CETPs

While there are many different ways to develop and support a CETP and CETPs can all be very different from one another, there are two general guidelines to think about.

There is a need to empower communities to take their own initiative in developing and implementing a CETP:

* Need to focus on empowering community members and all interested members
* Need to ensure that a community is both ready and motivated to take initiative in developing and implementing a transport plan
* If an appropriate transport plan is not ready when a community feels that it is ready to take action, the community may lose both its commitment to act and its enthusiasm

The chosen mode of transport must be appropriate to the context and needs of the communities:

* The mode of transport needs to significantly reduce delays in reaching health care
* Should try to take into consideration concerns about privacy and the possibility of accommodating family members
* Need to consider cost as transport that is of minimal cost is more likely to be used
* The transport plan needs to be suited for the local environment (hills, distance from homes to main road, accessibility, road conditions during wet season)
* The transport plan needs to be suited to the amount of resources a community has access to (money, accessibility to health facilities, time, number of community members)

Overall, a Community Emergency Transport Plan that is both effective and sustainable depends on:

* The interest, initiative and commitment of community members
* How well the plan takes into consideration the context in which it is to be implemented in
* Community management of funds, processes and records
* The leadership of the group and the governance that is provided

If the CETP meets the needs of those in the community, it will be sustained.

# CETP Facilitation Guidelines for VHT Catalysts

1. Villages that may be viable candidates for developing and implementing a Community Emergency Transport Plan (CETP) are to be identified by the Community Health Officers (CHOs). 2 or 3 villages at most are to be identified for each parish and in some parishes; it may be found that there are none.

 Indicators of viable candidates include, but are not limited to:

* Have had one or more deaths due to lack of ready transport in the past year
* The LC1 has demonstrated particular interest in health issues
* Community funds have been used for social issues in the past year
* Community members have expressed concerns over lack of ready transport in the past year
1. The VHT Catalyst will arrange to meet with the VHTs in the villages that were identified as possible candidates for a CETP. At the meeting, the VHT Catalyst will sensitize the VHTs on CETPs with the option of using a copy of the CETP Reference Guide (see p.9). Following, the VHT Catalyst assesses alongside the VHTs whether or not the particular community may be both interested in pursuing a CETP, as well as ready to be involved in such a project.
2. If the VHT Catalyst and the VHTs feel that the community might be a good candidate for a CETP, the VHT Catalyst is to arrange an initial meeting with the LC1 with the village VHTs. At this initial meeting, the VHT Catalyst is to sensitize the LC1 about the CETP concept and what it would entail. Again, the CETP Reference Guide can be utilized at this point.
3. If the LC1 is on board with the concept of a CETP for their community, they can arrange for the first community meeting on CETP. All interested community members and important stakeholders will be encouraged to attend and participate. The local VHTs, with the support of the VHT Catalyst should play a role in motivating community members and other stakeholders to participate. Key people to mobilize may include the Chairman LC1, religious leaders, respected elderly community members, pregnant mothers, heads of local self-help projects such as burial committees, school teachers, and local political leaders.

1. At this initial community meeting, the VHT Catalyst and VHTs will facilitate a discussion on the community’s experiences with emergencies to date and review any particular case(s) in the past 2 years. This will also be the first opportunity to ascertain whether community members are interested in pursuing a CETP. On average, it takes 2 to 3 meetings to develop a consensus among the community to agree to form a CETP. If a consensus is reached to pursue a CETP, then a community CETP planning meeting is to be arranged.
2. At the first and subsequent community planning meetings to develop a CETP and its management, the VHTs will facilitate the meetings. The VHT Catalyst should give the option of attending some of the meetings to provide additional support if VHTs feel it is necessary. These meetings will provide the opportunity to foster a community commitment to prevent maternal deaths in the community by enabling members to understand the importance of not allowing deaths to occur from lack of intervention. These meetings will be integral to the planning process. Important subjects such as modalities, funding, membership, management and guidelines should all be discussed.
3. The VHT Catalyst will regularly check in with the VHTs to see how the CETP is progressing and to provide any necessary support.
4. At around the 6-month mark after the development of a CETP was initiated in a community, HCU will arrange to meet with the VHT Catalyst and the local VHTs to document the progress of the CETP. HCU will be responsible for documenting the CETP using the CETP Documentation Form (see p.11). This form will provide useful feedback to HCU and help inform future CETP initiatives.

# HCU CETP Documentation For

(To be decided by HCU who will collect this information)

|  |
| --- |
| **Name of Community:** |
| **Planning Process**- How did the community proceed to plan and develop the CETP- How many meetings took place to develop the CETP- How were community members mobilized- How much time was spent on the planning process |  |
| **Community members**- How many are involved- What criteria are there for which community members may be involved with the CETP- Who will benefit from the CETP |  |
| **Modalities**- What form(s) of transport are to be used and why- Are there any issues with using this/these form(s) of transport- How a family that is in need of emergency transport accesses this form of transport |  |
| **Support/Funding**- How will the CETP be supported /funded- How is the CETP to be sustained for the long-term (e.g., monthly meetings) |  |
| Name of Community: |
| **Management/Leadership**- How will the CETP be managed (e.g., a management committee, chairperson)- Who has taken on leadership roles for the CETP- How will the community document the use of the CETP (e.g., record keeping) |  |
| **Challenges**- What challenges or barriers occurred during the development and implementation process- What could be improved |  |
| **Successes**- What went well during the development and implementation process- What contributed to the success of the CETP- What lessons were learned |  |
| **Additional Comments** |  |

# VHT CETP Reference Guide

**Objective**

A Community Emergency Transport Plan (CETP) is a community developed plan for transport during emergencies. Supporting community-based development of CETPs is an approach to help reduce maternal and child deaths while also overall benefitting communities.

**Key Messages: A CETP can…**

* Help reduce maternal and child deaths in communities
* Reduce delays in reaching health care
* Help a community address transportation difficulties
* Be a sustainable project that increases communities’ self-reliance

**Benefits of a CETP**

* Individual households have the support of other community members during emergencies
* Delays in transport times from a home to a health facility is reduced
* Community members have set procedures to follow when an emergency occurs
* Emergency transport is made more affordable for community members
* Agreement on most suitable modes of transport to use during emergencies
* Reduce the number of deaths, including maternal deaths
* Increased self-reliance within a community
* Community ownership of a sustainable project
* Ensure that help is available in times of emergencies

**Components of a CETP**

* Planning for emergency funds
* Planning for emergency transportation
* Promotion of involvement of both women and men

**Modalities and Support for CETP**

* Use of non-motorized modes of transport: Tricycles, stretchers (ngozis), bicycles, bicycle ambulances
* Use of motorized modes of transport: Motorized tricycle rickshaws, 4-wheel drive vehicles, ambulances, motorcycles (boda bodas), boda boda ambulances
* Transport vouchers
* Pre-negotiated arrangements with transport providers
* Community managed emergency funds, emergency loans, and savings groups

**CETP Reference Guide**

**Factors to consider**

* Distance to the health facility
* Time to reach the health facility
* Mode of transport
* Cost of reaching the health facility
* Cost of accessing emergency obstetric care

**Elements to consider**

* A management committee/board
* Record keeping
* Rules on membership
* Set of guidelines
* Criteria for members
* Premiums/payments
* Management of funds
* Partnerships
* Monthly meetings
* Available resources

**Potential Challenges to Anticipate**

* Certain modes of transport may not be appropriate for difficult road conditions
* The local environment and weather
* High fees for hiring transport
* Finding responsible people for management roles
* Low amounts of resources in a community
* Not all community members will want to participate
* Development of a CETP can take a long time

**General Recommendations**

* Need to ensure that a community is both ready and motivated to take initiative in developing and implementing a transport plan
* The mode of transport needs to significantly reduce delays in reaching health care
* Transport that is of minimal cost is more likely to be used
* The transport plan needs to be suited for the local environment (hills, distance from homes to main road, accessibility, road conditions during wet season)
* The transport plan needs to be suited to the amount of resources a community has access to (money, accessibility to health facilities, time, number of community members)