

# **Survey of MAZA Passenger Experiences and Health Outcomes in Bunkpurugu-Yunyoo District, Northern Region, Ghana**

*September 2017 to November 2017*

## **Background**

MAZA started operating in Bunkpurugu - Yunyoo District in the Northern Region of Ghana in November 2016 but officially launched there in April 2017. Twelve motorized tricycle were assigned to 12 local drivers who were selected through an interview process that included health staff, a representative of the chief and other opinion leaders. As at 19<sup>th</sup> November, 2017, MAZA drivers had transported 275 passengers for emergency cases which includes labour (59%), sick infants (1-11 months) 19%, antepartum complications (9%), other general sicknesses (6%), postpartum complications and sick child (1-4 years) at 4% respectively.

Since December 2016, the MAZA team has organized a series of community engagements in the three sub districts – Yunyoo, Bunkpurugu and Binde – in which it operates to sensitize community members on what MAZA is doing to promote the health status of people in the rural areas especially pregnant women and sick infants to reduce maternal and infant mortality. MAZA transports for free these categories of people – pregnant women in labour, pregnant women who are sick, sick infants and lactating mothers with postpartum complications within the first six weeks or 42 days after delivery.

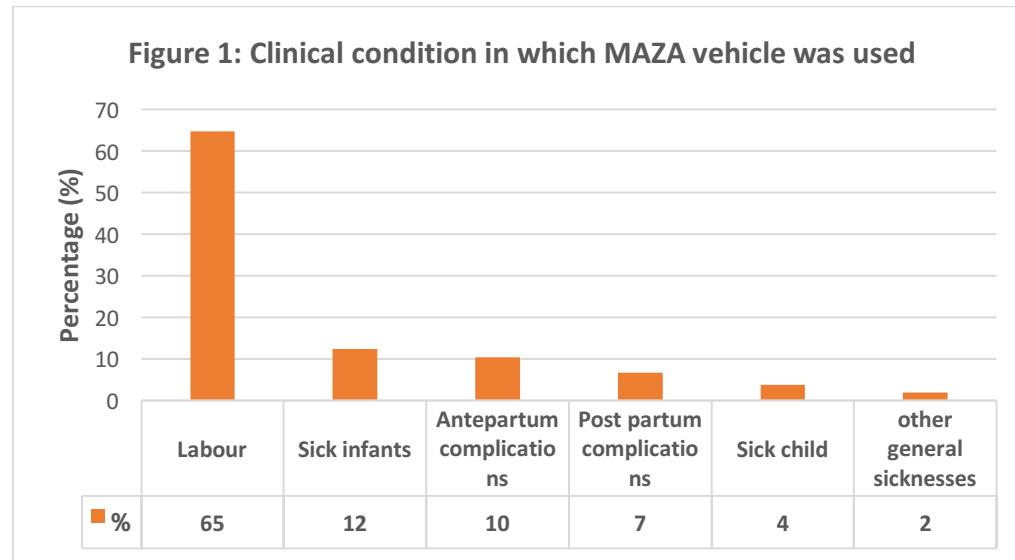
## **Purpose**

In an effort to understand how MAZA passengers were perceiving our services and improve upon them, the MAZA team conducted a customer survey from 18<sup>th</sup> September, 2017 to 3<sup>rd</sup> November, 2017 to learn and find out the clinical outcome of passengers transported by the MAZA vehicles, their experiences of the MAZA drivers and the MAZA vehicles. A total of 105 passengers were interviewed at their homes. We identified these 105 passengers by working closely with eight of the 12 MAZA drivers (66%) in the district. The drivers' catchment areas of were distributed evenly across the three sub-districts in which MAZA is operating. We interviewed as many of their emergency/urgent health transportation passengers (year-to-date) as possible, who were at home or nearby on the day that we were in a particular community. We did not return to find people who had travelled or were otherwise unavailable on the day that we were in a particular community.

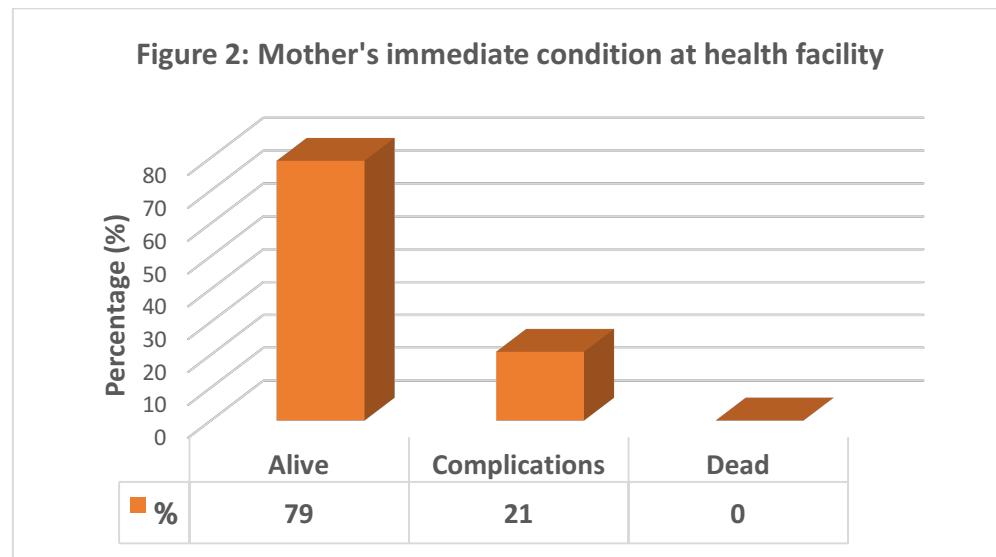
## **Clinical Outcomes**

From the customer survey, labour was the highest case (65%) transported by MAZA drivers followed by sick infants (12%), antepartum (10%) and postpartum complications (7%) (figure 1). This outcome can be attributed to the free transportation MAZA provides for pregnant women who are sick or in labour, sick infants and sick lactating mothers for the first six weeks after

delivery. There is no cost barrier and as such, during emergencies community members do not hesitate to call on MAZA drivers to access health care. There were no maternal deaths recorded among our passengers (figure 2). However, there were five neonatal deaths representing 7% (figure 3).

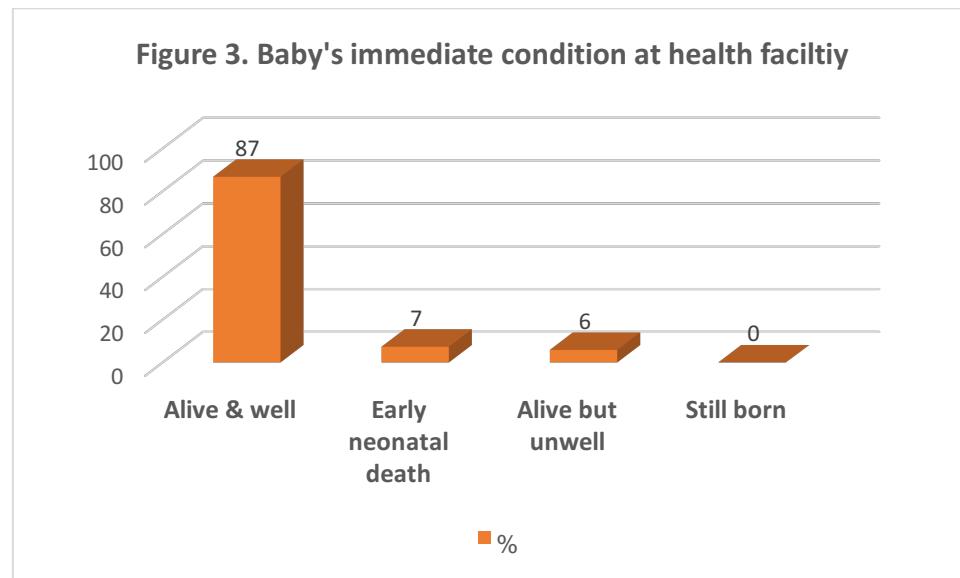


Of the maternal cases transported, 79% arrived at the health facility alive whereas 21% arrived with complications (figure 2) and none died. The complications presented at the health facility include: antepartum complications (10%) and postpartum complications (7%) such as postpartum hemorrhage, placenta retention and infection. Upon discharge home and at the time of the survey, none of the maternal cases transported died.



Out of the 68 women transported during labor, 59 (87%) of the babies delivered were alive and well, 5 (7%) resulted in neonatal deaths whiles 4 (6%) were alive but unwell (figure 3). Of the five neonatal deaths, two occurred in the hospital, two occurred at home while one occurred on the way to the health facility.

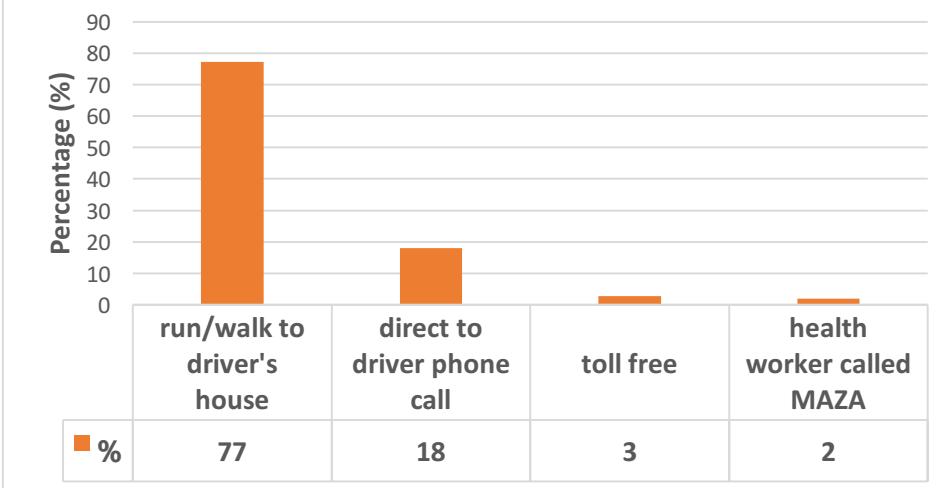
Of the 68 deliveries we learned about during our survey, 13 (19%) of the neonates born by those mothers fell sick during the first month of life and MAZA's motorized tricycles were used to access health care.



#### How MAZA Driver was contacted during health emergency

Strategic allocation of vehicles based on distance and closeness of surrounding communities was taken into consideration during the assigning of vehicles and selection of drivers due to poor communication network in the three sub-districts. It is therefore not surprising that 77% of our passengers run/walk to the driver's house during emergency cases by a relative. Also, the majority of MAZA passengers are women for whom phone ownership is very low. However, their husbands or other relatives may have phones to call MAZA drivers directly for emergency cases. Direct to driver phone call is the second highest with response rate at 18% (figure 4). Surprisingly, just 3% of our passengers contacted us via our toll-free number.

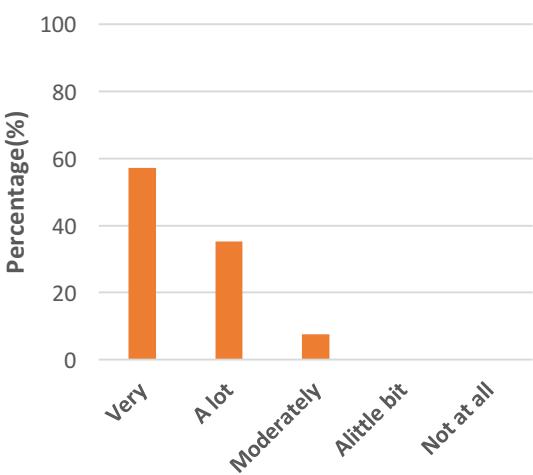
**Figure 4: How driver was contacted during emergency**



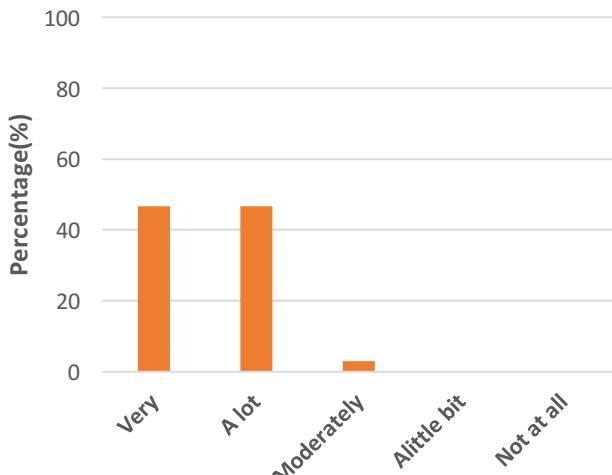
### Driver Experience

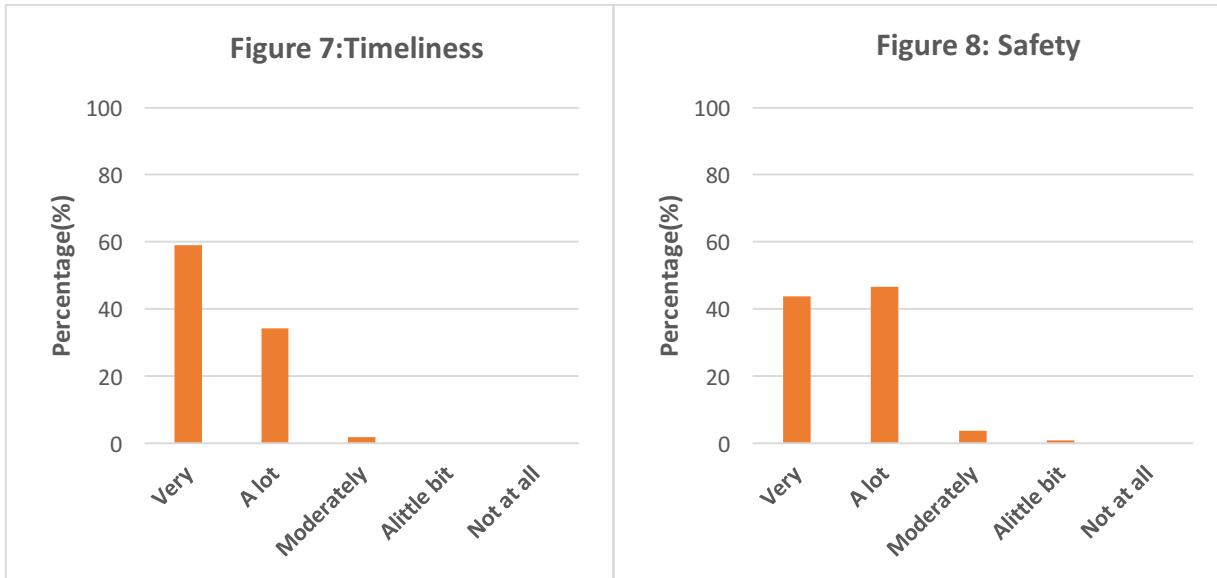
On a scale of 1-5 passengers were asked to rate their experience with the MAZA drivers who transported them to the health facility on the following attributes: helpfulness, friendliness, timeliness and safety. About 90% or more of the passengers rated their experience with our drivers as “very” or “a lot” safe, friendly, helpful, and timely (figure 5,6,7 & 8).

**Figure 5: Helpful**



**Figure 6: Friendly**





SCALE: 5- very; 4-A lot; 3- moderately; 2- A little bit; 1- Not at all

### Choice of Health Facility

Drivers were trained before the motorized tricycles were assigned to them. They were trained to listen to their clients' needs and wants. It is therefore evident with the responses gathered from passengers that indicates 103 (98%) decided the choice of health facility to access health care while only 2 (2%) were advised by drivers to go to the nearest health facility.

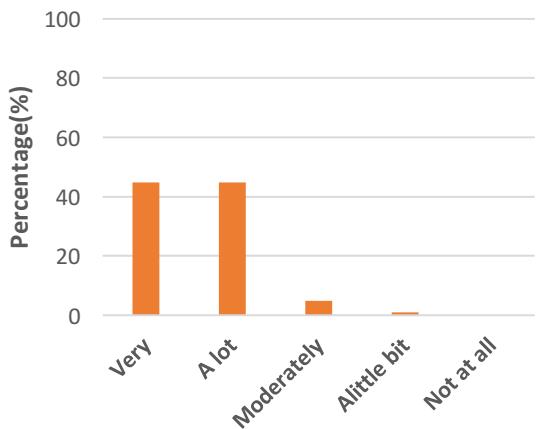
### Vehicle Experience

An overwhelming majority (~90%) of our passengers felt "very" or "a lot" safe with the MAZA vehicle (Figure 9). Furthermore, 80% felt "very" or "a lot" comfortable using MAZA motorized tricycles (Figure 10). MAZA motorized tricycles were modified with canopy and seats to suit the purpose for which it was given.

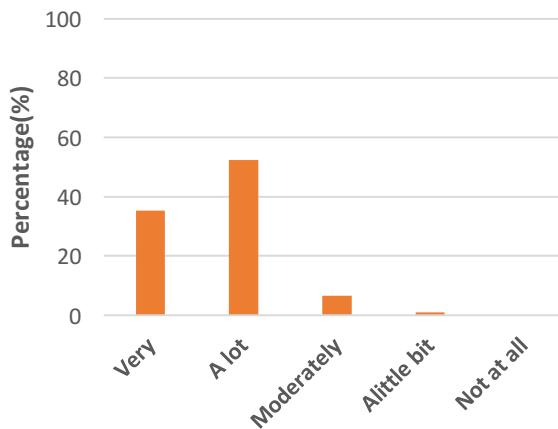
About half (51%) of the passengers interviewed are satisfied with the experience they had when they used MAZAs motorized tricycles and had no suggestions for improvement while the remainder had several suggestions which were: additional motorized tricycles, additional motor bike, mattress to lie on and health facility closer to them.

When passengers were asked how likely they would use MAZA vehicle again for urgent health ride, 103 (98%) responded with a positive affirmation whiles 2 (2%) said they were not going to use it due to over speeding of the driver.

**Figure 9. Passengers' experience with MAZA vehicle - safety**



**Figure 10. Passengers' experience with MAZA vehicle - comfort**



SCALE: 5- very; 4-A lot; 3- moderately; 2- A little bit; 1- Not at all

### Overall Passenger Satisfaction

Out of the 105 MAZA passengers interviewed, 80% were satisfied with the experience they had with the MAZA driver while 20% responded they need an improvement of what they experienced.

### General Suggestions for MAZA

Out of the 105 passengers interviewed, 79 (75%) gave general suggestions while 26 (25%) did not have any suggestions at all for MAZA. Of the 79 general responses, 34% requested for additional motorized tricycles, 27% were appreciative of the services MAZA is rendering and 11% wishes for the continuity and sustainability of the project. This indicates that there is demand for motorized tricycles to help in urgent situations due to few transportation options available in the rural areas.