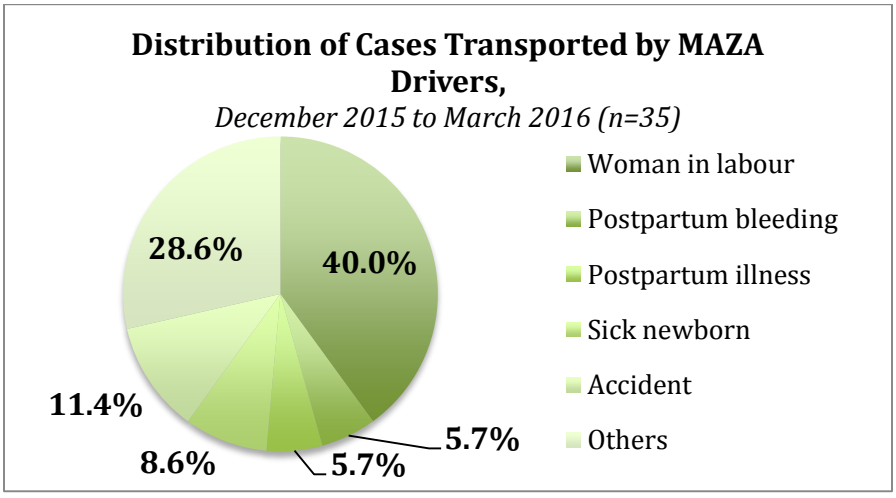
MAZA, what's that? You mean "*nde nde*"?

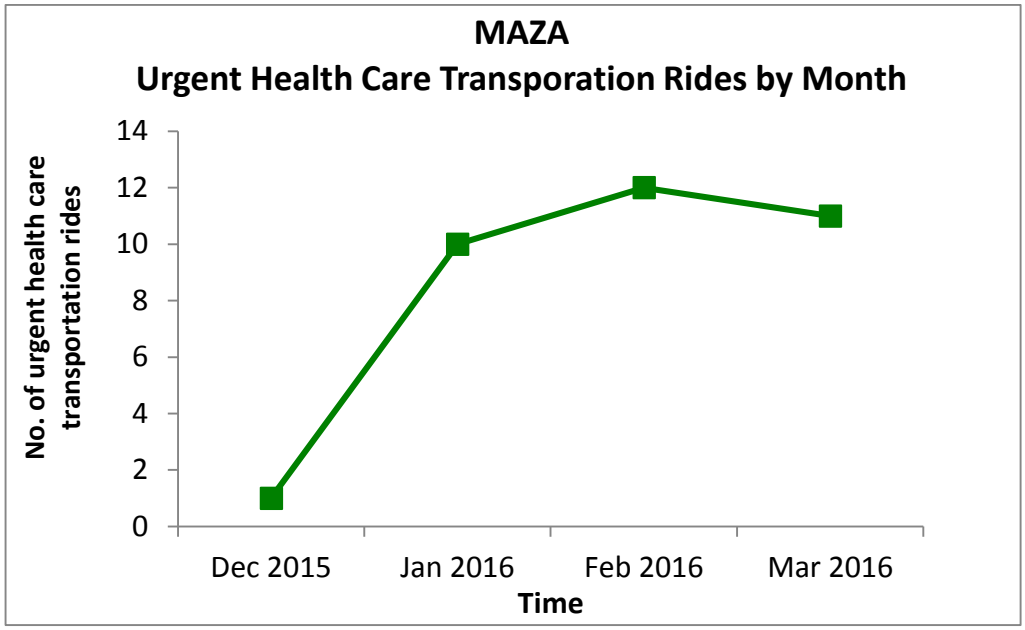
MAZA just completed its first quarter of operations and we are pleased to share our progress to date. Since we launched on December 17, 2015 in Chereponi District in the Northern Region of Ghana we have been working hard to ensure that our responses to phone calls for urgent health care transportation are timely and that we are subscribing as many pregnant women as possible. We certainly have a lot to celebrate. Yet, we still have a long way to go to reach optimal services.

PROGRESS TO DATE

As of March 31, 2016, MAZA drivers had made 34 urgent health care transportation rides in which they enabled a total of 35 people to access hospital care in a timely manner. The most frequent destination was the Chereponi District Hospital but there were a few instances of people choosing to go to hospitals in neighboring districts based on proximity or preference. Women in labour constituted 40% of the cases while an additional 6% were for women bleeding after delivering at home. Illness during the first month after birth for mother and baby constituted approximately 6% and 9% respectively. The remaining cases were for illnesses in the general population, the most common of which were accidents at 11% as illustrated in the pie chart below.



About two-thirds of the calls for urgent health care transportation went directly to the driver while one quarter went to our toll-free dispatch line. The latter began in late January after we had completed our first round of subscriptions. Thus, we are optimistic that the toll-free line will be used more frequently as we increase subscriptions over time. A summary of our urgent transportation rides by month is provided below.



During the first quarter of 2016, we subscribed 404 pregnant women to MAZA's service. About three quarters of them were in their third trimester of pregnancy while 20% were in their second trimester. This distribution was by design since we wanted to focus on those who were most likely to need our service in the near future so we could learn quickly about which parts of our operational model are working well and which need changing. We also selected women who had attended antenatal clinic at least three times by the beginning of the third trimester as they are more likely to seek skilled health care during labour and delivery.

WHAT'S WORKING WELL?

1. *Drivers*

MAZA drivers are adhering very well to their duty call schedules; they are available for urgent health care transportation rides when they are supposed to be on duty. Once in a while, our dispatchers have to contact a driver who is not on duty if the estimated time to travel to the sick person's house for the on-duty driver is too long due to the district's limited road network and another driver is closer. In those instances, the off-duty driver has always accepted the ride without hesitation. Upon probing, we learned that this generosity is due to their commitment to MAZA's core mission of saving lives through timely access to health care, their commitment to their communities and to each other as a brotherhood.

2. *Community Engagement*

During visits to subscribers' homes in March we learned that MAZA drivers and vehicles have become so well-known that our name has been appropriated into one of the local languages. We received blank stares when we introduced ourselves as MAZA to a young man who had been asked to serve as a translator for us. Once his friend explained to him that we were the people behind "nde nde" his face broke into a big smile and he welcomed us profusely. Confused, we asked what "nde nde" was and we were told it was the local translation of "maza maza", which means quickly in Hausa, the international language of West Africa.

3. *Fundraising*

Since November 2015, we have raised more than US $33,000 through our online donation platform. Majority of those donations were made in December 2015. The average donation was US $978 while the minimum and maximum were US $25 and US $25,000 respectively. We are extremely grateful to all our generous donors for enabling us to invest substantially in monitoring, learning and improvement so we can optimize our model as quickly as possible for greater impact.

WHAT NEEDS IMPROVING?

1. *Drivers*

Adhering to load limits and the servicing schedule for the tricycles continue to remain challenges for some of our drivers, leading to frequent breakdowns and expensive repairs. MAZA has been “nudging” the appropriate behaviors from the drivers by ensuring that they pay for all servicing and repair costs. In addition, MAZA is planning to learn from the positive deviants in the group and have them share with their colleagues how they manage to adhere to the vehicle limits and still make

enough of an income through commercial transportation on the days that they are not on duty for urgent health care transportation.

2. *Vehicle Coverage*

Our experience over the last three months has revealed several "pockets" of Chereponi District with insufficient practical coverage of MAZA vehicles due to the rather limited road network. In such areas, even though the ratio of MAZA tricycles to population may be 1 to 3500 as originally planned, the scattered nature of the settlements and the limited road network increase our response times. Thus, we are planning to raise funds to procure five more tricycles for Chereponi District in the second quarter.

3. *Subscribers*

During home visits to 71 MAZA subscribers in March, we learned that 17 of them had already delivered their babies. Of these, eight had called MAZA and successfully delivered in the hospital while three called MAZA's toll-free number late so that by the time our driver arrived they had already delivered at home. Of the remaining six, one woman tried to reach the hospital on her husband's motorbike but delivered on the way while five never attempted to deliver in a hospital. The women in the latter group reported that they barely felt any pain and so did not even know they were in labour until the baby arrived while others reported that the baby came so quickly after the labour pains started that they did not have a chance to call. Our learning from these initial home visits is that MAZA needs to improve how we communicate risks to our subscribers. Specifically, we need to emphasize the risks of delivering at home while being so far away from a hospital in case complications arise, the benefits of calling MAZA early enough so that we can get them to the hospital before labour is too advanced, and the signs of labour.

We also learned from the subscribers we visited that most of them had not yet registered for mobile money partly because there are very few agents in the district but also because they did not fully understand how it works. However, some of them have other means of saving through informal women's groups. In response to this, MAZA is planning to become a mobile money agent so that we can initiate the savings process upon subscription at antenatal clinic when we issue them with a mobile phone. In addition, we will continue to give our subscribers the option of paying the drivers by cash.

4. Mobile phones

Further discussions with MAZA subscribers and drivers as well as the health staff and community leaders have led us to believe that the free mobile phones may be distorting demand for antenatal care services in women who do not intend to deliver in a health care facility and that they may even influence fertility rates in the future. Thus, we have decided to institute a co-pay of 10 Ghana cedis (~ US $2.50), which represents roughly 25% of the cost of the phone. We believe this should enable us to better discern the pregnant women who are serious about delivering in a health

care facility. We will continue to monitor closely how this change influences our subscription rates and the use of our toll-free dispatch line.

WHAT'S NEXT?

During the second quarter of 2016, we will continue to learn from and with our drivers and subscribers as well as the broader community members and health care providers in Chereponi District so that we can improve our operational model even further. Our main areas of focus will be:

1. Increase our vehicle coverage in the areas with very low population density and limited road network in order to improve our response times to urgent health care transportation calls.
2. Engage the Ghana Health Service transportation team to assist us with training and coaching MAZA drivers towards the behaviors that will enable more regular servicing of their tricycles and adherence to load limits.
3. Conduct more regular home visits to our subscribers so we can be more targeted in our health risk communication to them, their husbands, mothers-in-law and other influential members of their households. This will entail hiring part-time staff that are based in Chereponi to improve our effectiveness and efficiency.
4. Raise more funds so we can: procure more tricycles to increase coverage; install vehicle tracking devices to enable better monitoring of our drivers' behaviors; and develop a mobile application that integrates our toll-free mobile phone dispatch service with our drivers' duty call schedule, and our subscribers' details. Please support our fundraising campaign by donating at: http://www.mazatransport.org/donate-options/.

MAZA is moving! Join us to save lives through timely access to health care (#savinglives):

www.mazatransport.org and @MAZAHealth on Facebook, Twitter and Instagram.

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