

Footprints and Milestones

HIGHLIGHTS

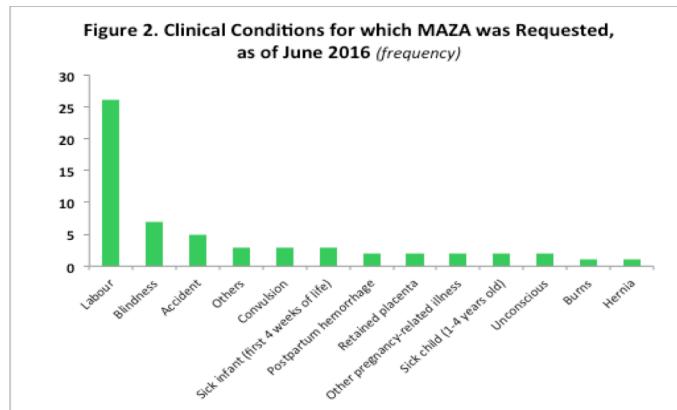
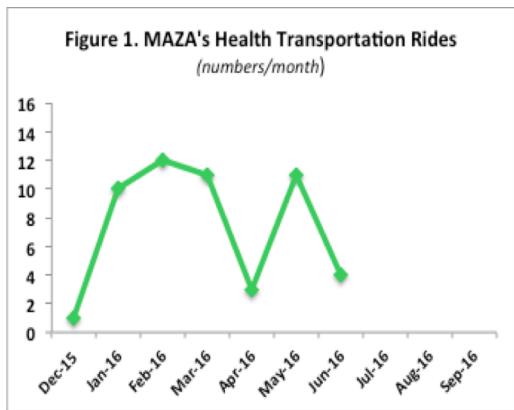
[MAZA](#)'s second quarter of operations was marked by several important milestones. First, the number and diversity of the clinical conditions of people requesting urgent health transportation rides from MAZA continued to increase. Second, to date, we have subscribed 531 pregnant women who represent about one quarter of the estimated number of pregnant women in [Chereponi District](#), MAZA's first district. Third, we have seen a marked improvement in MAZA drivers servicing of their vehicles regularly, which has led to fewer repairs and improved reliability of our service. Fourth, we established a partnership with [The Workspace Global](#) to manage our communications, including our website, social media channels and newsletter, the [first issue](#) of which was published in May 2016. Finally, from a fundraising perspective, our Founder and Chief Executive Officer was selected to join the prestigious [Echoing Green Global Fellowship](#) program for social entrepreneurs for the 2016 to 2018 period. MAZA was also selected as one of 50 finalists out of a pool of 650 applications for the [Saving Lives at Birth Grand Challenge for Development](#), which if successful, would enable us to scale up to a second district. Interviews and final decisions will take place in Washington DC, USA, from July 26 to 28, 2016. More details of our progress to date are provided below.



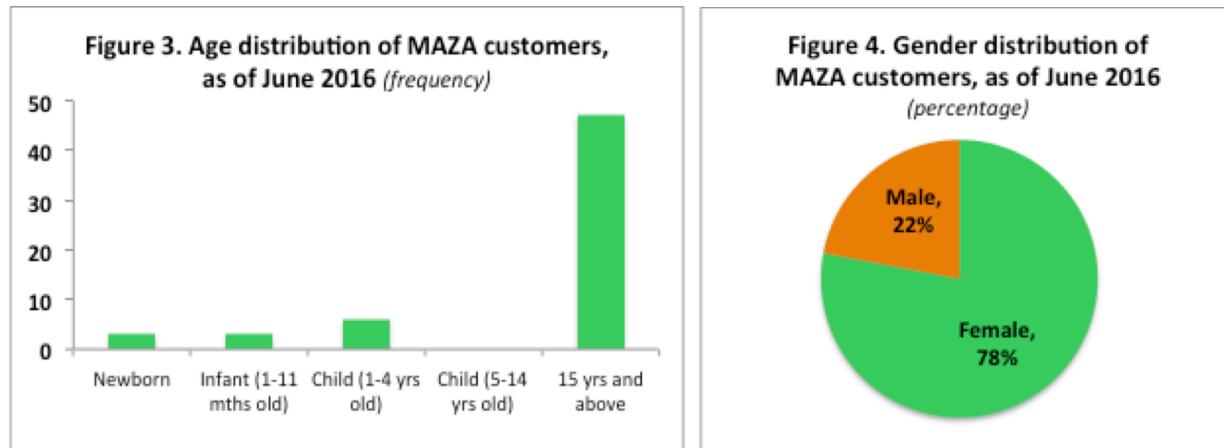
OPERATIONS

Health Transportation Rides

Between the [launch](#) of MAZA on December 17, 2015 and June 30, 2016, we transported 59 people in need of urgent or emergency health care during 52 rides in [Chereponi District](#) in the Northern Region of Ghana (Figure 1). The most frequent (90%) destination continues to be Chereponi District Hospital, the only hospital in the sparsely populated district with a landmass of 1,080 square kilometres. Consistent with our focus on maternal and newborn health and similar to last quarter, the majority (60%) of our customers were sick newborns and women in labour or with complications following delivery at home (Figure 2).



The clinical conditions for which MAZA drivers were called continued to vary widely as illustrated in Figure 2 while the age and gender breakdown were reasonably predictably given the typical disease burden in rural communities (Figures 3 and 4). Compared to the first quarter of operations, 71% versus 64% of the requests went directly to MAZA drivers who live in the same communities as the customers rather than through our toll-free mobile dispatch center. This may be attributable to the fact that electricity service to the district was severely interrupted for several weeks after strong winds in May, which affected people's abilities to charge their mobile phones or perhaps, our customers are more comfortable contacting a driver by name or face rather than a stranger at the end of a phone line to dispatch a driver they may or may not know. We will continue to monitor this closely as we determine the utility of our toll-free mobile dispatch service.



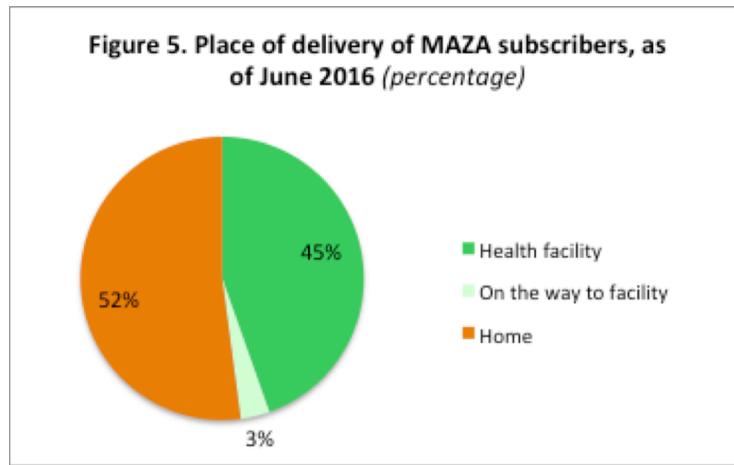
Subscribers

To date, we have subscribed 531 pregnant women in [Chereponi District](#) who represent about one quarter of the estimated number of pregnant women in the district. About 80% of them were in their third trimester of pregnancy while 17% and 3% were in their second and first trimesters respectively. We have conducted 419 home visits so far, the overwhelming majority of which occurred during the second quarter of 2016. This was due to three strategic decisions we made in April 2016:

- 1) Since we had spent most of our field time during the first quarter subscribing pregnant women during antenatal clinic and did not have sufficient time to follow them up with home visits, we decided to focus more on follow-up than new subscriptions during the second quarter;
- 2) We subscribed more pregnant women at the community rather than clinic level so that we have the opportunity to meet other members of their household who play key roles in deciding where delivery will take place and who will pay for transportation to the hospital if needed; and
- 3) We hired two part-time Subscriber Relations Assistants who are from Chereponi District and are able to visit the communities more frequently by motorbike than MAZA's full-time staff who are based in Tamale, a four-hour drive away.



So far, during home visits, we have met with 385 of our 531 subscribers while 34 were absent or were reported to have migrated to a different community at the time of the visit. Of those we met, 172 (45%) were still pregnant whereas 213 (55%) had already given birth. For those who had delivered, 45% did so in a health care facility or on the way there (3%), while 52% delivered at home (Figure 5). For the latter group, exploration as to why they delivered at home revealed similar reasons to those given during the first quarter after the initial round of home visits – labour progressed precipitously or they did not recognize the discomfort in the abdomen as labour pains until it was too late to call MAZA. In addition, we learned that most of them have not yet registered for mobile money and in fact, rarely use their MAZA-issued mobile phones primarily because the technology is new to them and they have difficulty keeping it charged because they do not regularly go into the town, where electricity is reliable. We also learned that in almost every household, at least one person already owned a mobile phone, typically the husband or another male relative. Thus, for now we have discontinued subsidizing mobile phones for the pregnant women as a means to encourage mobile money savings for urgent health transportation. We continue to explore with them and their families other ways of saving for health transportation similar to the ways in which they save for the supplies they need at the hospital during skilled delivery (e.g. disinfectant, sanitary pads) and for celebrating the birth of a new child.



Drivers

MAZA drivers continue to adhere reliably to their on-duty call schedule for health transportation, which is about two days a week for 24 hours at a stretch. On the other days of the week, they use the tricycles to earn a living from commercial transportation, mostly transporting passengers and goods to local markets. The second quarter has seen a marked improvement in MAZA drivers servicing of their vehicles regularly, which has led to fewer repairs and improved reliability of our service. We attribute this change in driver behavior to: (a) their increasing appreciation of the correlation between delayed servicing and expensive repairs and the impact on their incomes over time; and (b) the influence of the positive deviants within the group who were servicing their vehicles on time, had minimal vehicle down-time, and were making a decent living.

Since the rainy season in northern Ghana began in May, the drivers report that they have had much fewer passengers because most of their community members are busy with farm work and have little produce to sell at the market. Thus, they are unable to repay their vehicle loans with MAZA at the same rate or frequency as before. We are therefore currently exploring a variable repayment plan that is in close synergy with the farming and harvesting cycles in northern Ghana (which typically has only one rainy season), in order to make our operations more context-sensitive and responsive and to increase our chances of repayment over the long-term.



2016 Quarter 2 Progress Report

COMMUNICATIONS

We have partnered with [The Workspace Global](#), to manage MAZA's communications, including our website, social medial channels and newsletter, the [first issue](#) of which was published in May 2016. The Workspace Global is an Accra-based brand engagement firm that operates globally. In less than three months, the Workspace team has already substantially increased MAZA's followers and supporters on social media, enabling us to reach a much wider global audience. We invite you to visit us on [Facebook](#), [Twitter](#), [Instagram](#) and [YouTube](#) to learn more about our work, engage with us and share our updates with friends, colleagues and others who might be interested in MAZA's mission. For regular updates, please sign up for our [newsletter](#).

We are pleased to share a [recent article](#) that was published about MAZA's work by [Techpoint](#), a Nigerian technology blogging company focused on African start-ups. They also included MAZA's Founder & Chief Executive Officer, Dr. Nana A. Y. Twum-Danso on their list of "[5 Powerful Women in African Tech You Probably Never Heard of](#)."

Finally, Nana has been recognized this week for her achievements in the sciences by [Airtel Ghana](#), which is promoting the learning of science, technology, engineering and mathematics (STEM) in Ghanaian schools. Nana was named Airtel Ghana's [STEM Champion of the Week](#) on July 13, 2016.

FUNDRAISING

In addition to self-financing from MAZA's Founder, we have raised US \$34,745 from 41 individuals through our online donation platform since November 2015. The minimum donation was US\$20 while the maximum was US\$25,000. We wish to express our gratitude to all our generous donors and supporters so far who have enabled us to sustain our operations, particularly conducting home visits almost every week this quarter. However, we have not yet raised sufficient funds to procure the five additional tricycles that we need



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to provide more reliable service (i.e. increase the density of tricycles from 1 per 3,500 to 1 per 2,500 population and from 1 per 83 square kilometers to 1 per 60 square kilometers). For those who would like to donate, please visit: <http://www.mazatransport.org/donate-options/>.

Nana was selected to join the prestigious [Echoing Green Global Fellowship](#) program for social entrepreneurs for the 2016 to 2018 period. Echoing Green's mission is to "unleash next generation talent to solve the world's biggest problems." This fellowship provides Nana with salary support, a network of fellow social entrepreneurs to learn and share with as well as access to potential funders to enable MAZA to grow faster.

MAZA was also selected as one of 50 finalists out of a pool of almost 650 applications for the [Saving Lives at Birth: a Grand Challenge for Development](#). This challenge seeks to "accelerate substantial and sustainable progress against maternal and newborn deaths and stillbirths at the community level." Interviews and final decisions will take place in Washington DC, USA, from July 26 to 28, 2016. If MAZA is successful, we will be awarded a seed grant that will enable us to scale up to a second district. We invite all MAZA's friends and supporters to increase our visibility at this conference by voting us for the [People's Choice Award](#).

MAZA is moving! Join us to save lives through timely access to health care (#savinglives): www.mazatransport.org and @MAZAHealth on [Facebook](#), [Twitter](#), [Instagram](#) and [YouTube](#).