

MAMA RESCUE PROGRAM



Mama Rescue is a simple automated mobile-phone platform that provides dispatch for emergency perinatal transportation in rural areas; and transport vouchers enabling women to be transported to deliver in health centers, received after attending four antenatal care appointments. By coordinating transport from home to health center, logistics, and communication between facilities, Mama Rescue aims to reduce delays associated with childbirth, thereby mitigating risks related to maternal and newborn mortality and morbidity, and increasing mothers' and midwives' confidence in the health system. Uganda suffers from a maternal mortality ratio of 336 deaths per 100,000 live births¹ and it is thought that 75% of these deaths can be attributed to one of three types of delay:

- *The delay in the decision to seek skilled maternity and newborn care*
- *The delay in accessing skilled maternity and newborn care once the decision is made*
- *The delay to receive quality care once reaching a health facility*

The first two of these delays are often related to transportation. Mama Rescue facilitates transport and uses local drivers' existing phone networks for payment on a mobile money system already widely used, thus leveraging and strengthening existing infrastructure to connect health centers, hospitals, and patients. There are two components to the Mama Rescue system, serving three objectives:

- **Facility-Based Delivery:** Mama Rescue provides transport vouchers to women enrolled in the system after they log four antenatal care visits. These vouchers guarantee them free transport by boda boda (motorcycle) from home to a health center, for delivery with a midwife. Our Babies and Mothers Alive Program has documented that if mothers

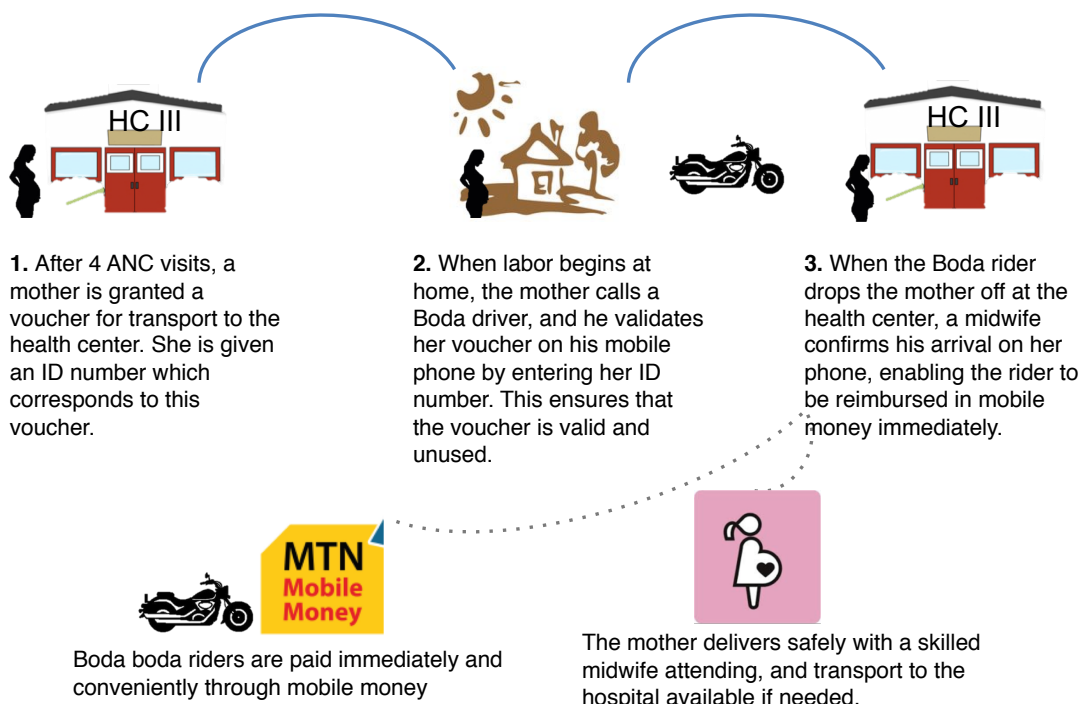
¹ Uganda Bureau of Statistics. Demographic and Health Survey Key Indicators Report.

attend ANC visit #4 the likelihood that they will deliver in one of our partnering health facilities reaches **81!**

- **Rapid Emergency Response:** Midwives at health centers can use their simple mobile phones to request emergency transport, using an automatic dispatch system. Local taxi drivers are alerted, and one is selected based on response time. Upon transporting the woman to the receiving facility, the driver is paid immediately with mobile money.
- **Communication of Critical Information:** Referring midwives use Mama Rescue menus on their phones to send clinical information to the hospital, ahead of the woman's arrival. This enables the hospital midwives to prepare for the admission and reduces the wait time for services such as surgical procedures and blood transfusions.

Since Mama Rescue uses simple technology and locally available infrastructure (simple phones, local transport, and mobile money), it is readily adaptable and scalable to other regions, countries, communities, and public-health problems. Mama Rescue has been piloted and operated effectively since March 2015, serving 14 health centers and 2 referral hospitals in Kasese District of Uganda, and has been received very well by the community. As of January 2018, Mama Rescue has provided 3,458 transports from home to health center, and 2,765 emergency-referral transports from health center to hospital. The service has resulted in an increase in ANC 4 attendance, and decreased the rate of fresh stillbirths by 33% during its first year.

How it Works: Transport for Labor System



Since 2003, Brick by Brick has worked as a community-based non-government organization in the Rakai and Kyotera Districts of Uganda. We build deep rooted partnerships with local government and rural communities to improve education, health and economic opportunity. We have three core programs and are closely linked to an independent social-enterprise, Brick by Brick Construction Company, which while completing over 150 projects throughout the country, serves as our in-house construction division for all infrastructure and WASH projects.

Our Programs:

Babies and Mothers Alive (BAMA) Program

The BAMA Program is a vital partnership with the Ugandan Ministry of Health to dramatically reduce maternal and newborn mortality and morbidity in the Rakai and Kyotera Districts. BAMA addresses the three major delays impacting maternal and newborn death: 1) delay to seek care, 2) delay to access care, and 3) delay to receive quality care at a health facility. Since 2015, the program has built an engaged partnership with the local government and health providers at the 48 health centers and hospitals in our partnering districts. Major program interventions include health provider trainings and mentorships, distribution of life-saving medical supplies and equipment, and maternal and newborn health performance reviews at facility and district levels. BAMA also implements community mobilizations through Mama Ambassadors, Village Health Teams, radio talk shows, and support of local ambulances for transport to health facilities.

My Pads Program

The My Pads Program partners with the Ugandan Ministries of Health and Education to run a 9-week co-educational after school program focusing on sexual and reproductive health, gender equality, and the promotion of healthy life choices. This program culminates in the fabrication of a set of reusable menstrual pads by the students. Through funding from the US State Department DREAMS-Innovation Challenge, My Pads is being implemented in 16 secondary schools in Rakai and Kyotera with almost 3,000 adolescent girls and young women by November 2018.

Schools Program

The Schools Program partners with the Ugandan Ministry of Education to select a number of Uganda Universal Primary Education (UPE) schools in the Rakai and Kyotera Districts for renovation and rebuilding. Nine schools have received construction through the program, including classroom blocks, teacher quarters, libraries, safe and sustainable sanitation and rainwater harvesting systems. In addition, the Schools Program implements the Library Project, which supports the creation of libraries in UPE schools and trains teachers and school administrators in management of these school libraries. All construction is done by our social enterprise, Brick by Brick Construction Company, utilizing environmentally sustainable appropriate technology.

Mothers and newborns in sub-Saharan Africa suffer from unacceptable rates of preventable death, injury, and illness related to childbirth. We believe that local infrastructure and community energy can be harnessed to create simple solutions for decision-making and transport, and that often the tools for prevention of maternal mortality already exist. Mama Rescue is designed to use these tools.

Our Partners

Ugandan Ministry of Health: As the only NGO Implementing Partner in maternal and newborn health in the Rakai and Kyotera Districts, Brick by Brick works as a full partner with the national and district level Ministry of Health systems.

Spring Fertility is a San Francisco-based infertility practice. Dr. Peter Klatzky is the founder of Mama Rescue and he has successfully piloted this project in the Kassese District of Uganda. Spring Fertility has committed funding of \$24,000 per year.

Yo! Uganda Limited is a technology solutions company supporting thousands of businesses, nonprofit organizations, and individuals in realizing increased efficiency, reduced costs, accelerated growth, and increased profitability. Yo! integrates existing technologies such as Mobile Money, SMS, Unstructured Supplementary Services Data (USSD), Interactive Voice Response (IVR), and custom-developed applications to deliver tailored solutions to its clients.

MTN Foundation: MTN is an African telecommunications company and network provider. MTN is based in South Africa but operates in many countries in Africa, Europe, and Asia.

The ELMA Foundation: invests in organizations that improve the lives of children in Africa

MAMA RESCUE BUDGET ONE YEAR

MAMA RESCUE PROJECT BUDGET						Notes/Explanation
Activity	Unit	# of Units	Unit Cost	Freq	Amount	
Baseline Assessment visits	Person	44	\$ 20.00	1	\$ 880.00	Focus Group Discussions in 22 subcounties performed by 2 trained staff
Accreditation of Drivers	Person	22	\$ 50.00	2	\$ 2,200.00	Driver accreditation performed bi-annually
Training of Drivers	Person	44	\$ 20.00	2	\$ 1,760.00	2 drivers trained per sub-county
Support supervision	Person	44	\$ 20.00	4	\$ 3,520.00	Support supervision performed quarterly
Technical Assistance	Person	1	\$ 300.00	4	\$ 1,200.00	External consultant with experience with similar project contracted quarterly
Reflector Jackets - branded	Supplies	44	\$ 30.00	1	\$ 1,320.00	1 branded reflector jacket per driver
Branded Helmets	Supplies	44	\$ 40.00	2	\$ 3,520.00	2 branded helmets per bike
Mobile phones	Supplies	50	\$ 20.00	1	\$ 1,000.00	
Taxi - Routine transport Reimbursement	Person	10800	\$ 3.00	1	\$ 32,400.00	40% of expected pregnancies require support for transport to Health Centers for delivery
Emergency Transport Reimbursement	Person	1620	\$ 27.00	1	\$ 43,740.00	15% of the 40% pregnancies support for emergency referral
Program Management	Person	1	\$ 100.00	12	\$ 1,200.00	Program management support for 1 BBBU officer; 30% FTE
Airtime for management	Supplies	22	\$ 3.50	12	\$ 924.00	Airtime to contact each sub-country leader once per month
Brick by Brick Quarterly Monitoring and Evaluation Site visits	Person	22	\$ 50.00	4	\$ 4,400.00	M&E Visits to 22 sub-counties to meet with taxi drivers We are requesting \$2200 from DFW for this line item
Indirect Costs					\$ 14,709.60	Estimated program share of overhead, rent, utilities, Internet, administrative and finance costs
Total					\$ 112,773.60	