# BICYCLE AMBULANCE PROJECT REPORT

**24 June 2010**

**Submitted To:**

Rotary Club of Toronto

**Submitted By:**

Bikes Without Borders,
Toronto, ON
Canada

## Bicycle Ambulance Project:

### Background:

Most villages in Zomba District do not have proper medical facilities, nor do they have appropriate means for transporting sick people to clinics and hospitals. Stretchers are often constructed from tree branches and bed sheets and patients are carried to the nearest clinic, which is up to 20km away from the village. This puts a considerable strain on those who must do the carrying and it means that in some cases people die before they can reach the clinics. In Malawi, bicycles are a primary means of transportation and they are used as taxis and to transport all sorts of goods, including firewood, livestock, lumber, iron sheets, and much more. Bicycle ambulances are a viable means of transportation for carrying ill people in rural areas to the nearest health centre or hospital. When a bicycle ambulance reaches a health care facility the patient is given priority treatment and can have a life-saving impact upon the patient.

In May 2010, with the kind support from The Rotary Club in Toronto, Bikes Without Borders with the assistance of Emmanuel International Malawi committed to providing eight remote villages with bicycle ambulances to enable these communities to transport their sick for much needed medical care using the improved transportation.

### Project Implementation:

After receiving the bicycle ambulances from Sakaramenta Care Cars through Bikes Without Borders, they were distributed to eight remote villages in Zomba District:

1. Sulumba Village, TA Chikowi;
2. Kuchilimba Village, TA Chikowi;
3. Katunga Village, TA Chikowi;
4. Chombe Village, TA Mlumbe;
5. Kapalasa Village, TA Mlumbe,
6. Mpyupyu Village, TA Mwambo;
7. Mbalu Village, TA Mwambo; and
8. Subuhanna Village, TA Mlumbe.

Katunga Village

The ambulances were handed over to community based organizations (CBO) wherever possible to encourage community ownership rather than individual control. If a community did not have an active CBO, the ambulance was given in the care of the Village Development Committee (VDC). Members of the CBOs and VDCs were trained in the proper use and maintenance of the bicycle ambulances during a half-day seminar on the day of distribution.

### Successes:

The bicycle ambulances were received with open arms in each of the beneficiary communities. All of them are very distant from the nearest health centre and transporting their sick community members to a clinic has always been a challenge. Many of them have lost loved ones because of the challenge of accessing health care.

Group Village Sulumba, for example, is made up of 24 villages who came together and formed a community based organization, which they named Takhumudwa CBO. Takhumudwa means "we are frustrated," reflecting the reason the community got together to form the CBO. With the numerous challenges facing the communities, including HIV&AIDS, a large number of orphans, poor access to health care, distant water sources, etc., they decided they needed to come together to help the most vulnerable in their community. The nearest health centres for Sulumba Village are Mayaka and Ngwelero Health Centre; both take about two hours on foot or one hour by bicycle to reach, which is a long way on a good day, but gruelling when carrying a sick person on a makeshift stretcher of bamboo poles. Now, however, the community of Sulumba Village is able to transport their sick to the hospital in dignity on a bicycle ambulance equipped with a canvas stretcher, and rain and sun covers. Only two days after the community had received the bicycle ambulance, it was spotted by an EI staff member carrying a woman with measles to the hospital. The sick woman said she would not have sought medical care if there was not a bicycle ambulance because she did not want to be a burden on her family. After receiving the much needed treatment she is now back in her village and able to care for her 4 children and her 3 nieces and nephews whose parents died from HIV/AIDS 2 years ago. This woman cannot afford to be sick because too many people rely on her.

Mbalu Village

The other communities each have their own stories, but similar in the fact that they are very distant from the nearest health care facility. Kuchilimba Village is about 15 kilometres from Chilombo Health Centre, and they have also formed a CBO, called Chanda CBO, to provide support for their chronically ill as well as provide preschool programs for the orphaned children. For Group Village Katunga, the nearest health centre is Zomba General Hospital, which is about 17 kilometres from the village. Previously they were known to use a wheelbarrow to carry patients to the hospital but no more. This ambulance has already been seen at Zomba General Hospital to collect a body to transport back to the community for the funeral. In the future we hope this bicycle ambulance will be able to prevent such death, but at least the family could grieve with dignity. The villages of Mpyupyu and Mbalu both had locally made bicycle ambulances, but considering their large catchment area,

Salumba Village

sharing the ambulance from one of the community to the other was a challenge that has been met by the new bicycle ambulance they received.

The villages of Kapalasa and Chombe are both in an area known as Chingale, which is isolated by Zomba Mountain and the Shire River, suffers from chronic food shortages, is difficult to access, and is often neglected in terms of development assistance. However, with the assistance of Rotary, they now have bicycle ambulances to transport their sick to the hospital. Group Village Subuhanna is also in TA Mlumbe, but on the south-western tip of Zomba District on the border of Blantyre and Chiradzulu Districts. The nearest health centres, Namadzi and Thondwe Health Centres, (about 14 and 18 kilometres respectively) require a gruelling climb on steep rough roads for 3-4 people when carrying a patient on their makeshift stretcher. Even with a bicycle ambulance it is a difficult journey, but it is a tremendous improvement for this community not to have to carry their sick by foot. The CBO chairperson told us, "I am so happy we are a part of the country now. This bicycle ambulance connects us and makes us less isolated. Thank you."

For all eight of these communities, the journey to the clinic will be much easier and more comfortable for the patient on a bicycle ambulance. A child ill with malaria, a grandfather with cholera, or a mother experiencing labour pains now has improved access to health care and these communities will likely suffer fewer casualties in transport.

### Challenges:

If there were any challenges in this project, it was the selection of beneficiaries. There are many remote communities with poor access to health services. A potential challenge in the future might be the upkeep of the bicycle ambulances if the communities do not stick to their operational plans of collecting small user fees and keeping a maintenance fund (local bikes were used for easy and cost effective access to spare parts). However, each of the communities showed deep appreciation for the ambulances and past experience has shown that communities generally take great care of their ambulances.

### Conclusion:

Thanks to the Rotary Club of Toronto, each of the eight communities have improved access to health care services now that they are equipped with bicycle ambulances. Already two of the bicycle ambulances have been seen in operation. It is expected that all of these villages will have some stories to share soon about children, mothers, or elders being transported to health centres for emergency care.