

# MID YEAR NARRATIVE REPORT

**10<sup>TH</sup> September 2003 – 30<sup>th</sup> April 2004**

**RE: 102/10001 E M – ALG – 13**

## THE BICYCLE AMBULANCE PROJECT

**Funded by:** *CORDAID - Netherlands*

**Implemented by:** *The First African Bicycle Information Organisation & Workshop (FABIO),  
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*“Moving Slowly But Reaching Far”*

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## Abbreviations

<b>FABIO</b>	First African Bicycle Information Organisation & Workshop.
<b>BSPW</b>	Bicycle Sponsorship Project and Workshop
<b>NMT</b>	Non – Motorised Transport
<b>PARUDA</b>	Participatory Rural Development Agency
<b>TOERUP</b>	The Organisation for the Emancipation of the Rural Poor

## Acknowledgements

FABIO expresses its gratitude to all partners, friends and well wishers in Uganda and elsewhere, who have provided support, both moral and otherwise since 1990. We also commend Cordaid – Netherlands and Jughendhilfe Ostafrika e.V (Germany), with whose support, it has been possible to expand the Bicycle Ambulance project to more rural communities in Uganda.

The Bicycle Ambulance Project has registered positive success by saving a good number of lives in the rural areas, labour burden of the stretcher groups to carry patients to the nearest health facilities which is normally above 10 km in distance.

With financial support from Cordaid – Netherlands, we have been able to consolidate this project and instil the culture of cost sharing among the people who have to contribute to the cost of it.

The collaboration between FABIO and the Organisation for Rural Development (ORUDE) is evidently positive and has contributed to the success not only of this project (Bicycle ambulance) but also the entire FABIO programmes.

The community ambulance management committees have played a significant role in ensuring sustainable use of the bicycle ambulances.

## ***EXECUTIVE SUMMARY***

The idea of a bicycle ambulance was first conceived by FABIO, way back in 1997. In 1998, the Bicycle Sponsorship Project and Workshop launched a pilot programme in Kabale and Bugiri Districts. The years, 2001 - 2003 have seen the expansion of the programme to the Districts of Soroti and Arua.

Since inception in 1997 until the 3rd of September 2003, support for this programme has been through donations from key figures like parliamentarians on behalf of their constituencies and small contributions from staff, and individual well wishers, which contributions are pooled together in a common pool. As at 31<sup>st</sup> December 2003, the organisation had distributed 230 bicycle ambulances to the rural communities of Uganda.

On the 3<sup>rd</sup> September 2003, the First African Bicycle Information Organisation and Workshop (FABIO) received a donation of part funding for 66 ambulances i.e. €4.575 (Ug. Shs. 9,672,210 ) from Cordaid – Netherlands, for the production and distribution of Bicycle ambulances to the rural communities of Uganda. This is also the first time that the programme has received a sizeable donation.

Through a participatory approach, on the 9<sup>th</sup> February 2004, we organised a two - day Planning Workshop for the project, given the support from Cordaid – Netherlands. The objective of this was to strengthen the project and work out modalities to improve on the project basing on achievements and challenges of the pilot organisations.

The workshop was also to take considerations of the different contexts under which different organisations work e.g. in Western Uganda - the geographical context.

## **INTRODUCTION:**

The First African Bicycle Information Organisation and Workshop (FABIO) is a non – governmental organisation promoting non- motorised mobility (NMT) in Uganda, especially the bicycle. It started way back in 1990 at the St. Moses Children Care Centre as the Bicycle Sponsorship project and Workshop (BSPW) with the aim of creating employment for youths especially orphans that had graduated from the St. Moses Children Care Centre. The organisation also sought to equip the youths with life skills in bicycle assembly and maintenance as well as in other social economic issues.

In 1998, an advocacy, lobby and capacity building component was opened and in 2004, the two different components; BSPW / FABIO were merged together under a new name, the First African Bicycle Information Organisation and Workshop (FABIO) whose secretariat is located on plot 9/11 Main Street – Jinja – Uganda.

To date the organisation is supporting projects in 17 districts of Uganda and has distributed more than 14,800 bicycles and 272 ambulances to the communities of Uganda. The organisation is however involved in the following programme areas:

### **1. Networking, Advocacy and Lobby**

- The NMT Master Plan - Jinja Pilot Project

### **2. Capacity building and sensitisation.**

### **3. Bicycle accessibility and affordability, through bicycle sponsorship and credit.**

- Boda Boda Sector (The Bicycle taxi for Livelihood)
- Women on the move ( women empowerment and promotion of initiative and ownership)
- Bicycle For Health ( Bicycle Ambulances)
- Bicycle For Peace – Katakwi District – North Eastern Uganda

### **4. Research, information exchange and dissemination**

### **5. Appropriate technology and income generating activities**

## **MISSION:**

The people of Uganda (men, women, children, people with disabilities, youth etc) particularly low income earners in both urban and rural areas are empowered with skills, knowledge, information and bicycles, so as to promote their capacities and increase their accessibility to social, economic and political opportunities.

## **VISION:**

The people of Uganda and elsewhere in the world, appreciate and recognise non - motorised mobility particularly the bicycle as a suitable, convenient and environmentally friendly and critical tool in the national social economic development.

## **PROJECT GOAL (BICYCLE AMBULANCE PROJECT)**

Reduced mortality through improved and timely access to health services by communities in rural areas of Uganda, particularly focusing on the FABIO programme areas.

## **PROGRAMME OBJECTIVES:**

1. To reduce maternal and infant mortalities in rural Uganda
2. To promote a culture of saving among beneficiary communities
3. To promote cost sharing initiatives among rural communities
4. To improve the organizational capacities of rural communities

## **TARGET BENEFICIARIES:**

- Women and youth groups in rural Uganda
- Communities of rural Uganda.

## **FUNDING:**

During the period 1st September 2003 and 30<sup>th</sup> April 2004, the Bicycle Ambulance programme has been funded by the following:

- **Jugendhilfe Ostafrika e.V**
- **CORDAID - Netherlands**
- **Well wishers from Germany**
  
- **Other sources of financing the programme included:**
  - *Contributions from secretarial services provided by FABIO*
  - *Income generating projects: (i.e. Maize Mill and Metal Works etc.)*
  - *Beneficiaries' financial contribution*

## **RATIONALE OF THE PROGRAMME:**

The programme was developed to address the existing gap in emergency health transport, due to the unaffordability of motorised transport systems by most Ugandans, coupled with the unavailability of a sufficient number of motorised emergency transports serving referral hospitals and medical centres. Mulago Hospital, the biggest National referral hospital has less than 15 ambulances at its disposal, while other referral hospitals each have less than five ambulances for use.

Bicycle ambulance is a sustainable and affordable means of emergency transport in Uganda where average annual household income in rural areas is less than US \$ 100. Uganda is a country with a population of 24 million, majority of whom are located in rural areas.

Bicycle ambulances therefore have the potential to close the geographical gap between remote villages and local clinics and to connect local clinics to larger health centers.

A recent study on *Non – Motorised Transport (NMT) and its Socio – Economic impact on poor households in Africa* (*Cost – Benefit analysis of bicycle ownership in rural Uganda*), showed that one typical use of the bicycle ambulance was the transport of pregnant women, which accounted for 52% of all medical indications for transport. For this reason, women accounted for the largest portion (70%) of peoples transported, followed by men at 29%. It was surprising how rarely children were transported (1%). It is relatively straight forward, though to transport the latter on a bicycle without a trailer. The most frequent destination was the local clinic, and as many as 4 in 100 journeys involved transport at a burial site. (Jürgen Heyen Perschon 2001).

## **PLANNED ACTIVITIES:**

### ***(a) Networking Advocacy And Lobby***

FABIO has held dialogues with some local leaders, district leaders, and Parliamentarians and partner organizations in a bid to facilitate improved emergency health transport. As a result, a one day consultative workshop was held on the 9<sup>th</sup> February 2004 with the following objectives:

- To provide for sharing information and knowledge in regard to NMT issues, emergency health transport and experiences among the different stakeholders / partners.
- To identify new strategies of how best to integrate the bicycle ambulance programme into partner activities and projects
- Develop a plan of action that will guide the implementation of the Bicycle Ambulance programme during its expansion to other areas.
- Sensitise the different stakeholders / partners on the need for integrating NMT issues in their development programmes and projects.

Participants at this workshop were drawn from organisations, individuals and communities which had earlier expressed a demand for the bicycle ambulance. However, many of the participants from far off districts were unable to make it, but many expressed the need to meet with FABIO officials at a later date in regard to the bicycle ambulance programme.

### ***(b) Capacity Building***

During October 2003 – January 2004, FABIO was involved in sensitization of various communities in its areas of operation about the Bicycle Ambulance project and the opportunities it presented. It also held one day workshops on the management and maintenance of the bicycle ambulances in:

- Nankoma - Bugiri District,
- Butagaya – Jinja District,
- Hima – Kasese District,
- Omodoi, Kapujan and Usuk Sub – counties of Katakwi District
- Bwera – Kasese District.

FABIO has also carried out capacity building workshops on group dynamics and leadership, response to poverty problems and savings and credit management in areas of:

- Butagaya – Jinja District
- Omodoi. Kapujan and Usuk Sub – counties of Katakwi District
- Kityerera – Mayuge District
- Masafu – Busia District

As the programme has no specific funding for capacity building or administrative costs, FABIO has relied on other sources of funding as indicated above and has also tried to mainstream bicycle ambulance related capacity building into the various programmes of its partner organizations.

**(c) Bicycle Ambulance Distribution**

By the 15<sup>th</sup> February 2004, FABIO had received the following demand for bicycle ambulances:

- The Organisation for Emancipation of the Rural Poor (TOERUP) based in Kasese District, expressed a demand for 20 pieces.
- Participatory Rural Development Agency (PARUDA) based in Arua District, had also expressed a demand for 20 pieces. \* PARUDA communities have been accessed with 25 bicycle ambulances.
- Kotido Diocese - Church of Uganda, Kotido District had expressed a wish, but had not specified the number of pieces it would need.
- The Order of St. John Ambulance
- Woman Member of Parliament for Jinja District, Hon. Ruth Tuma .
- Local Council II, Kamwenge, Mbarara District who had also expressed a need for one ambulance.
- Kyebajakobonna Women’s Group, which is already operating a bicycle ambulance programme in Bugiri District
- Butagaya Women’s Group, Butagaya sub-county, Jinja District.
- Communities of Soroti District.

FABIO is running the Cordaid Bicycle Ambulance Programme on a cost sharing basis, where Cordaid is contributing Ug.Shs. 150,000 /= per ambulance, the communities are contributing Ug. Shs. 120,000 per ambulance, while FABIO contributes the balance and the training of the user committees, labour and some overhead costs. This community contribution has been designed to be paid in 3 installments, with 60,000 /= as initial deposit on the ambulance while the balance - 60,000 is paid within a period of three months.

By the 30<sup>th</sup> April 2004, FABIO had been able to distribute 43 ambulances to:

PARTNER / COMMUNITY	NUMBER DISTRIBUTED
Kotido Diocese – Kotido District	10 pieces
PARUDA - Arua District	25 Pieces
Butagaya Women’s Association	6 pieces
Kyebajakobonna Wome’s Group – Bugiri District	2 pieces
<b>TOTAL</b>	<b>43 PIECES</b>

## **SUSTAINABILITY:**

For purposes of sustainability, FABIO is operating the Bicycle Ambulance project as a revolving fund. It is also training the different beneficiaries in various issues geared towards organizational strengthening of the beneficiary groups and promotion of income generating initiatives among them. The bicycle ambulances are being introduced to community based groups which have either savings and credit management initiatives and public health initiatives or where both are being run concurrently. FABIO is also trying to have issues of emergency health transport intergrated in the District and local Council development plans.

However, this still needs a lot of support and consolidation considering the poverty levels with in the communities at large.

## **EXPECTED OUTPUT:**

The project has resulted in improved and timely access to medical facilities by patients in the areas where the ambulances have been introduced especially the preganant mothers who are using the ambulances more often. The ambulances are also being used by other memebers of the communities including children. At the moment, it is however difficult to empirically establish some of the expected outputs e.g in regard to infant and matternal mortality as the project has only been implemented for a short period of time and still has limitations financially in regard to carrying out a comprehensive evaluation.

## **PROJECTED INDICATORS:**

- At least 10% reduction in mortality due to delayed access to medical facilities in communities (especially of maternal and peadiatric nature) where ambulances have been introduced.
- The number of times the ambulances have been used to take patients to hospital/ medical centers.
- The average time spent taking patients in times of emergency to hospital as compared to using of the strethcer
- The level of comfort when taking ill patients to hospital
- At least 25% reduction in average cost of transporting patients to hospital per household per year as compared to previous years.
- At least 20% increase in level of savings by the different groups
- At least 25% increase in household income levels accruing to promotion of initiative.

**Note:** This data will be based on the records and information from the District Health departments and communities.

## **CHALLENGES**

Along the way, FABIO has met challenges in responding the high demand for capacity building and sensitization services given the limited resources available for running the programme. Many communities are still unable to meet the community contribution fee though they have expressed need for the bicycle ambulances. FABIO on the other hand is trying to come up with strategies to build the capacities of these communities so that they could benefit from the programme.

## **FUTURE PLANS:**

- Due to the demend for the ambulances, FABIO intends to seek for more resources to help in the planning and building of capacities of the communities in effective management of these ambulances.
- Increase on the number of ambulances in the communities
- Collection of data and documentation of challenges and achievements.

## CONCLUSION

The bicycle ambulance programme has been very helpful in improving emergency health transport in many areas of Uganda especially in rural Uganda where it is mainly used by the women and children. It is in this light that we wish to commend Cordaid Netherlands and Jugendhilfe Ostafrika e.V for their support for the communities of rural Uganda. Though moving slowly but reaching far slogan, the bicycle ambulance has proved a reliable partner in emergency health transport especially in rural areas which make up over 80% of Uganda.

***“ Moving Slowly But Reaching Far ”***