Learning with older people about their transport and mobility problems in rural Tanzania: focus on improving access to health services and livelihoods

HelpAge International in collaboration with University of Durham and REPOA

AFCAP/GEN/060/F

Milestone 4: Report on the launch and dissemination workshop

Prepared by HelpAge International in collaboration with the University of Durham, UK
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Annex A: Power Point Presentation of the field research findings

Annex B: Power Point Presentation on suggested interventions
## List of Abbreviations

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<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>AFCAP</td>
<td>Africa Community Programme</td>
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<tr>
<td>B-B</td>
<td>Boda-Boda</td>
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<td>CSOs</td>
<td>Civil Society Organisations</td>
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<td>IHI</td>
<td>Ifakara Health Institute</td>
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<td>HIV/AIDS</td>
<td>Human immunodeficiency virus (HIV)/Acquired Deficiency Syndrome</td>
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<td>LGAs</td>
<td>Local Government Authorities</td>
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<td>NCDs</td>
<td>Non-Communicable Diseases</td>
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<td>OP</td>
<td>Older People</td>
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<td>REPOA</td>
<td>Research on Poverty Alleviation</td>
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1. Introduction

This brief report summarises the proceedings of the one day launch meeting held on the 7th of August 2012 to launch the findings and analysis of the field research from the project: Learning with older people about their transport and mobility problems in rural Tanzania: focus on improving access to health services and livelihoods. The field study was carried out between February and May 2012.

At this meeting a total of 42 participants including representatives of the older peer researchers, the Kibaha District Local Government officials, officials from the Ministry of Health, Ministry of Transport, older people’s organizations and stakeholders from the transport sector, the media, Ifakara Health Institute (IHI), Economic Social Research Fund, REPOA, The National Institute of Transport and other CSOs were present.

Initially a presentation was made to share the key findings of the research. Some suggestions of potential interventions to improve access were then presented for discussion. This was followed by small group discussions and a plenary to enrich the recommendations. The majority of discussion was conducted in Swahili, with English translation.

The research report is being finalized, taking into account feedback given at this one day launch meeting.

2. Participants and venue

The launch workshop was organized in Dar es Salaam at a hotel centrally located to ensure participation from national level institutions based in the capital city, as the research outcome will have relevance for policy debate that need to be taken forward by authorities in the central government. Participants included:

- All of our twelve Older Peer Researchers from the research area
- Nine local government officials representing Boko, Kitomondo, Kongowe, Msufini, Ngeta, Minazi, Mwanambwito, Soga and Vikuge villages in Kibaha District
- Three Representatives of AMEND, an organization working on road safety issues
- The chairman of the Soga Boda-Boda (motor-cycle transport) association
- The Kibaha District Medical Officer, District Executive Director and District Engineer
- Senior Lecturer from the National Institute for Transport
- One representative of Ifakara Health Institute
- Representatives of the core research organisations, including Amleset Tewodros, Smart Daniel, Pauline Teveli, Juliana Bernard and Flavian Bifandimu [HelpAge International,
Tanzania]. Elisha Sibale [Good Samaritan Social Services of Tanzania], three representatives of REPOA [including two of the field research assistants], Mark Gorman [HelpAge International, London], Abdul Awadh [transport consultant], Gina Porter [Durham University].

Dr. Donan W. Mmbando, the Acting Chief Medical Officer of the Ministry of Health and Social Welfare, was the senior Government representative who came to officiate the launch meeting. In his opening remarks he outlined the priorities and health strategies of the Government of the United Republic of Tanzania and reassured the participants that the Government will take forward the implementation of the older people free health services policy including the allocation of a special room where older people will be treated. He mentioned the plan to enhance outreach programmes by strengthening mobile health clinics, ensure health committees at all levels are effective and monitoring the quality of the health services delivery. He also informed the participants that the government was carrying out a research on NCDs which will inform interventions in this area.

Following his speech an older person who was one of the peer researchers gave a vote of thanks and requested for sufficient supply of drugs at health facilities, improvement of roads to facilitate the movement to health facilities, transportation of farm produce to markets and availability of essential goods in communities. This was important as older people who were interviewed for the research repeatedly requested to know the next steps following the research.

Prior to the speech of the Chief Guest, the HelpAge International Country Director for Tanzania Ms. Amleset Tewodros, gave a brief welcome speech and underscored the uniqueness of this research which was a collaborative effort of HelpAge International, the University of Durham, REPOA, the Kibaha Local Government Authorities, a national road transport engineer and older people themselves. The participation of the older peer researchers was one of the main highlights of this research which involved older people not only as respondents but as co-investigators. These older peer researchers carried out the qualitative data collection which formed the bases for subsequent qualitative and quantitative studies and were thus a key underpinning component of the field research strategy.

Mr Mark Gorman, Director of Strategic Development at HelpAge International presented the rationale for this research and explained the value of such research as a route to advancing HelpAge’s strategy to improve older people’s access to health services and livelihoods. He indicated information drawn from credible research such as this, will strengthen the evidence for enhanced advocacy.

3. Presentations of research findings and suggested interventions

Dr. Gina Porter of the University of Durham presented the key findings of the research. The presentation was based on her analysis of the field data collected [see previous report, Annex 1]. She started by providing a description of the project, the research methodology, timetable and the research field sites. To ensure participants understand the socio-economic characteristics of the population particularly the older population, Dr. Gina gave a summary of
key indicators such as energy use, access to water, living arrangements and family composition emphasizing the caring relationship within the households in which older people live. The introduction also included a presentation on the condition of the roads and the means of transportation used in the area.

Other key sections of the findings included: Older people’s livelihoods and income sources; older people’s access to health services; transport and other barriers to older people’s access to health services; transport issues for older people within the villages [including health problems associated with load-carrying]; travel modes for older people beyond the village; the growing role and problems of boda-boda transport; transport improvements associated with mobile phone usage. The research conclusions included points such as:

- The need to recognize the rapid changes taking place in transport and communications
- The improved access boda-boda + mobile phone brought to rural communities including older people
- The diversity in mobility experience affected by a person’s age, household composition, economic status, health, location and gender
- The effects of poor access to limited medical facilities [mostly strongly felt by the poorest]
- Mobility-related isolation is strongest among very poor older women and men without supportive children and grandchildren living nearby
- Virtual mobility of mobile phone supports stretched households [where children are in town and grandchildren left with grandparents]
- Communities’ efforts in back-stopping during emergencies
- The need to review the potential for:
  - improved boda-boda services for OP [safe, comfortable]
  - other practical transport interventions
  - non-transport interventions with mobility implications

See Annex A for the power point presentation

Mr Flavian Bifandimu [HelpAge International Tanzania] then presented the research team’s initial suggestions regarding possible interventions [both transport-related and non-transport] to improve older people’s access to health services and livelihoods.

See Annex B for the power point presentation.
4. Group Discussions and input to the findings and suggested interventions

The participants were divided into four discussion groups, each comprising some of the older people peer researchers, together with other participants. The discussions were conducted in Swahili. The groups came up with the following additional suggestions to strengthen the recommendations as ways of addressing the broader issues of older people’s access to health care and livelihoods. Some of the recommendations are related to improving rural transport but others include non-transport measures that have a strong bearing on older people’s access to health care:

- Establishing an older people’s home in the district
- Strengthening community home-based care services
- Increasing social support services by strengthening social welfare committees
- Training of older people as community health mobilisers
- Establishing and strengthening of age-friendly health services
- Sensitisation of community members to the needs and rights of older people
- Organising regular health check-ups for older people
- Training of boda-boda operators – to reduce accidents
- Sensitisation of passengers on safety rules and the need to demand to see the helmet before riding a boda-boda
- Ensuring reinforcement of the transport safety rules – it was argued by some participants that these should not be left to the police but should be a responsibility of the transport operators and the users as well
- Increase outreach programmes for older people
- Increase access to water points, ensuring they are located within reasonable distances to reduce the water transport burden on older people [which also compromises their health and sanitation]
- Install special seats on boda-bodas to facilitate the transport of sick people. A representative of the National Institute of Transport said that his organization would be interested to take this forward encouraging the design of modified transport to take care of the needs of frail and sick older people
- Further research should consider more investigation on health seeking behaviour among the elderly as far as traditional medicine and the hospital services are concerned.
• The link between HIV/AIDS and the elderly who are responsible for taking care of the PLHA especially the children and youth and their transport needs

• Explore the use of mobile phones in helping to reduce the transport needs of the older people. However, this should be complemented by improvements to the transport infrastructure at the community level, i.e. involving the district and village authorities.

Some of the transport-specific recommendations include:

• Encouraging technical students at the National Institute of Transport to come up with a design that will allow some modification to the BBs to enable them to carry the sick and weak older people. Funds will be needed to buy materials for a few students to design and a small prize for the winning design which can be assessed on the basis of efficiency, durability, ensuring safety, sustainability (cost) needed to convert as many motor cycles as possible and one that uses local and affordable materials.

• Local design and production of a helmet lining, to counter the fear of catching head fungus from shared helmets, which has been suggested by older people to be a key deterrent for the consistent use of helmet by local people.

• Consider a transport-related action-research project including a training programme for Boda Boda operators on carrying old and vulnerable passengers. This could be carried out between older people’s organisations and AMEND and NIT – organisations working on safety issues. AMEND and NIT could offer training to Boda Boda drivers on safe and defensive motorcycle riding and monitor the changes via e.g. older people’s feedback regarding safety improvements + their increased use of trained operators. This might include providing helmets to be used by groups of older people in the research area. This would give a clear outcome for the older people (which came up as an issue in the workshop) and the B-B operators (who would have a safety certificate to show passengers).

5. Media coverage

The following media were represented at the workshop: Channel Ten Television, Magic FM radio and Mwananchi Newspaper.

Individual interviews with Mr Dean Mohammed [a member of the peer research team and Mr Smart Daniel of HelpAge International were broadcasted on Channel Ten television at the prime news time. The interview focused on the need to ensure the Government regulations that provide free access to health care to all older people over 60 years of age are strictly adhered to by removing all barriers that hinder their access to health care by legislating the national ageing policy.

6. Next Steps

• Presentations will be made at the AFCAP conference to be held in Leeds in September 2012
• Full report of the project findings on rural transport services for older people in Kibaha District with a) specific reference to access to health services and b) associated livelihood implications and c) broader implications for national rural transport services. [to be prepared latest mid September 2012]

• One page project synopsis with draft guidelines for LGAs and ministries [latest end of September]

• Media briefings for local and national media [newspaper, radio, TV briefings] [latest end of September]

• Briefing submitted to HelpAge AgeWays newsletter/website [latest end of September]

• Briefing submitted to IFRTD newsletter/website [latest end September]

• Draft papers prepared for submission to peer reviewed journals [Development in Practice and one transport studies journal] [submission of at least one paper within 3 months of end of project.]

• Presentations will be made at the HelpAge Africa Regional Office bi-annual meeting in Cape Town in October 2012.