

HEALTHCARE AND TRAIL BRIDGES

Mary is a community health worker, charged with the care of women and newborn babies at the Nduba Health Center in Rwanda's Gasura cell. In regions across Africa, community health worker programs have trained nurses like Mary to offer life-saving preventative health care to isolated communities distanced from health centers and hospitals.

Mary plays a critical role in the rural health network, but the Mwange River made her job very difficult. Rural residents were afraid to cross on the log bridge that spanned the river, especially when they were carrying a stretcher loaded with an ill patient in need of attention.

The installation of the Gaseke Suspension Bridge meant that not only could patients in need of healthcare reach the health center, but Mary could reach patients unable to make the trip. Now, more than 4,000 people can reliably access healthcare year-round.

Imagine having the training to provide critical care for communities isolated from traditional health centers, but being unable to reach those communities when they need it most.

A lack of transport infrastructure creates what academics refer to as “distance costs” – the tougher it is to reach a school, health clinic, or hospital, the higher the distance cost, which is factored into whether a trip is “worth” making.¹

By not only eliminating the danger of crossing the river but often shortening the distance of travel, trailbridges decrease distance costs and in turn, connect rural residents with the opportunity to build well-being and resiliency.

A number of studies show that improved transportation infrastructure has the power to improve vaccination rates, attendance at hospitals, use of birth attendants, latrines, and contraception, and results in decreased morbidity rates.²

In B2P-conducted catchment surveys, 7% of respondents were using the bridge to reach healthcare services, and early results from a randomized controlled trial currently being conducted on

B2P trail bridges in Rwanda indicate that 57% of nearby households reported having to cross a river to reach a hospital.

Transport connectivity has also been shown to be critical in battling the spread of contagious diseases, as access to health resources is key to both prevention and treatment.³





For the world's isolated communities, roads and bridges ensure that community health workers like Mary can reach residents to share information, teach hygiene and distancing procedures, diagnose infection early, and deliver vaccines as they become available.

They also offer a reliable route to a health clinic when emergency care is needed. As vulnerable populations, such as those living in rural, isolated communities (the malnourished, those with comorbidities, the elderly, etc.), experience a higher rate of severe, life-threatening complications with contagious diseases, access can be, in a very literal sense, life-saving.⁴

Also in these communities, women shoulder a disproportionate burden when it comes to a lack of physical access to healthcare services. Rivers are a significant obstacle for rural women requiring maternal, postpartum or neonatal care, women traveling with children, and for community health workers who provide critical care.

A study of sub-Saharan Africa showed that women traveled, on average, 15 kilometers (km) and 108 minutes (walking) to reach skilled child birthing services, far beyond a 5 km maximum walking distance for heavily pregnant women, and a reported 60-minute WHO maximum travel recommendation for pregnant women.⁵ Every minute of every day, at least one woman dies as a result of complications of pregnancy and childbirth, and 99% of those deaths occur in low-income nations. And, though mortality rates for children under five have decreased globally, approximately 10.6 million children die each year before reaching their fifth birthday, in large part because of inadequate access to healthcare.



In B2P-conducted catchment surveys, 53% of all crossings were completed by women, and those women were more likely than men to be crossing to reach health centers to seek nutrition support or immunizations for children.



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