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Sample Taxi: Ride-sharing for sample transportation

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**GLOBAL
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SUPPLY CHAIN SUPPORT

VillageReach Mission and Impact

Save lives and improve health by increasing access to quality health care for the most underserved communities.

Our Mission

VillageReach programs increase access to quality health care for more than 20 million people throughout sub-Saharan Africa.

Our Impact





Background

- “SampleTaxi” or “AmosTaxi”
- BMGF Grand Challenges
- November 2017- April 2019

Problem

Long turnaround time for TB, EID and VL samples originating from peripheral health facilities in Mozambique
Flooded but disjointed sample transportation network
Irregular documentation and tracking

Concept

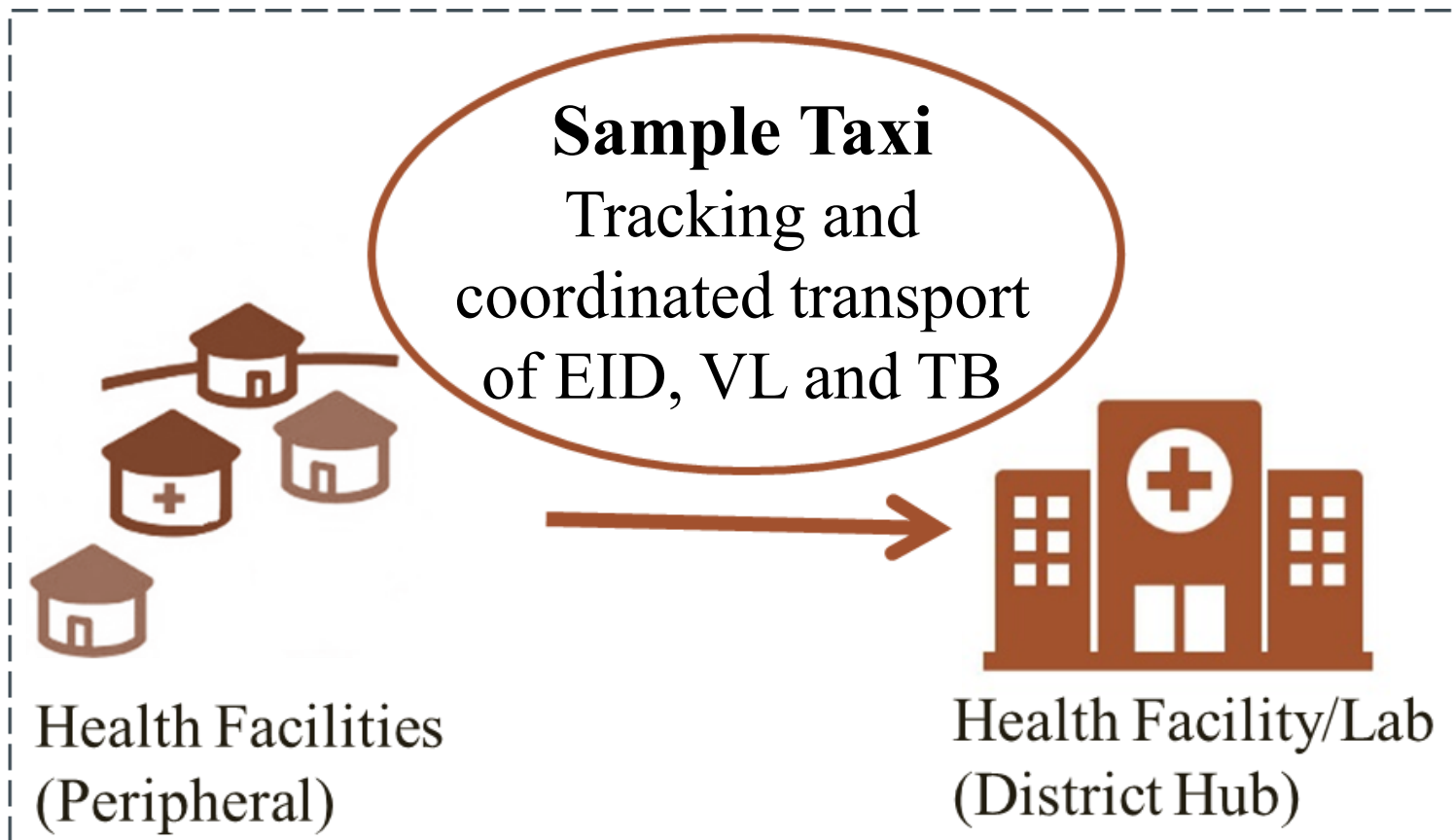
To reduce the transport time of specimens by using technology to coordinate a pool of drivers, on-demand



Sample Taxi Findings

- Applying a ride-sharing approach (“Uberizing”) resulted in dramatic improvements in **transit time**, introduction of **digital tracking of samples**, and increased efficiencies in terms of **kilometers traveled**.
- Opportunities for optimization of system include diversification of drivers enrolled, increasing health worker buy-in, expansion of digital tracking, and integration of additional lab sample types for transport.

Sample Taxi Scope



What is the innovation?



Samples collected from patient at health facility



Health worker contacts dispatch hub using toll-free number



Dispatcher registers request into Fleet application; SMS generated to health worker



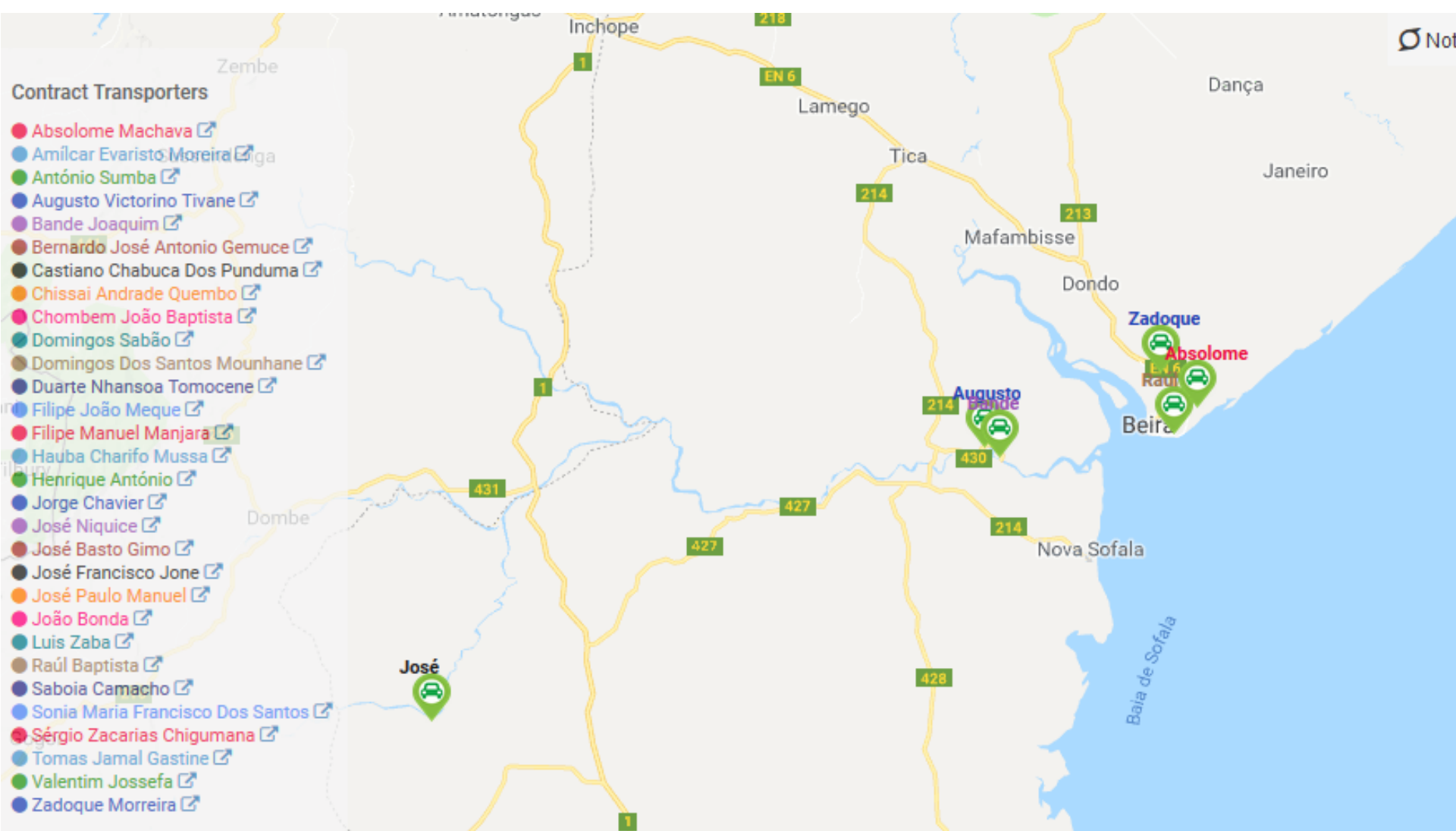
Dispatcher identifies appropriate driver; drivers accepts/ rejects request



Drivers QR code and pick up samples; photo and signature. Samples tracked throughout with GPS



Samples delivered to district hub and/or laboratory; scanned upon delivery



Order # 10163739

Not scheduled

placed on 21/08/2018 09:13 AM by Fernando Mudeia Bandua Cs

DELIVERED

updated on: 21/08/2018 06:33 PM

21/08/2018 09:13 AM

Placed on

21/08/2018 09:13 AM - 22/08/2018 05:00 PM

Pickup window

23/08/2018 05:00 PM

Expected Delivery



EID



CONSIGNMENT

02 Samples

Total Packages	Normal	2	
	Large	0	
TOTAL		2	

Dimensions

Total Weight 0.0 Kg (estimated)



Calls received/samples transported

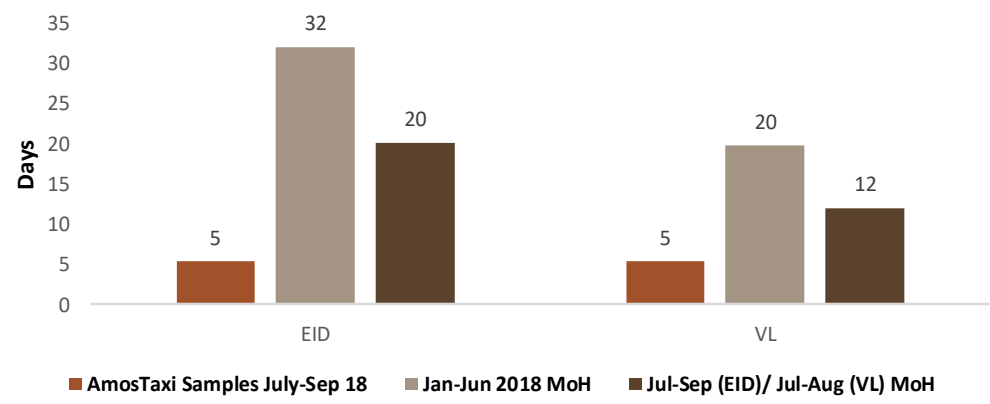
District	Calls Received	Samples transported
Buzi	58	462
Chibabava	37	223
Total	95	684

Date range: July 3, 2018 – November 21, 2018

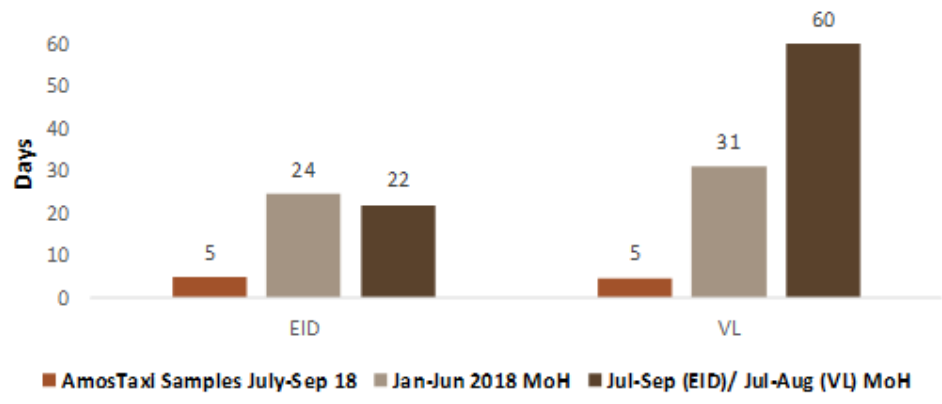


Change in transit time = Time from patient to lab

Average days of transport time per sample (Chibabava)



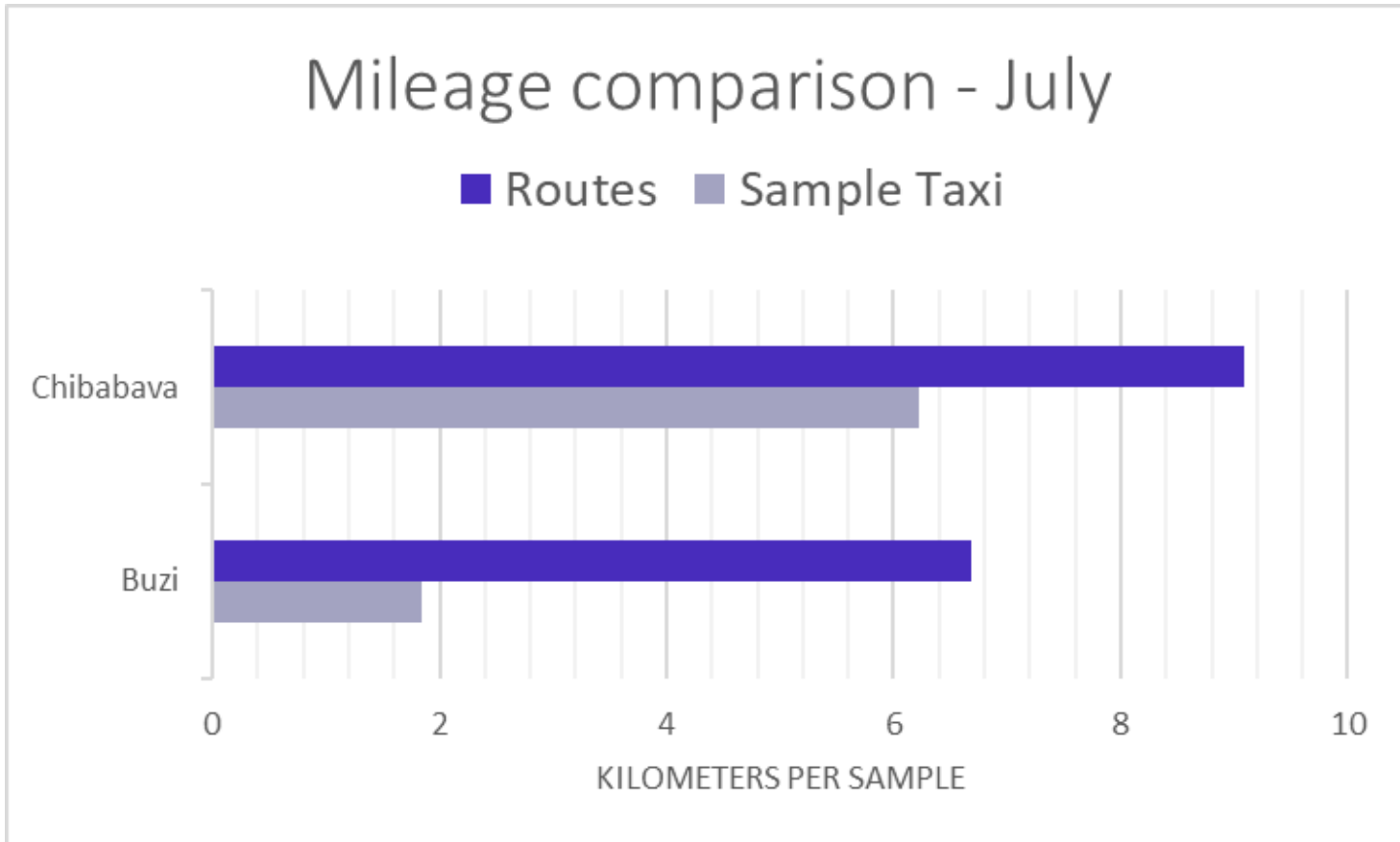
Average days of transport time per sample (Buzi)



EID and VL samples were transported in approximately 5 days when using Sample Taxi

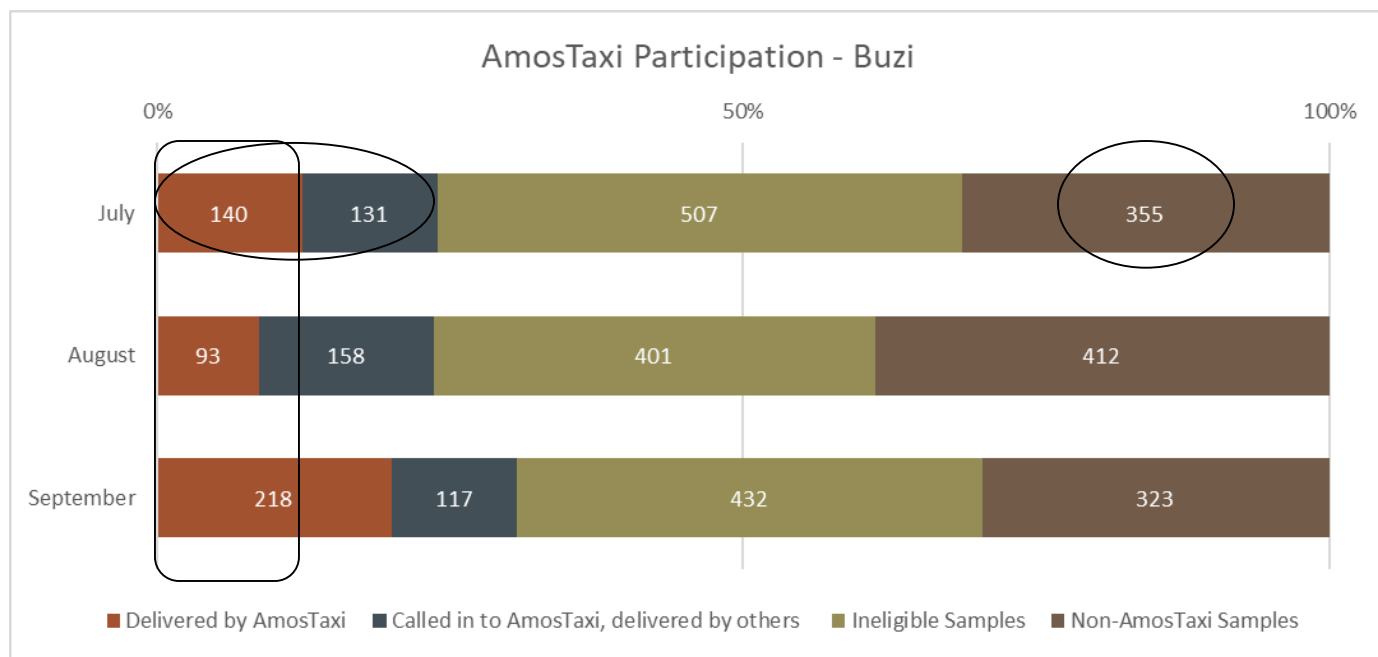


Kilometers per sample

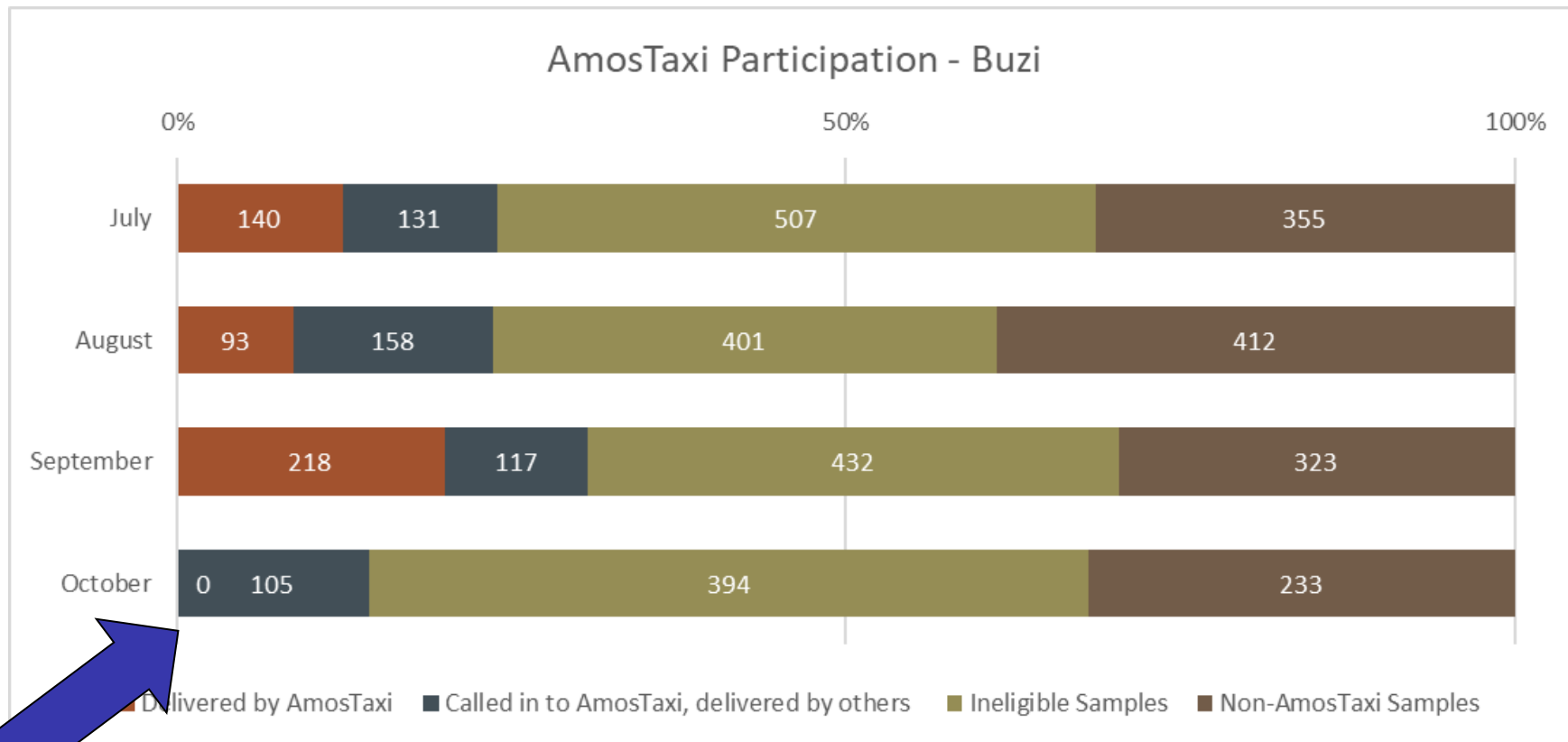


Volume transported by Sample Tax

- 45% of eligible samples were reported to Sample Tax
- Of those, Sample Tax successfully coordinated transport for 52%



Driver numbers and diversification





Qualitative Results

Strengths

- Formalizing an informal practice
- Higher quality samples and better paperwork
- Elevated drivers' engagement with system
- Health workers transparency into network
- Clinical focus rather than transport focus

Limitations

- Transport unavailability – reluctant to try again
- Competes with transport reimbursement/per diem
- Digital tracking covers portion of network



Sample Taxi Findings, revisited (1)

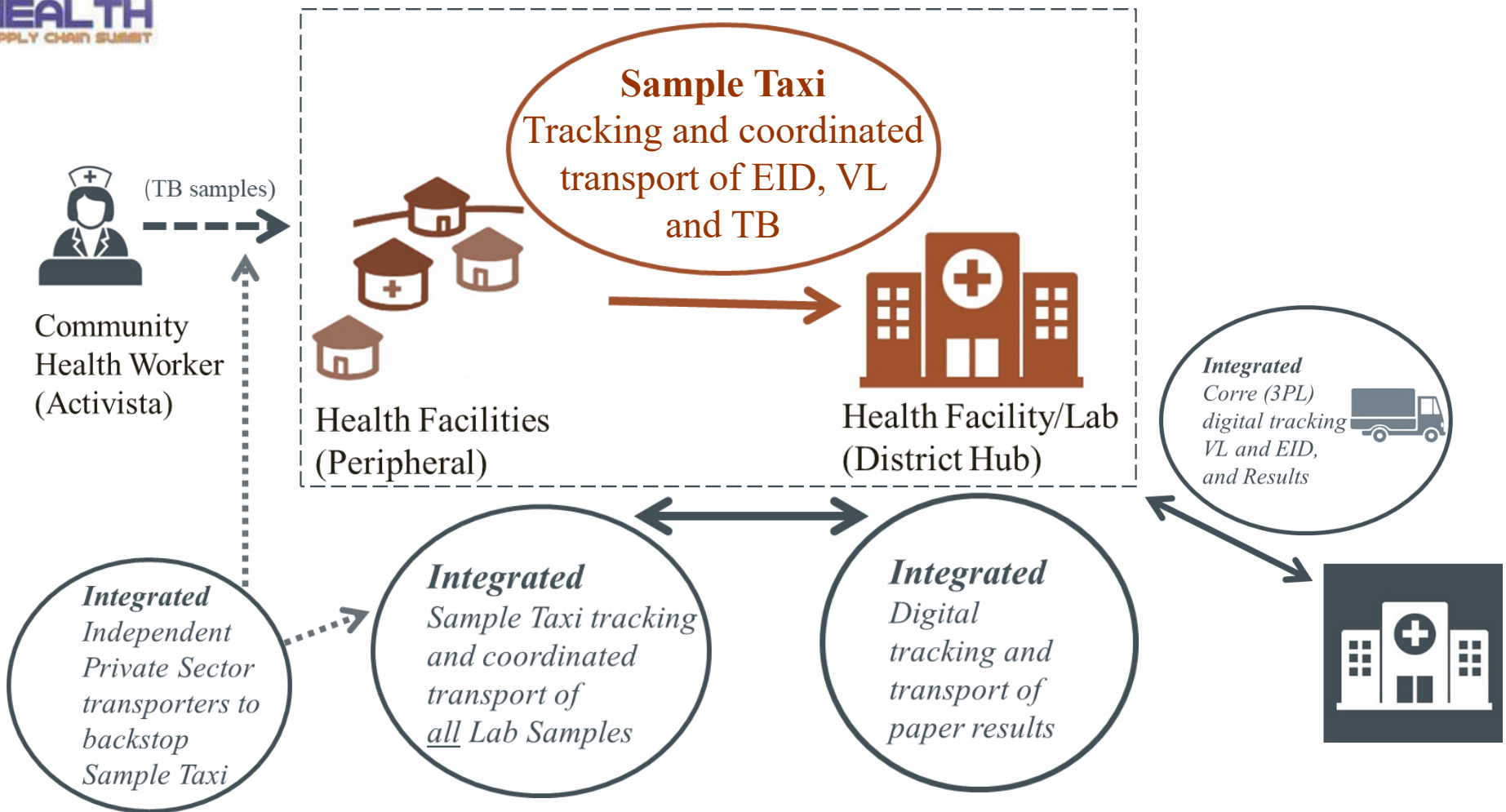
- Applying a ride-sharing approach (“Uberizing”) resulted in dramatic improvements in **transit time**, introduction of **digital tracking of samples**, and increased efficiencies in terms of **kilometers traveled**.



Sample Taxi Findings, revisited (2)

- Opportunities for optimization of system include
 - diversification of drivers enrolled,
 - increased health worker buy-in,
 - expansion of digital tracking, and
 - integration of additional lab sample types for transport.

Sample Taxi 2.0





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