



## WDR 2004 – Making Services Work for Poor People.

### Response to Draft Outline from The International Forum for Rural Transport and Development (IFRTD)

#### Opening Vignettes drawn from the IFRTD network:

##### I. SERVICES HAVE FAILED POOR PEOPLE:

**Lusikisiki Village, Eastern Cape, South Africa.** *The distance from Lusikisiki to its nearest health centre is not great, but in the absence of adequate transport infrastructure and services it is a lengthy, often expensive and at times treacherous journey. Prior to the journey it may be necessary to hire one or more neighbours to carry the sick person uphill to the nearest road. At the road 3 or more hours can pass before an affordable means of transport is available. During the rainy season this journey is complicated further by a river in full flow and once again people may have to be hired to carry the sick across the water. The potential outcomes of this health centre are compromised by its inaccessibility.*

##### II. SERVICES CAN WORK FOR POOR PEOPLE:

**Upper West Region of Ghana.** *Here DANIDA has invested in a 'model' transport fleet for health service provision for the region (4 wheeled and two wheeled vehicles). A Transaid (UK NGO specialising in transport operations) driver and rider training scheme, a planned preventative maintenance system, sufficient budgets and a comprehensive transport management system complemented these. DANIDA assessed the impact of the provision of transport by measuring increased health service delivery for activities dependant on transport. Amongst other improvements, they found an increase in vaccination coverage of over 100%, up to 400% more antenatal attendees, and over 100% more outreach clinics. It was claimed that this degree of improvement would normally be expected after 5 - 10 years of project support. In this instance it was achieved in under a year due to the focus on transport*

**Access** is a determining factor for health, education and sanitation outcomes yet transport is not generally perceived to be an issue until access constraints have become an impediment to effective service provision. This is reflected in the WDR draft outline where access as a factor in the provision of services is implicit within the text but lacks emphasis and clarification.

The draft outline does not differentiate between urban and rural and the consequences of these disparate situations particularly for the rural poor isolated from basic services by geography, economic constraints, poor transport infrastructure and a lack of appropriate affordable transport services. In urban areas high-density populations and economies of scale enable services to be brought closer to the user. In rural areas mobility issues should be explored as a pre-requisite for service provision.

Access constraints in rural areas lead to:

- **exacerbation of time poverty**, particularly for women and children who traditionally spend the most time accessing basic services.
- **inequitable service distribution.** Existing infrastructure and transport services can dictate the distribution of services (eg. In Cambodia where road networks determine the distribution of water wells as construction materials need to be transported by road.)
- **compromise in the quality of service provision.** (eg. quality of schooling is compromised by inaccessibility. Long and difficult journeys to school lead to absenteeism of teachers and children and reduce the amount of time available for school assignments)
- **poor sustainability of established services** (eg. In Tanzania inadequate maintenance of rural roads severely delays or halts deliveries to replenish the drug stocks of rural clinics)

The accessibility and mobility constraints faced by the rural poor are not always addressed by physical infrastructure and transport services alone. Economic, political and gender factors may affect the users mobility. (eg. In rural Pakistan cultural norms restrict school-girls from using crowded local buses and in Madagascar the use of intermediate modes of transport (IMTs) which could assist women in the access of services is controlled by male members of the household.)

It is because rural access and mobility are not adequately addressed by traditional transport policies, focusing primarily on large-scale infrastructure, that IFRTD recommends explicit profiling of these issues within the WDR. Both as a pre-requisite for the delivery of effective services (supply), and to highlight the role of transport as a service itself (demand). The inclusion of access and mobility issues at the planning stage of service provision can provide a catalyst for influencing transport policy making or addressing these needs through alternative channels.

IFRTD recommends an additional chapter in *Part 1* or an addition to *chapter 2 'A framework for Service Reform'* to identify access as an integral component of service provision and to highlight the need for complementarity of services. The broader term of access provides an umbrella not only for mobility issues but for other services that factor in the provision of basic services, for example energy.

### **Comments on the WDR Consultation Process:**

#### **IFRTD recommends:**

- provision for consultations in the South **prior** to the writing of the first draft.
- provision of draft outlines in other international languages. For example IFRTD had difficulties sharing the document with network members in Latin America and West Africa despite expressions of interest from these regions.

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These comments were prepared by the IFRTD Secretariat and representatives of IFRTD affiliated networks in Cambodia, Tanzania, South Africa, Indonesia and Guinea.

IFRTD provides a framework for collaboration between individuals and organisations interested in addressing access and mobility as a means for poverty eradication. The IFRTD international network of over 2500 members encompasses community organisations, national and international ngo's, government, academia, multi-lateral and bi-lateral donor agencies, consultancies and technical institutions, some of whom have gathered together to form affiliated national networks. The IFRTD network will be pleased to support and expand upon the issues raised in this statement.

IFRTD Secretariat  
113 Spitfire Studios  
63-71 Collier Street  
London, N1 9BE  
Tel: +44 (0) 207 713 6699  
Fax: +44 (0) 207 713 8290  
Email: [ifrtd@ifrtd.org](mailto:ifrtd@ifrtd.org)  
Web: [www.ifrtd.org](http://www.ifrtd.org)