**STORY 1**

Sara lives in a rural village in northwest Tanzania. Her family has very little money and struggles to make ends meet to support her large family. When Sara is 7 months pregnant with her 5th child, as she is out in her family’s maize field, she begins to feel severe abdominal pain. The pain does not go away and Sara realizes that she is going into preterm labor. She rushes back to the house and alerts her husband of the emergency. They know immediately that she needs to get to a health facility for care. Unfortunately, there is no transportation available and Sara’s family does not have the money needed to pay a private driver to take her to the facility. Sara’s husband calls his neighbors and asks them to donate money in order to pay for transport. He calls several friends and asks them to identify anyone with a car who would be willing to drive her to a facility. This process takes several hours; all the while, Sara continues to have very severe abdominal pain. After 5 hours, a driver from a nearby village shows up and agrees to take Sara to the facility in exchange for a payment equivalent to $30, an entire month’s income for Sara’s family. During the journey, Sara’s condition worsens and dies in the taxi before arriving at the hospital.

This story was made up, but represents the reality that all too many women and families go through in Tanzania and throughout the developing world. In Tanzania alone, an estimated 8,200 women die each year. That is 22 women every day. 22 women too many. We are here to help eliminate preventable maternal and neonatal deaths.

**STORY 2**

18 year old Esther Masanja is from Ihalo village in Shinyanga Region. She went into labor with her first baby on May 7th 2016. As soon as labor began, she traveled to the nearest health facility following the advice she had received from her MMH Community Health Worker, who supported her throughout her pregnancy. An event which should have been a joyous occasion became frightening when it was clear that both Esther and her baby were at risk of complications. The facility was not equipped to handle the emergency. The nurse at the facility, Zabera Sinzi, explained, “I knew it was an emergency after Esther was in labor for more than 24 hours without progressing. Since she is under 20 years old and this is her first delivery, she was in even greater danger. We don’t have the equipment to accommodate an operation, so the best option was to bring her to the hospital where they can handle these types of emergencies.”

As soon as the emergency was identified, Zabera called the MMH dispatcher on the toll free number. The dispatcher used the triage protocol on the mobile application to determine whether or not this was appropriately classified as an emergency. It was, so the dispatcher used the application further to arrange appropriate transport. An ambulance was not available, so the dispatcher called phone numbers of taxi drivers which the application said were available near this health facility. Zabera explained, “The interaction with the dispatcher was good; it was easy to talk to her as she asked me clear questions and gave good answers. The process of arranging the transport was very fast. She told me to wait while she located a driver. After just a few minutes, she called me back to tell me a driver is on the way. I prepared Esther and less than 10 minutes later, the driver arrived to take her to the hospital.”

Mwinyi Hamis is a community driver registered in the MMH program. He was the person who provided transport to take Esther to the hospital. Describing his experience of this referral, he said, “The dispatcher called me to ask me to take a client to the hospital. It took me about 10 minutes to reach the health facility. When I arrived, the nurse brought the client to my car and we traveled straight to the hospital, where Esther was admitted for further care.” As soon as Mwinyi completed the emergency referral, the dispatcher used the mobile app again and confirmed that the journey had taken place and he automatically received the pre-negotiated payment on his phone via mobile money.

Esther went on to have a Caesarean section at the district hospital. Both her and her baby are now healthy and happy. Without the MMH program, Esther does not know if she would be alive today. Esther explained, “Yes my life was saved! I didn’t have money to pay for the transport and my husband was not around. My mother would have had to ask my uncle to pay for the transport. And that would have taken a lot of time and put me at risk.”

This is an example of one of the many lives this program has saved and illustrates the real impact that this program is having.