Late one Saturday night in the village of Siachobe, a five year old Zambian boy fell ill with fever, headache and chills. The boy’s parents cared for him through the night, hoping he would improve, but by Sunday morning his condition had worsened.

The parents carried the boy to the community health worker, the only health care provider living in the immediate vicinity. As the health worker was examining him, the child began to vomit and convulse. Recognising the danger signs, the health worker said the boy should be taken to the hospital immediately as he was suffering from severe malaria.

The nearest rural health centre was 12km away and, since Siachobe was not connected to the main road, cars rarely, if ever, passed by. As the family was unable to locate an ox-cart to take their son to the health centre, they began to wonder how they could secure his seizing body to the back of a bicycle.

In spite of a national commitment to community-based care, people who live in rural communities, like this boy’s parents, frequently find it extremely difficult to find or afford transport to rural health centres for critical cases.

A key element in helping to solve this problem has been the introduction of Zambulances - a community based bicycle ambulance system that transports very sick patients to the next referral level.

Zambulances are bike ambulances that consist of a locally-manufactured, sturdy bicycle that comes attached to a trailer. The trailer beds have been made to be as comfortable as possible and to respect the privacy of the travelling patients. For Siachobe villagers who require urgent medical support, the zambulance has been the difference between life and death.

Through the Irish Aid-funded CLOVER programme in Zambia.
and other African countries, Malaria Consortium has purchased and distributed 57 Zambulances around Southern and Eastern provinces, facilitating the successful transportation of many emergency cases to hospitals and health facilities.

The Zambulance is a good example of our community-based approaches that are helping to shape and strengthen local health systems, explained Dr James Tibenderana, Director of Case Management at Malaria Consortium. CLOVER is designed to address various issues within national health systems and help strengthen core elements such as the workforce, the delivery of services and the transfer of information between health sector levels.

The Zambulance reached Siachobe that same morning and took the boy to Popota clinic in half the time it would have taken either on foot or by ox-cart. The young boy received essential anti-malaria drugs and soon recovered.

“We reached the clinic in time, thank God,” said Siachobe community health worker and Zambulance driver, Reeves Mandalela.

The Zambulance is a good example of Malaria Consortium’s community-based approaches that are helping to shape and strengthen local health systems.

A Zambian community health worker shows his equipment for diagnosing and treating malaria

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