

# A web-based decision support interface for the assessment of physical access to humanitarian site locations

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## **Overview**



- What do we want to achieve?
- How are we achieving this?
- Progress so far demo
- Future developments
- Discussion

# What do we want to achieve?



- Determine the average travel time to services from anywhere within a selected area of interest health sites for MSF
- MSF contexts are unique
  - Lots of walking for long distances, challenging terrain
- Consider practical factors that influence travel behaviours
  - Topography steep terrain is more difficult to traverse than flat terrain
  - Land cover Walking through forests / bush / wetlands / bare ground / etc
  - Roads and paths people will prefer to walk on these instead of through bush / forests
- · Integrate population data to return population-weighted insights
  - For example:
  - The average travel time per person to the nearest hospital in a selected district
  - Size of the population that travels more than 4 hours to reach a health site (lack of coverage)
  - Size of the population that travels less than 4 hours to reach a health site (coverage)

## What do we want to achieve?





# How are we achieving this?



- A web-based user-interface allows the user to select their area of interest
- They choose the profile of the population to investigate
  - Adults, children, healthy, injured, sick
  - Influences walking speeds, idle times, and fatigue
- The user specifies the start and end dates of the seasons they want to investigate or a generic landcover dataset can be used
- They click RUN
- Topography, land cover, roads, population, and other data downloaded
- Access times calculated and visualised
- Download results

# How are we achieving this?

### Project timeline

• 2018 – 2021: Worked on accessibility modelling projects for the worked Bank

erol (CBHC)

Nauen

Dengdo

Koth

- 2022: Introduced the idea to MSF while working as a GIS supervisor
- January 2023: Travelled to South Sudan to record walking behaviour
- 2024: Identified web developers for interface, started development
- 2025: Phase 1 compute compute travel time to services (walking only)
- By early 2026: Phase 2 complete walking + vehicular travel times, population metrics, change analysis, optimisation



## How are we achieving this?



#### □ The original World Bank model has been rigorously developed, tested, applied, and published

- World Bank applications: Nepal, Pakistan, India, Indonesia, Papua New Guinea, Solomon Islands, East-Timor, Mali, Niger
- World Bank publications: WB <u>Policy Research Working Paper</u> and WB <u>Poverty and Equity</u> <u>Note</u>
- World Bank blogs: <u>Khyber Pakhtunkhwa baselines</u> and <u>Sindh flood assessment</u>
- Academic journals (peer-reviewed): <u>Journal of Transport Geography</u> and <u>Transportation</u>
- Github repository for calculating and aggregating population-weighted access times, with example input and output data: <u>https://github.com/worldbank/Accessibility\_Index</u>

#### Model overview





#### Model overview

































































































# **Progress so far - demo**



# **Future plans**



### PHASE 2

- Multi-modal travel
- Other modes
  - Cycling, donkey-carts, ferries
- More user input
  - Modify roads remove / add sections to be more accurate
- Shock/change modelling how have events such as a bridge construction / addition or destruction of sites / flooding affected accessibility, and where?
- Optimisation rapid, automated identification of the best locations for new health sites such as vaccinations sites, mobile clinics, etc.

## **Example Scenarios – Current accessibility**

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## **Example Scenarios – Current accessibility**













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Total population	19009
benefitting	
Average walk-time	35 minutes
decrease per person	



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Impact Legend Active sites, no Rubnor Roads, paths Rivers, canals, streams Walk time increase (minutes) 0 Phantot 0 - 30 30 - 60 60 - 90 Population per 30 sq. m High : 44.4079 Rieri Buor Low: 9.53043 leer Yang Touchria 10 20 km



Total population	25529
affected	
Average walk-time	44 minutes
increase per person	



## **Example Scenarios – area flooded**





## **Example Scenarios – area flooded**

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# **Example Scenarios – area flooded**



Total population	13005
affected	
Average walk-time	32 minutes
increase per person	



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Impact Legend Active sites Roads, paths Rivers, canals, streams Walk time decrease (minutes) 0 Rubnor Phantot 0 - 30 30 - 60 60 - 90 Population per 30 sq. m High : 44.4079 Rieri Buor Low: 9.53043 Leer Yang Touchria 10 20 km



Total population	19088
benefitting	
Average walk-time	31 minutes
decrease per person	



# **Future challenges**



### **Gravity effects on catchments**

- Not all sites are equal!
- Some sites may be more desirable to visit
  - Example: in South Sudan people will walk twice as far to reach an MSF facility compared to a ministry of health facility better treatment, medication, equipment
- The question is: how much longer are people prepared to travel to reach an MSF site compared to a MOH site?
- What factors influence preference?
  - Treatment: needs-based
  - Capacity
  - Reputation
  - Private versus public

# **Future challenges**



### **Gravity effects on catchments**

- How to model?
- Ratio example
  - People may be willing to travel 20 minutes instead of 10 to their preferred location
  - But are they willing to travel 2 hours instead of 1?
  - Same ratio, 2:1
- Time matters
  - Not just the ratio that matters, but also the actual travel time to the nearest and preferred







### **Travel time to health sites**





Health Sites

- MSF
- Others





Health Sites

- MSF
- Others

## Catchments - People willing to travel twice as long to MSF sites





Health Sites

- MSF
- Others





Health Sites

- MSF
- Others





Health Sites

- MSF
- Others





Health Sites

- MSF
- Others

## Catchments - People willing to travel twice as long to MSF sites



## Thank you!