

MATERNAL HEALTH AND TRANSPORT: IMPLEMENTING AN EMERGENCY TRANSPORT SCHEME IN NORTHERN NIGERIA

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Abstract

This paper gives an overview of the implementation process of an Emergency Transport Scheme (ETS) in rural areas of 4 States in Northern Nigeria. Lack of access to transport has been recognised as one of the major barriers that prevent pregnant women experiencing obstetric complications of receiving specialised care. Appropriate interventions at different levels must be carried out in order to tackle the problem and contribute to an effective referral system. The successful establishment of the ETS in the 4 states in Northern Nigeria shows that it is possible to involve the private sector and use an established transport system to implement a low-cost emergency transport scheme that can contribute to a greater availability of transport in rural areas.

1 INTRODUCTION

This paper aims to present an example of a transport solution that can contribute to remove two common barriers that prevent populations in rural areas in Africa of accessing health care: availability and cost of transport.

The paper begins by giving an overview of Transaid's work in the area of maternal health and transport and effective referral systems. Secondly, it gives a detailed explanation of the Emergency Transport Scheme. It concludes by providing an analysis of the scheme's implementation process and its impact.

2 MATERNAL HEALTH AND TRANSPORT: TRANSAID'S EXPERIENCE

Academics and policy makers have recognised the importance of practical transport solutions to improve maternal health in developing countries and contribute to the achievement of Millennium Development Goal (MDG) 5 (improve maternal health). Nigeria, where the project presented in this paper was implemented, still ranks one of the countries in Africa and indeed in the world with very high Maternal Mortality Ratio (MMR). According to the most recent United Nations statistics¹, the MMR for Nigeria was estimated to be 840 per 100,000 live births in 2008 – lower than the 1,100 per 100,000 live births estimated in 2005, but that still places Nigeria in one of the 10 countries in Sub-Saharan Africa with highest MMR.

The delay in reaching health care has been considered the second of three major barriers that prevent pregnant women experiencing complications to access health care (the first one being the delay in seeking health care and the third one being the delay in receiving care at the health facility)². Interventions that aim to improve emergency transport services are thus crucial to improve maternal health and reduce maternal mortality.

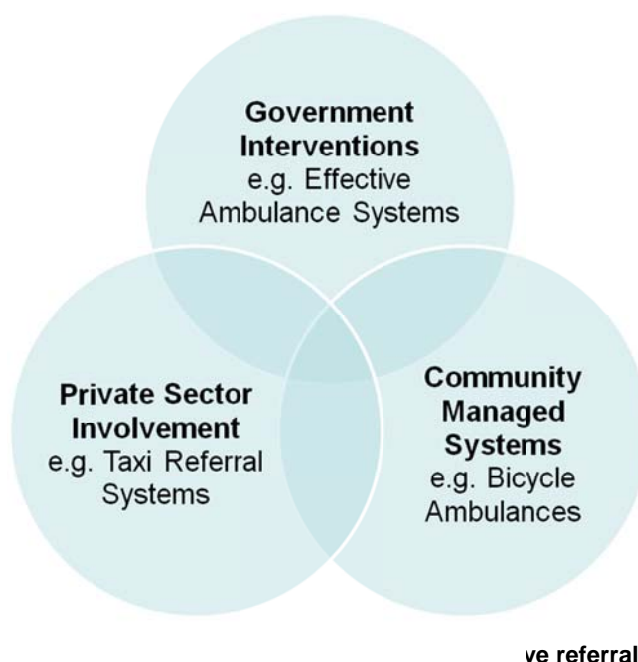


Figure 1: The 3 delays in Maternal Health

Transaid's long experience working with emergency transport services in developing countries shows that an effective referral system should incorporate different components, in order to provide an appropriate response to the needs of both urban and rural families. Interventions at the government, private sector and community levels should therefore be carried out to contribute to the establishment of an effective referral system (Fig. 2).

¹ WHO 2010, *Trends in Maternal Mortality: 1990 to 2008*

² Thaddeus S. and Maine D. 1994, "Too far to walk: maternal mortality in context", in *Social Science & Medicine*, 38(8):1091-110.



2.1 Government interventions

Transaid has facilitated the establishment of effective fleet management practices in Ministries of Health in 25 countries. In Ghana, where Transaid has worked on a 5 year DANIDA funded project, the Ghana Ministry of Health experienced an increase of 100% in antenatal care visits and of 400% in births attended by skilled health personnel. Other benefits included an increase in child immunisation (100%), a decrease in fuel usage (20%) and a 70% increase in kilometres travelled, in 12% less vehicles, within the same budget.

2.2 Private Sector Involvement

Transaid has helped facilitate the establishment of Emergency Transport Schemes (ETS) in 4 States in Northern Nigeria. The scheme relies on the volunteering of drivers from the National Union of Road Transport Workers (NURTW), who receive appropriate training and realise the importance of their role to reducing the delay in reaching health care (see section 2 of this paper).

2.3 Community Managed Systems

Transaid has worked to implement Intermediate Modes of Transport solutions in rural areas, such as Bicycle Ambulances and Motorcycle Ambulances. Projects implemented in Zambia and Malawi have proved that these can be successfully managed at the community level.

3 THE EMERGENCY TRANSPORT SCHEME (ETS)

The Emergency Transport Scheme (ETS) is a system that uses an established transport system to overcome two essential barriers in access to health care in rural areas: cost and availability. Conventional emergency transport systems, such as ambulances, have proved to be inadequate to cope with demand in rural areas where communities are scattered and many times separated from health facilities by large distances, resulting in a shortage of adequate modes of transport in cases of emergency. On the other hand, even when adequate modes of transport are available at the community level, these may simply be too expensive for the rural families.

To establish the Emergency Transport Scheme in Northern Nigeria, Transaid works with the National Union of Road Transport Workers (NURTW), who has the responsibility of coordinating the scheme. NURTW member drivers volunteer by providing their transport services for free (collecting only a contribution towards fuel) in the case of a maternal emergency. The drivers are mobilised and given appropriate training, as well as non-monetary motivational tools, such as car stickers and t-shirts. The Union is also committed to creating a priority loading scheme for volunteer drivers, which works as an indirect monetary gain for participant drivers: if they can show proof of having transferred a woman to a health facility, drivers are allowed to jump the queue to load their passengers at designated loading points and choose their preferred destination.

3.1 ETS in Katsina, Yobe and Zamfara States

Transaid has been involved in the implementation of the ETS since 2007. After the successful implementation of the pilot project in Jigawa State, in 2005, by the DfID funded Partnership for Transforming Health Systems (PATHS), Transaid was called to implement an adaptation of the same concept in 3 other Northern Nigerian States: Katsina, Yobe and Zamfara.

The establishment of the scheme was done through the PRRINN-MNCH³ programme working in the 3 states, in the context of the Maternal, Newborn and Child Health initiative. The Emergency Transport Scheme was one of the key components of the initiative, as a response to the problems of access faced by expectant mothers across the states and to contribute to the achievement of MGDs 4 and 5 (improve child health and reduce maternal mortality).

3.2 ETS in Gombe State

Following the success of the implementation of the scheme in the 3 PRRINN-MNCH States, the ETS is being implemented by Transaid in Gombe State, North-eastern Nigeria, since the beginning of 2010. The establishment of the scheme is part of a two-year Maternal and Neonatal Health (MNH) Learning Project that has been in place since late 2009⁴. This is a 2 year project that will be concluded in 2011. Since the percentage of births attended by skilled health personnel is very low in Gombe State (17%), the project aims to train community volunteers to assist during labour and to give maternal health advice to pregnant women. To provide specialist advice to these trained community volunteers in case of a maternal emergency, a Call Centre staffed with nurses and midwives was established and it is one of the aims of the project to improve the emergency transport available at the community level, so that women experiencing obstetric emergencies can be timely transferred to the health facilities across the state.

In order to evaluate the relationship of the ETS with the different project learning models, the ETS was implemented by Transaid in 4 pilot Local Government Authorities (LGAs) in Gombe State. The impact of the scheme is currently being assessed.

3.3 Implementation process

The success and sustainability of this approach is largely dependent upon two factors: the ownership of the implemented scheme by the organisation that runs it, the NURTW; and the commitment of the volunteer drivers, who are willing to help the women in their communities.

³ Project for Reviving Routine Immunisation in Northern Nigeria – Maternal, Newborn and Child Health Initiative

⁴ Project lead by the Society for Family Health, an indigenous Nigerian NGO, with funding from the Bill and Melinda Gates Foundation.

In addition, the scheme has a large community mobilisation component, where traditional community leaders and community members play an important role.

Capacity building within the NURTW

An important first step in the implementation of the scheme is the training of NURTW officials as Master Trainers in the ETS curriculum. A training of trainers approach has proved to be the most effective to achieve this objective. The NURTW is a strongly hierarchical organisation and the cooperation of the members (the commercial drivers, who form the basis of the Union) depends on the acceptance of the idea by their hierarchical superiors. Selected NURTW officials, one per each NURTW branch (units responsible for coordinating the work of the Union in a given area), attend a workshop where they receive training on the basic principles of the Emergency Transport Scheme and on a number of other topics, including Participatory Learning Approach, Teaching Practice and First Aid techniques. The Master Trainers will then be able to train ETS volunteer drivers in the ETS curriculum and they will also act as ETS focal persons in their Union branches.

Building capacity within the Union is a vital step to ensure the sustainability of the scheme. The ultimate aim is to encourage officials to include the ETS activities in the regular activities of the Union and therefore increase its sense of ownership of the scheme.

Volunteerism

The mobilisation of drivers has been carried out in two ways:

- a) Volunteer drivers are selected in each community by their community leaders, in consultation with the NURTW officials. Groups of 20 drivers attend a 3-day ETS workshop, facilitated by the Master Trainers.
- b) Master Trainers conduct half-day mass awareness raising and sensitisation sessions in motor parks (Local Government parks where commercial drivers load their passengers), during which drivers present are taught the basic principles of the scheme and encouraged to participate. Volunteers who had received training are encouraged to share their experiences whenever they are present during the activity.

Both approaches emphasise the concept of volunteerism and the idea that drivers should see themselves as actors of social change who have a positive impact in the lives of the women in their communities – who could be their wives, sisters, mothers, daughters⁵. Although the priority loading scheme given by the Union works as an indirect monetary gain for participating drivers, investing in the idea of volunteerism and service to the community has proved to be of great value to the overall commitment of the drivers, who realise the importance their role can have in reducing the delay between the onset of a maternal emergency and a woman receiving specialised care.

Community mobilisation

In spite the fact that the NURTW acts as the coordinator of the scheme, community mobilisation plays an important role in ensuring that women and their families are aware of its implementation and are willing to use it. In addition, the fact that the traditional leaders are in the implementation process adds to the social credibility of the selected drivers, who are commended for their efforts and good services to the communities.

The result of the community mobilisation activities has therefore been twofold: firstly, it has contributed to giving appropriate information to the communities about the scheme, encouraging families to use it in case of an obstetric emergency or even to allow their

⁵ Transaid, *Implementation of an Emergency Transport System (ETS 1 & 2) in Katsina, Yobe and Zamfara States, PRRINN-MNCH*, December 2009; Transaid, *Mid-Year Draft report on the implementation of ETS in Gombe State*, November 2010

women to have specialised care during delivery; secondly, communities have learned to respect the good services of the volunteer drivers, reinforcing their commitment to the scheme.

3.4 Impact

The Emergency Transport Scheme was successfully implemented and is currently working in 4 States in Northern Nigeria: Gombe, Katsina, Yobe and Zamfara.

In Katsina, Yobe and Zamfara, over 800 women were transferred by ETS volunteer drivers between September 2009 and October 2010 (Figure 3). 284 had received training in these states, but many more had been reached through the sensitisation activities.

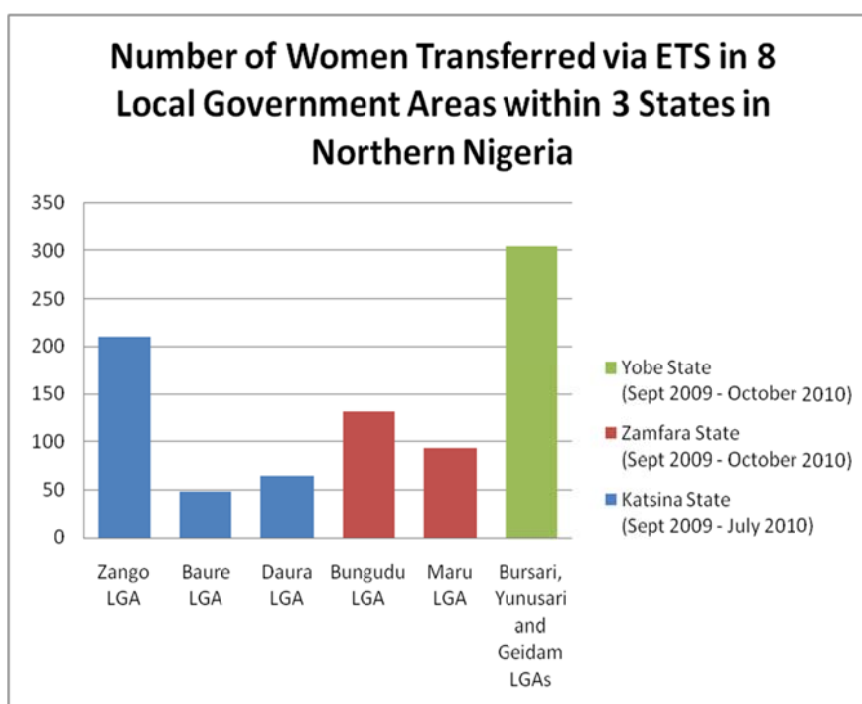


Figure 3: Number of Women Transferred via ETS in 8 Local Government Areas in Katsina, Zamfara and Yobe States.

In Gombe State, approximately 250 women have been transferred by ETS volunteers to health facilities across the 4 pilot Local Government Areas. 160 drivers have so far received training, but many more were reached during sensitisation activities, similarly to what happened in the other states where the scheme was implemented.

A thorough monitoring and evaluation study being currently in Gombe State (to be concluded by April 2011) will also allow Transaid to analyse the success of the scheme. It will also provide a better insight of the scheme's impact and relationship with communities, traditional leaders and other project activities.

3.5 ETS Stories

Story 1

Rachel Simon, from a community in Kaltungo Local Government, Gombe State, was having a prolonged labour, so her husband decided to call the ETS driver. Because she couldn't walk, the 2 ETS drivers, the husband and another man used one of the lifting techniques the driver had learned during training to carry her safely to the car. This is her 6th child and it was the first time she delivered at a health facility. They were thankful, because before ETS it would have been not only difficult, but also very expensive to travel to the hospital.



altungo
child and

Story 2

Habila Aliyu, from Kashin community, has transferred 13 women after receiving training and has been commended by his community leader for his good work. Adana Gitirus, one of the women he transported, started normal labour and her husband was not in town, so she walked down the street to call the driver. This is her second child. She had been attending antenatal care and she was aware of the importance of going to the health facility. She stated that she would have made an effort to pay for transport, but she remembered that when she delivered her first child she had to walk 4km, in labour, to get to the health facility, due to the absence of transport.

4 CONCLUSION

The implementation of the Emergency Transport Scheme in 4 States in Northern Nigeria has shown that it is possible to use an existing transport system to increase the availability of free or low-cost emergency transport in rural communities. Although the system has its limitations, it provides a valid option to contribute to the reduction of the second delay in accessing health care and consequently contribute to the reduction of maternal mortality and improve maternal health.

References:

Thaddeus S. and Maine D. 1994, "Too far to walk: maternal mortality in context", in *Social Science & Medicine*, 38(8):1091-110.

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