



Northern Nigeria Emergency Transport Scheme

Project Location:	Zamfara, Yobe and Katsina States, Northern Nigeria.
Project Start Date:	2009
Project Duration:	5 Year

Introduction: As part of the Partnership to Reintroduce Routine Immunization in Northern Nigeria (PRRINN) and Maternal, Newborn and Child Health (MNCH) project to improve healthcare for women and children in Northern Nigeria, Transaid has been supporting the implementation of an emergency transport scheme (ETS) for pregnant women. The ETS project is operating in the states of Yobe, Katsina and Zamfara, and is being executed in conjunction with the PRRINN-MNCH Community Engagement Team.

The project focuses on training and encouraging local taxi drivers to transport pregnant women to health centres and is being conducted with members of the National Union of Road Transport Workers (NURTW). It aims to improve the availability of emergency transport so women can access healthcare they would not otherwise reach in a timely manner and when they are most in need. Drivers are rewarded for volunteering their services through a benefit known as “priority loading”. Once a driver has proven that he has transported a pregnant woman (by presenting his log book complete with the signature of a health facility in-charge) the driver is granted permission to park his vehicle at the front of the loading queue – potentially saving himself many hours of waiting for passengers.

Methodology: Transaid was requested to support the training of 15 drivers as trainers for the Emergency Transport Scheme (ETS). Following this the ETS trained drivers (all from the NURTW) delivered a training course to other union drivers selected from rural communities across the three states.

The ‘Train the trainer’ course provided the drivers with the knowledge to:

- Explain the goal and purpose of the PRRINN-MNCH project.
- Explain the role of NURTW as partners in the project.
- Explain the role of NURTW volunteer drivers in the ETS.
- Appreciate the role of NURTW drivers as volunteer partners in the ETS.
- Appreciate the difficulties faced by women in accessing transportation during a maternal emergency.
- Appreciate other difficulties in the household, community and health facility level that contribute to deaths of women experiencing pregnancy related complications.
- Appreciate the benefits of volunteerism and helping to save lives.
- State the six danger signs in pregnancy.
- State the five delivery danger signs.

- Contribute to commitments to ensure that pregnant women experiencing any of the danger signs are transported to the health facility without delay.
- Know the MNCH services in their respective LGAs.
- Demonstrate how to lift / handle a pregnant woman experiencing a maternal complication.
- Demonstrate and explain how to record ETS cases correctly and report to the NURTW LGA focal persons.
- Agree to ensure that their vehicles are readily available and in working condition for emergencies.
- Agree on basic costs for transportation during a maternal emergency.
- Maintain and service their vehicles according to best practise to reduce breakdowns and delays in the transfer of ETS patients
- Drivers maintain a certain level of professionalism and safety while undertaking their work

The tasks for Transaid were:

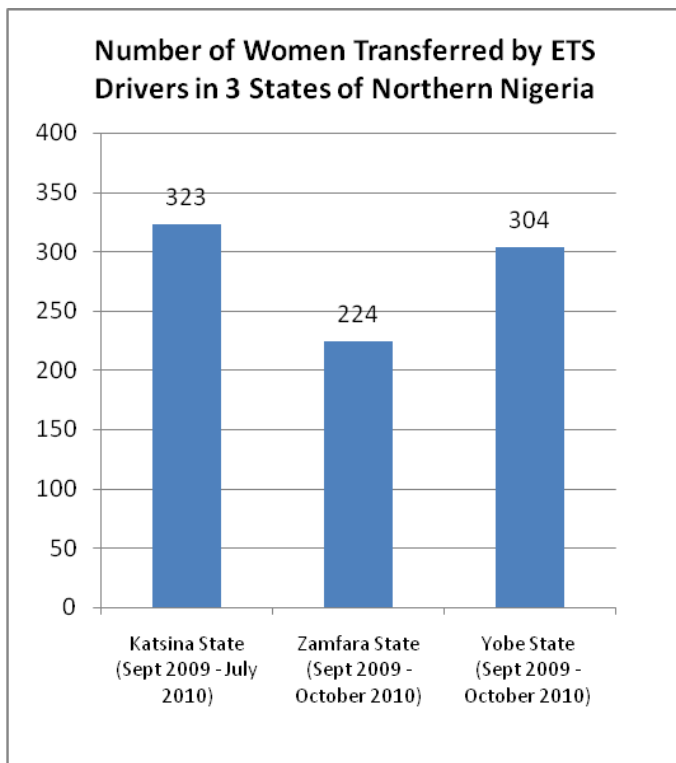
- to monitor and contribute to the daily training
- to develop and execute an implementation plan for ETS
- to design a monitoring system and agree on monitoring roles for all stakeholders
- to provide data collection tools and stationary

Following the execution of the Training of Trainers, Transaid facilitated the step down training in the three states; a total of 188 drivers were trained from 47 communities. This phase of the project is referred to as ETS 1. The majority of the training was conducted in Hausa with all materials being translated before the training commenced.

Transaid then supported the execution of a mass sensitization campaign for drivers who could not undergo formal training. Known as ETS 2, this involves holding awareness raising sessions at motor parks (bus and taxi stations), often on market days when a large number of drivers will be present. The awareness sessions are led by the previously trained ETS trainers and last approximately three hours. Each ETS 2 session tries to cover the key aspects of ETS, and allows drivers to share their experience and witness some practical demonstrations such as how to lift a pregnant woman safely.

Outcomes: The ETS instantly began to have an impact. The day after the training was completed Transaid staff received phone calls advising that women had already been transferred the previous night. The data in the chart below shows that almost 850 cases of women being transferred were recorded in the in the first 12 months. When taking into consideration the evidence of under reporting, and the natural expansion of the scheme beyond the initial motor parks, it is believed that the actual number of women transferred is much higher.

The ETS is not only being utilised for emergency cases. During monitoring and evaluation visits to communities and motor parks it has become apparent that some women use ETS drivers to attend ante natal care sessions.



Conclusion: The ETS in Northern Nigeria has already shown potential as a means of reducing risk from two of the pre-determinates of maternal death – the cost of transport and the delay in reaching a health facility; and increased the number of women who have skilled attendance at birth.

In Northern Nigeria, in partnership with the PRRINN-MNCH programme, Transaid has trained government ambulance drivers and transport officers to ensure that ambulance services operate efficiently and cost effectively. The establishment of the ETS in Northern Nigeria provides a means of emergency transport for those communities without access to a government ambulance, or in cases where the government's few ambulances are engaged in other emergencies.

Tools Utilised: ETS Training Manual, ETS Data Collection Tool, ETS Monitoring and Evaluation Interviews

Partners: The programme is managed by a consortium led by Health Partners International, with GRID Consulting, Nigeria and Save the Children, UK. The programme is funded by UKaid from the Development for International Development, UK, and the Norwegian state government. Specifically Transaid would like to highlight the wonderful work undertaken by Fatima Adamu and her Demand Side team for their support and leadership throughout the establishment of the ETS.

Transaid worked alongside the PRRINN-MNCH National transport Consultant, Alhaji Balogun, and Alhaji Ibrahim Ahmed – State Secretary of the NURTW in Kano who was also involved in the original Jigawa State ETS project. Specific topics were also delivered by the Nigerian Red Cross Society who served as facilitators.

About Transaid:

Transaid is an international UK development charity that aims to reduce poverty and improve livelihoods across Africa and the developing world through creating better transport. Transaid was founded by Save the Children and the Chartered Institute of Logistics and Transport. Our Patron is HRH The Princess Royal. Transaid specializes in the following:

- Building the capacity of public health authorities to provide effective, safe and cost efficient transport management systems to promote equitable access to primary health care services.
- Developing and improving logistics and supply chain systems to enhance the delivery of medicines, equipment and relief services to vulnerable communities.
- Promoting effective partnerships to support and enhance community participation in developing sustainable transport solutions in rural areas.
- Developing and delivering transport and logistics training and qualifications for public and private sector operators.

Transaid has the capacity and reach to lead projects throughout the developing world, but is equally capable of providing niche technical assistance to large scale health systems strengthening projects. Transaid maintains strong relationships with a number of leading international organizations including donor agencies such as DfID, DANIDA and USAID, and implementing organizations such as Health Partners International, Options Consulting, John Snow Inc. and Management Sciences for Health.

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