

Review of the Transport Management System (TMS) as part of the PRRINN-MNCH programme

Project Location: Northern States of Nigeria-
Yobe, Jigawa, Zamfara and Katsina

Project Start date: June 2013

Project duration: 3 years

the key technical consultants involved in the implementation of the programme.

Introduction: The PRRINN programme has been operational in four Northern States of Nigeria since early 2007 and has been integrated with the Maternal and Neo-natal and Child Health (MNCH) since September 2008. Across all four states a core series of activities were implemented under the banner of Transport Management System (TMS) strengthening. The core TMS activities included:

- The training of State Transport Managers in TMS
- The training of Local Government Area (LGA) Transport Officers in TMS
- The development of TMS policy, plans and follow up implementation
- The introduction of logbooks for managing vehicle usage
- Training of PRRINN-MNCH Senior Program Officers
- Monitoring and Supervisory Visits
- Training of ambulance drivers
- Introduction of the motorcycle revolving fund and training of Ward Focal Persons on the use and maintenance of motorcycles in Jigawa

The purpose of this assignment was to achieve the following goals:

- To consolidate a list of the activities undertaken under the TMS banner including the name of the activity, duration, location, technical team, outputs and (if the data is available) the total cost for the activity including the consultant costs and the implementation costs.
- To review and consolidate the quantitative data derived from the many activity reports, seeking to identify tangible impact on strengthened management and/or health indicators.
- To execute a qualitative review of the processes, outcomes, challenges and lessons through interviews with key stakeholders as well as the State Team Managers and/or the State Programme Officers and

Methodology: The review was undertaken between mid-June and September 2013. It involved an initial phase of consolidating a list of all the activities undertaken under the TMS banner. Project activity reports were reviewed to consolidate the quantitative data and review the tangible impact of the activities. The final phase of the review involved qualitative interviews with a range of stakeholders, over 80% of which were conducted face to face. Other interviews were conducted in Abuja and London. Some interviews were conducted by telephone/Skype and the interview was also adapted for use as questionnaire that could be completed remotely where required. A total of 34 interviews were conducted in order to seek a variety of perspectives on the value and impact of the TMS activities. A final phase of activity which took place in September 2013 involved the consolidation and analysis of the qualitative data collected. A final report was then constructed from the steps outlined above.

Findings/Outcomes: The review highlighted a number of successes that the TMS activities have accomplished. In 2007 a number of major transport constraints were identified by a PRRINN-MNCH supply side assessment. Following the activities implemented under the TMS banner there are now transport policies and guidelines in place across the four PRRINN-MNCH states. There are also Planned Preventative Maintenance (PPM) strategies in place. It is clear that the capacity of Transport Managers (TM), Transport Officers (TO), State Programme Officers (SPO) and other stakeholders has been built around effective management of transport and the various associated tools and Key Performance Indicators (KPIs). There also seems to have been considerable support and enthusiasm for the initiative which was heavily reflected in the qualitative interviews. Ambulance drivers and motorcycle riders involved in front line service provision have received training (as have PRRINN-MNCH programme staff.)

This TMS review highlighted that the 'success' of the TMS activities did considerably vary from state to state. It seems to have functioned more successfully in Jigawa where TMS activities were linked to a revolving fund loan and training scheme for motorcycle riders. Feedback from a range of Stakeholders in Jigawa during the qualitative interviews was extremely positive; *'It is a very important initiative that builds the capacity of the stakeholders and improves TMS in the state. It addresses the maintenance culture, reduces costs and improves service delivery and also reduces delays in*



transporting pregnant mothers to health facility. – SPO Jigawa.

The introduction of a system for collecting and monitoring transport Key Performance Indicators (KPIs) was introduced in 2011. In 2011 the figures across the four PRRINN-MNCH states showed an average transport score of 57% against a baseline of 0% in 2008. This figure remained largely unchanged at 59% for 2012. Figures for 2013 suggest this indicator has increased to 66%. These figures reflect widespread production and adherence to LGA transport guidelines, designated and trained Transport Officers in place and some of the reporting procedures being followed. However, there remain challenges around regular KPI reports being submitted to LGA HQs and production of the ideal fleet models.

Conclusions: While the training seemed to have been delivered to a high quality, and was largely well received, it was at times limited in terms of what could be achieved by the low starting point (literacy levels, ability to affect systemic change etc.) of some of the participants. Stakeholder sensitisation appeared to have been critical to securing buy-in from the State Ministry of Health and the interviews and activity reports strongly highlighted that this be prioritised for any future programme. A number of short-term recommendations were made, including; to introduce routine immunization, to scale up the Jigawa RI motorcycle initiative to other states, to release the funds that have been banked for replacement motorcycles and to continue with refresher TMS and driver training as well as M&E activities. Finally, any future TMS programme should establish mechanisms from the outset to track and consolidate simple Transport KPIs and explore the feasibility of embedding health outcome indicators that can be practically measured from the outset.

TMS clearly added value to the PRRINN-MNCH programme. It has the potential to add even more as some of the processes become embedded and these need to be monitored more carefully. Despite the challenges observed, TMS is a core component of health system strengthening and should be incorporated in any future projects.

Tools Utilised: Ambulance Vehicle Usage slip, vehicle usage and certification form and data collection tools with key performance indicators.

Partners: PRINN-MNCH, Health Partners International, Save the Children UK, GRID Consulting

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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