



Strengthening Emergency Transport Systems in Three States in Northern Nigeria as part of the Clinton Health Access Initiative, Inc. (CHAI) Maternal and Newborn Health (MNH) intervention in Nigeria

Project Location: Kano, Katsina & Kaduna States, Nigeria

Project Start Date: October 2014

Project Duration: 4 months

Introduction: In July 2014, Clinton Health Access Initiative, Inc. (CHAI) was engaged by the Norwegian development agency (NORAD) to implement a comprehensive Maternal and Newborn Health (MNH) programme aimed at improving maternal and newborn health outcomes in the States of Kano, Katsina and Kaduna, Northern Nigeria. A component of the programme aims to strengthen emergency transport systems between rural communities and primary health care facilities as well as onwards referral to secondary and tertiary facilities depending on the nature of complication or emergency. CHAI's strategy is to reinforce the States' effort by:

- Acquiring 250 three-wheeled ambulances (tricycles)
- Providing technical advice on tricycle management
- Reviving the Emergency Transport Scheme (ETS) run by the National Union of Road Transport Workers (NURTW) that turns taxi drivers into 'life savers' in the community by encouraging them to transport pregnant women to health facilities for free or only charging the price of fuel

In October 2014 CHAI engaged Transaid to support in the design of the emergency transport system and pre-implementation planning. CHAI requested Transaid to provide technical assistance for the strengthening of emergency transport systems for Maternal and Newborn Health in 10 Local Government Areas (LGAs) in the states of Kano, Katsina, and Kaduna. The key questions that Transaid were investigating were:

- In the context of emergency transport systems, what are the current available emergency transport options in the three states and what are the gaps?
- How can the existing ETS led by the NURTW be expanded?
- What are the current incentive systems for drivers as part of the ETS and what are their shortcomings?
- What is the optimal deployment of tricycle ambulances?

Methodology: Transaid was engaged for six days in each of the three states to conduct a situation analysis and needs assessment. Data collection from key stakeholders included:

- Semi structured interviews with key stakeholders, subdivided into three groups: State stakeholders, transport organisations and civil society
- Focus group discussions, which gathered perspectives from drivers, riders and women and men in the society
- Secondary data sources
- Observation

Data analysis was carried out in five days. In the final report, detailed findings were summarised into key findings per State and divided into three categories:

- State owned, 4-wheel ambulances
- ETS through tricycle ambulances
- ETS through NURTW

Findings: Detailed findings from the needs assessment are presented in the final report. A summary of the findings can be found in the table below. Please note that the numbers were collected through key informants and not through in-depth assessment of garages so may be subject to slight inaccuracy.

		Kano	Kaduna	Katsina
State Ambulance Service (SAS)	No. of vehicles:	77 (69 functional)	58-60 (40 functional circa)	104 (83 functional)
	No. of fleets:	3 fleets: Outreach,	Outreach and referral;	6 fleets: referral, on call duty, outreach
	Type of service:	Referral (Secondary Health Facility and Local Government Area)	Attached to Secondary Health Facility	
	Managed by:	State Primary Health Services Management Board and Health Services Management Board	Health Services Management Board	Health Services Management Board and State Primary Health Care Agency
NURTW ETS	Past sponsor:	PATHS2 between 2006-14 (no full coverage)	PATHS2 (30-50% coverage)	PRRINN-MNCH between 2009-14 (no full coverage)
	Current sponsor:	Now CHAI and MNCH2	Currently CHAI, MNCH2 and SURE-P	Now CHAI and MNCH2
MBAs ETS	State vehicles:	88 state owned	69 state owned	No state owned
	CHAI vehicles:	80 CHAI	70 CHAI	100 CHAI
	Managed by:	Community managed	Community/ Health facility managed	Community/ Health facility managed

Outcomes and Conclusions: The Needs Assessment concluded that the three-tier model of health care structure in Nigeria allows for the three states of Kano, Katsina and Kaduna to operate a high degree of autonomy in the delivery of healthcare. The three states have adopted distinct strategies and are at different stages of developing

their emergency transport systems. Whereas Katsina has the largest state-based emergency transport with a large and diversified fleet and a sizeable amount of functioning 4-wheeled ambulances operating across the state; Kano and Kaduna have opted for an integration of their smaller 4-wheeled fleet with tricycles. The rationale behind this decision is, for both states, the compelling necessity of reaching the hardest to reach communities. Kano state has a distinct allocation of provisional budget for the running costs and operationalisation to its tricycle ambulances.

Given the mixed transport systems' solutions across the three states, CHAI finds itself in an strategic position to influence state governments and contribute to a successful and impactful operationalisation of the three states' emergency transport systems.

The needs assessment had the objective of laying out the current status of emergency transport system in the three states and therefore emphasising those shortcomings where CHAI could have a strategic role in fulfilling.

To guide implementation, Transaid developed an operational plan and a Monitoring, Evaluation and Learning (MEL) plan to measure the impact of these interventions. The final needs assessment should be read in conjunction with the Strategy – Operational, Maintenance and Sustainability Plan and with the MEL Plan in order to gather an overall view of recommended steps forward in the strengthening and implementation of a long-lived, efficient and successful emergency transport system in the three northern Nigerian states.

From a national perspective, the work of CHAI is to support the three governments to best deliver emergency transport solutions for pregnant women and newborns. The plans are ambitious and Transaid provided a set of recommendations to CHAI in order to prioritise, among the many intervention suggested in the plans, those actions that will be absolutely instrumental for the success of the programme. These are:

- The buy-in from the government, especially in the form of a financial commitment to support ETS; this commitment should take the form of a policy within the context of each state;
- Alternatively, in the event that the government is unable to offer financial support, CHAI should immediately engage with each community to develop a strategy for the management of tricycle ambulances, as the states have deployed them at the community level; each community may choose a different approach, therefore CHAI should be prepared to spend time and resource with each community separately. The information in the plan and the budget template in the final report should guide this process;
- ETS ownership has always been a cornerstone of its success; whilst NURTW has a long history of ETS, NATOMORAS (the riders and tricycle union, which has been engaged to offer services in running the tricycle ambulances) is new to the concept; it is important that CHAI ensures that both Unions "own" the ETS; this may take several forms:

- Union State Executive Committee should be kept informed at all times about the progresses of the scheme;
 - Data management, collection and collation should be retained by the Unions, with support from CHAI;
 - Drivers and riders should be rewarded through recognition from the Unions and from the communities.
- There is an opportunity to sensitise the governments on the benefits of a functional 4-wheeled ambulance fleet, to integrate emergency transport solution in their states. Transaid suggested that the strategy should be shared with the State governments for feedback and information.

Tools Utilised: Data collection tools; questionnaires to key stakeholders (state stakeholders, transport organisations and civil society), focus group discussions with drivers, riders and women and men. Evaluation, Assessment and Tracking tools.

Partners: Clinton Health Access Initiative, Inc. (CHAI), Norwegian Development Agency (NORAD)

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.

Contact:

Transaid
137 Euston Road, London NW1 2AA
United Kingdom

t: +44 (0)20 7387 8136
f: +44 (0)20 7387 2669
e: info@transaid.org
www.transaid.org

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About Clinton Health Access Initiative, Inc.:

The Clinton Health Access Initiative, Inc. (CHAI) was founded in 2002 with a transformational goal: help save the lives of millions of people living with HIV/AIDS in the developing world by dramatically scaling up antiretroviral treatment. When CHAI was founded, many viewed this goal as unreasonable because health systems in poor countries were too weak and prices of relevant drugs and diagnostic tests were too high. CHAI played a leadership role, working alongside governments and other partners, to lower the costs of treatment and help build the in-country systems necessary to provide lifesaving treatment to millions of people. Since then, CHAI has pursued several similarly ambitious goals, from scaling up pediatric AIDS treatment in order to achieve equity with adults in a timeframe few thought possible, to rapidly accelerating the rollout of new vaccines. CHAI has achieved many of its most important successes when seeking to fundamentally change the way the world approaches an issue and pushing the boundaries of what is considered feasible in global health.

For more information, please visit: www.clintonhealthaccess.org.

For all press inquiries, please email press@clintonhealthaccess.org.

