



Referral Strengthening (Stakeholder Engagement Regarding Referral System Improvements)

Project Location:	Katsina, Zamfara and Yobe States, Nigeria
Project Start Date:	2010
Project Duration:	1 Year

Introduction: The Partnership for Reviving Routine Immunization in Northern Nigeria (PRRINN) programme has been operational in four Northern States of Nigeria (Jigawa, Katsina, Yobe and Zamfara) since early 2007 and has been integrated with the Maternal and Newborn and Child Health (MNCH) since September 2008¹. Output 3 of the programme is concerned with strengthening service delivery in order to increase availability, access and utilisation of essential MNCH services with the ultimate aim of reducing maternal, neonatal and child mortality and morbidity.

One of the key strategies to reduce maternal and neonatal mortality is to ensure that women and newborns have access to Emergency Obstetric and Newborn Care (EONC). Health facilities must be available and accessible, and at least a minimum number of them must provide the recommended range of EONC services. Availability of emergency transport at any time for referral of emergency cases to these facilities is crucial to ensuring access to EONC and to save lives of women, newborns and children with life-threatening conditions. This requires functional emergency referral systems.

Baseline surveys have shown that emergency referral systems are not in place, rural health facilities have neither access to emergency transport nor access to a communication system to call for emergency transport from elsewhere, and available ambulances stationed at general hospitals or Local Government Area (LGA) level are not used to collect emergency cases from the PHC level. Findings also showed that in case of emergency it is left to the relatives of the patient to find transport, which leads to delay and may cost lives, and is often prohibitively expensive for poor people in rural areas.

The PRRINN-MNCH programme supports the establishment of emergency transport funds and developing transport arrangements at community level in which collaboration with the National Union of Road Transport Workers (NURTW) is a key feature. Initiatives to strengthen transport management in the target LGAs are also in process. However, there is need to complement these initiatives with the establishment of functional emergency transport referral systems between different levels of health facilities.

To increase timely access to EONC, as well as hospital care for critically sick children, it is important to ensure effective referral of patients. This means co-ordination between different levels of the health system to achieve a continuum of MNCH care, and addressing barriers in the referral system, particularly for life-threatening (obstetric and newborn) emergency cases.

It is critical that emergency cases at the primary health care (PHC) level have access to transport to get them to a referral hospital as soon as possible. In the three Comprehensive Emergency Obstetric Care (CEOC) areas where PRRINN-MNCH focuses its work no transport or communication systems are in place to refer emergency cases from PHC and Basic Emergency Obstetric Care facilities to CEOC hospitals. This is in addition to the problems outlined above that the baseline surveys of rural health care and communities have revealed.

Transaid was requested to provide technical assistance to support the execution of an activity to look at inter facility referral systems.

Methodology: In each state, a two-day workshop was organised for PHC coordinators, transport officers and LGA administrators from the target LGAs, and administrators and medical officers in-charge from general hospitals in the clusters. The relevant PRRINN-MNCH project officers were present too, to review the current situation and transport resources. Their task was also to develop strategies and operational plans for the development of functional referral systems, to ensure affordable and equitable access to EONC and link these strengthened systems with community-based transport initiatives.

Outputs of the activity were as follows:

- Three workshops conducted.
- Strategies for establishment of emergency referral systems between facilities formulated for each state.
- Work plans developed for the implementation of the emergency referral strategies.
- Consultancy report.

The agenda for the workshop included the following elements:

1. Presentations by Jan Hofman of Liverpool School of Tropical Medicine regarding the importance of effective referral systems, the steps in establishing successful referral systems, and common barriers to implementing effective referral systems.
2. Presentations by representatives of the National Union of Road Transport Workers (NURTW) on the newly-established Emergency Transport System which encourages volunteer taxi drivers to transfer pregnant women to health facilities from their communities and homes during medical emergencies.
3. Reports from Transport Officers (previously trained by Transaid and the PRRINN-MNCH programme) on the current situation for the management of ambulances in the state - with particular reference to operating costs and transport fees for patients.
4. Review and discussion of the health sector transport policies in each state.
5. Presentations and discussions on low-cost solutions to referral such as bicycle and motorcycle ambulances.

6. Strategy development by stakeholders: representatives from the various facilities and LGAs developed strategies to establish an effective referral system. The strategies were based on four key concepts of communications, transport, financing and governance. Each stakeholder presented their strategy to peers and responded to questions.
7. Each group developed action plans identifying the necessary steps to achieve the strategic goals, highlighting the responsible individuals for undertaking the activities and defining deadlines and resource requirements.

Outcomes: Each of the stakeholders developed appropriate, practical strategies and action plans to strengthen the referral system in their area. The action plans included a number of tangible activities:

- Meet with State-level policy makers to discuss the inclusion of emergency transport costs in the government's free MNCH services policy.
- To calculate an ideal ambulance running cost budget based on the data which Transport Officers (recently trained by Transaid and PRRINN-MNCH) have been collecting. Data including running cost per kilometre and average kilometres per month to be used to calculate a sample budget for comparison with current allocations.
- To arrange a discussion between representatives of the NURTW and government stakeholders to discuss greater collaboration regarding inter facility referral.
- To monitor more closely the frequency and value of disbursements for ambulance running costs versus those budgeted.
- To review communications channels; to ensure that where there is a signal, health facilities have mobile phones, the ability to charge them and add credit to them, and ensure that phone numbers are disseminated to appropriate referral facilities.
- Encourage the use of referral and feedback forms at all levels in the health service to aid the identification of bottlenecks.

PRRINN-MNCH experts will follow up with the stakeholders in due course to discuss progress against the agreed deadlines and establish if any support is required.

Conclusion: Referral is a complex concept. It incorporates issues of finance, communications, transport, quality of care, feedback, community engagement and much more. However, with qualified facilitators, stakeholders can identify problems within their referral system, assess a variety of solutions, and develop practical action plans.

Tools Utilised: Bicycle Ambulance Video

Partners: The programme is managed by a consortium led by Health Partners International, with GRID Consulting, Nigeria and Save the Children, UK. Jan Hofman of Liverpool School of Tropical Medicine, Anthony Aboda and Aisha Abubakar organised and facilitated the workshop.

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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