



Partnership for Reviving Routine
Immunisation in Northern Nigeria;
Maternal Newborn and Child Health Initiative



**“Muyi Sauri Mu Ceto Mai Nakuda
Ta Hanyar Kaita Asibiti Da
Gaggawa”**

Emergency Transport Scheme Training Manual

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Many individuals have contributed to the design of the ETS initiative and the development of the manual over the years, including NURTW officials and trainers, government stakeholders, especially staff of the Ministry of Women's Affairs, Jigawa, and PATHS1 and PRRINN-MNCH programme staff. Key contributors include:

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PREFACE

Challenging terrain, seasonal barriers such as flooding, limited transport options, and the high cost of transport are part of everyday life for rural communities in the north of Nigeria. These physical access barriers can become life-threatening when a pregnant woman suffers a complication and is unable to travel quickly and safely to a health facility where she can be given life-saving treatment. In these instances – which occur all too frequently – lives are lost unnecessarily.

For every seemingly impossible challenge, however, there is usually a solution. The National Union of Road Transport Workers (NURTW) together with the Amalgamated Commercial Motorcycle Riders Association of Nigeria (ACOMORAN) have been working for over ten years to provide emergency transport for pregnant women in need in the north of Nigeria. Drivers of the two unions volunteer their time for free to help their communities, operating a community-based emergency transport scheme (ETS) which is available and accessible to all '24/7'. Because of the financial hardships facing rural communities, the cost of the scheme is kept as low as possible. Many of the volunteer drivers participate in the ETS because they want to help others, and many have numerous interesting stories to tell about how they helped to save the lives of mothers and babies, and how they supported the families of the pregnant women through a difficult time. The spirit of volunteerism is alive in the north of Nigeria and I am very proud that so many NURTW and ACOMORAN drivers are participating in this important initiative.

ETS is functioning extremely well in Jigawa, Katsina, Yobe and Zamfara states, with a high level of reported activity. In Katsina, Yobe and Zamfara, volunteer drivers trained with PRRINN-MNCH's support transferred 11,356 women with maternal complications over a two-year period from January 2010 to December 2012. It is probable that many of these transfers helped to save one or more lives.

ETS helps to fill an important gap in the referral chain, linking communities to health facilities. As such, NURTW and ACOMORAN are committed to scaling up ETS so that more states can benefit. To this end, I would like to recommend this training manual to NURTW state offices throughout Nigeria as an important part of the 'toolkit' of resources that can be used to train community volunteers to operate effectively as ETS drivers.

Najeem Usman Yasin

National President, National Union of Road Transport Workers (NURTW)

1. INTRODUCTION

What is This Training Manual For?

This training manual can be used to train commercial car drivers from the National Union of Road Transport Workers (NURTW) and commercial motorbike riders from the allied union, the Amalgamated Commercial Motorcycle Riders Association of Nigeria (ACOMORAN), on how to be an Emergency Transport Scheme (ETS) driver.

The training aims to develop the knowledge and skills of community members who are willing to become ETS drivers so that they can respond effectively when women in the community need help to access maternal health services.

Who is the Main Audience for the Training Guide?

The target audience for the training manual are the core trainers who train commercial car and motorcycle drivers to become ETS drivers. This is usually NURTW personnel from LGA and state levels. However, in future it is hoped that more ACOMORAN trainers can be involved.

What is the Emergency Transport Scheme?

The emergency transport scheme – ETS – is a **humanitarian service** provided by commercial car drivers and motorbike riders, all of whom belong to transport unions (NURTW and ACOMORAN). The ETS transfers women with a maternal complication and other pregnant women who need to use the health services to the health facility without delay and at the lowest possible price.

The scheme was established in early 2010 in **Katsina, Yobe and Zamfara States** with the support of the UK aid and Norwegian government-funded PRRINN-MNCH programme.

Between January 2010 and December 2012 the ETS in Katsina, Yobe and Zamfara **saved 11,356 women from potential death or serious injury**. The scheme has therefore made a huge difference in a short space of time in these three states.

Other states also have been involved in ETS supported by other donor partners. This includes **Jigawa, Kaduna, Kano and Gombe**. In future, it is hoped that the ETS can become a **national scheme**, operational in every state of the country.

The ETS scheme is a **partnership** between the NURTW, communities, government and PRRINN-MNCH.

Key government partners for the ETS are:

- **Katsina:** State Primary Health Care Development Agency (KSPHCDA)
- **Yobe:** State Primary Health Care Development Board (SPHCDB)
- **Zamfara:** State Primary Health Care Development Board (SPHCDB)
- **Jigawa:** Gunduma Health System Board

At LGA level, the government partners are the Local Government Primary Health Care Departments. In Jigawa, the Gunduma Councils are primary partners.

The **role of the NURTW** is critical to the success of the scheme. State level NURTW offices do the following:

- Oversee the ETS scheme on behalf of the state.
- Maintain a close working partnership with relevant government line ministries.
- Monitor ETS performance across the state.
- Report on state level ETS performance to the national NURTW head office.
- Disseminate ETS performance.
- Provide ETS training support.

NURTW offices at LGA level do the following:

- Manage the ETS scheme on behalf of the LGA.
- Provide coaching and mentoring support to ETS drivers.
- Establish a scheme of incentives and recognition for active ETS drivers.
- Monitor ETS performance across the LGA.
- Report on LGA ETS performance to the state NURTW.
- Have a core group of trainers with the skills and experience to train ETS drivers.

How Does the ETS Scheme Work?

NURTW drivers and ACOMORAN riders volunteer to join the ETS because they are concerned about the large number of women and babies dying during pregnancy or delivery due to transport-related constraints and because they want to do something to help their communities.

The **scheme works** as follows:

- √ **Rush to the health facility without delay:** As soon as a maternal complication is identified, a trained ETS driver rushes the woman and her helpers to the nearest health facility that is able to deal with maternal complications without delay.
- √ **Treat women with respect:** Drivers are trained on appropriate ways to handle or carry the woman and how to treat her with respect.
- √ **Available 24/7:** The ETS is operational '24/7', with transfers taking place during the night if necessary.
- √ **Affordable:** The cost of the journey is kept as low as possible so that families do not worry about money and do not delay.
- √ **Vehicles in good condition:** Driver's vehicle is always in good working condition. Whenever his vehicle is faulty, he notifies the LGA Focal Person and his colleagues promptly.
- √ **Fuel available at all times:** The drivers are expected to keep fuel in the community at all times in order to reduce transfer delays.
- √ **A complete service:** The drivers wait at the health facility for further instructions – which could be to transfer her onwards to another facility or to take her back to the community after treatment.
- √ **Drivers easily identified:** Drivers are given identification (in the form of t-shirts, identification cards, and car stickers) to assist their passage through road blocks or security check-points.
- √ **Good communication:** Driver has contact details of health facilities within and around the community and also has contact phone numbers of other drivers in the community.
- √ **Drivers record:** Drivers record each and every ETS transfer in their logbooks so that the NURTW and the community knows their contribution to saving lives.
- √ **Volunteer service:** Drivers are not paid, but there are many rewards. Drivers are usually hugely respected by their communities.

- √ **Support from NURTW:** The idea is that drivers are given incentives by the NURTW: for example, they may be allowed to move to the front of the booking queue at motor parks, or may be prioritised for lucrative jobs. Drivers are also supported by NURTW officials at LGA level. The package of incentives is worked out at state and LGA levels and the provisions are communicated to the ETS drivers.

Historically, the ETS was established to support women with maternal complications. In practice, however, many ETS drivers are also helping other women who need to use maternal health services. This includes women who are near delivery, and women who need to go for post-natal care after delivery. Because of the large and persistent gap in the availability of affordable and reliable transport in rural areas of Nigeria, a decision was made recently with the national office of NURTW to formally expand the ETS **so that other pregnant or recently-delivered women can also benefit**. Many of these non-emergency cases are not being recorded in the ETS record sheets, and hence the scheme’s performance is under-reported. In this training manual, **more emphasis is placed on ETS as a scheme for both maternal emergencies and non-emergencies**.

Why Is An Emergency Transport Scheme Needed?

Death rates among pregnant women in the north of Nigeria are among the highest in the world.

The number of maternal deaths per 100,000 live births (known as the maternal mortality ratio or ‘MMR’) tells us about the maternal health situation in any country. The table below compares the situation in northern Nigeria to Nigeria as whole and other countries.

Country	Maternal Mortality Ratio (MMR) ¹
Northern Nigeria	1,271 maternal deaths per 100,000 live births
Nigeria (national ratio)	608 maternal deaths per 100,000 live births
Burundi	800 maternal deaths per 100,000 live births
Zambia	440 maternal deaths per 100,000 live births
Ghana	350 maternal deaths per 100,000 live births
United Arab Emirates	12 maternal deaths per 100,000 live births
UK	12 maternal deaths per 100,000 live births

The table tells us that:

- Twice as many pregnant women die in the north than in the rest of Nigeria
- Three times as many pregnant women die in northern Nigerian than Ghana

¹ Data on Nigeria from Doctor, H., Findley, S., and Afenyadu, G., 2012, ‘Estimating Maternal Mortality Level in Northern Nigeria by the Sisterhood Method’, **International Journal of Population Research**, Volume 2012 (2012), Article ID 464657, and for the rest of the world from WHO, UNICEF, UNFPA, World Bank, 2012, **Trends in Maternal Mortality, 1990 to 2010**, Geneva : WHO.

- A hundred times more pregnant women die in northern Nigeria than countries such as the United Arab Emirates or United Kingdom.

What is even more troubling is that among women aged under 30 years of age in northern Nigeria, maternal deaths are even higher. These figures are truly shocking.

However, what we do know is that **most of these maternal deaths can be avoided**:

- **With better awareness:** If communities recognise the maternal danger signs and know how to respond
- **With better access:** If women with a maternal complication can get to the health facility quickly
- **With better services:** If the health service is strong enough to be able to provide the right treatments

An ETS is therefore an essential part of the emergency response to the maternal health crisis in the north of Nigeria, and, indeed, in other parts of Nigeria.

2. TRAINING OBJECTIVES AND APPROACH

Training Purpose

The overall purpose of the ETS training is to develop the knowledge and skills of volunteer ETS drivers so that they can respond promptly and effectively when women in their community need help to access maternal health services, especially emergency maternal health services.

Training Objectives

By the end of this workshop, participants will:

- Know how the ETS works.
- Understand why the scheme is needed.
- Have made a commitment to saving the lives of pregnant women.

Participants will also:

- Understand that ETS is a partnership between communities, NURTW, government and PRRINN-MNCH.
- Appreciate the range of barriers faced by families during maternal emergencies.
- Be able to demonstrate the maternal danger signs.
- Understand how to lift and handle women experiencing maternal complications.
- Know that the ETS is for also for non-emergencies.
- Know the importance of having a vehicle that is available '24/7.'
- Know how to keep a vehicle in good working order.
- Be committed to keeping the cost of ETS transfers as low as possible.
- Know which health facilities provide emergency maternal health services.
- Have the confidence to deal with health providers when dropping off patients.
- Know the importance of driving professionally and safely.
- Know how to record ETS cases correctly.
- Know how and when to report to the NURTW LGA focal persons.
- Understand what identification will be provided for ETS drivers.
- Know what support to expect from NURTW officials.
- Understand that ETS is a volunteer scheme and that ETS drivers are not paid.
- Be aware of the incentives offered to ETS drivers by the NURTW branches.

Training Approach

A cascade training approach is used to train ETS drivers. First, a group of core trainers is trained at state and LGA levels by technical specialists in ETS. The core trainers then train ETS drivers at LGA level. The trained ETS drivers are then encouraged to train other drivers in their community. Hence training happens on three levels:

- **First Level:** Training of State and LGA Core Trainers
- **Second Level:** Training of ETS drivers
- **Third Level:** Training of additional ETS drivers at community level

Training Duration

The training set out in this manual involves 18 hours of contact time with ETS drivers. The training is therefore delivered over a period of 4 days.

Training Methods

Much emphasis is placed within the training on small and large group discussions. In particular, trainees are encouraged to share their first hand experiences of maternal complications ('sad memories') and to reflect on what could have happened differently in order to produce a happy ending. Group discussions usually take place after short presentations by the trainers and provide an opportunity to ensure that participants understand all the key issues.

"Say and Do", a communication body tool, is used in several parts of the manual. Say and Do helps participants remember key facts and why they are important, by saying the word and doing an action. For instance we say "RUSH the woman to a health facility" while pushing our hands away from our body urgently to demonstrate the need for quick action.

The core trainers need to be good facilitators.

3. TRAINING CURRICULUM

Time	Sessions	Time	Sessions
45 mins	Session 1 Participants Introduction and Introduction to ETS training	1 hour	Session 9 Serving the Least Supported and Assisting Non-Emergencies
1 hour 15 mins	Session 2 Our Experiences of Transporting Sick Women	1 hour 30 mins	Session 10 Problems That Could Cause Delays and Potential Solutions
1 hour	Session 3 The Three Delays	1 hour	Session 11 Dealing With Health Facilities and Providers
1 hour	Session 4 The 12 Essential Features of the ETS	1 hour 30 mins	Session 12 Reporting and Recording ETS Cases
1 hour	Session 5 What We Can Do to Support ETS	1 hour 30 mins	Session 13 Planned Preventative Maintenance; Pre-Drive Checks and Servicing
1 hour	Session 6 ETS As A Volunteer Scheme	1 hour 45 mins	Session 14 Driving and Road Safety; Customer Service and Professionalism
1 hour	Session 7 Learning the 8 Maternal Danger Signs	45 mins	Session 15 ETS Is Just One Part of the Community Response to Maternal and Newborn Deaths
1 hour 20 mins	Session 8 Lifting and Handling Women With a Complication	1 hour	Session 16 Circular Review and Commitment

4. TRAINING SESSION GUIDES

SESSION 1: INTRODUCTION

Time: 45 Minutes

Session Objectives

By the end of the session, participants will:

- Have been introduced to the trainers and to each other
- Understand the purpose and objectives of the training
- Shared their expectations of the training

Session Plan

Activity	Timing	What	Method
1.	10 mins	Welcome and Introduction	Presentation
2.	20 mins	Participants' Introduction and Expectations of the Training	Presentation Discussion
3.	5 mins	Logistics and Workshop Ground Rules	Presentation
4.	10 mins	Outline of Workshop Objectives	Presentation

Running the Session – Notes for Trainers

Activity 1: Introduction to the Workshop

- Call one participant or ask for a volunteer to say an opening prayer.
- Welcome participants.
- Trainers introduce yourselves. Tell participants the following:
 - Your name
 - Your LGA
 - Your job title/designation
 - How long you have been involved with the ETS
- Ask participants to introduce themselves, giving the following information:
 - Name
 - Motor park
 - Name of unit
 - Village or town where trainee lives
 - Reason for accepting to be an ETS driver
 - Expectations from the training
- Summarise some of participants' expectations of the training. We have heard that this is what you would like from the training: _____ [give examples].

Activity 2: Introduce the ETS

- Give a brief introduction about the ETS using the material in the introduction section of this manual. Use the notes on:
 - What is the ETS?
 - How does the ETS work?
 - Why is an ETS needed?
- Ask if there are any questions at this stage, but do not spend too much time here since there will be plenty of time to ask more questions during the workshop.

Activity 3: Logistics and Ground Rules

Presentation

- Let us talk about logistics of the workshop.
 - We will start at:
 - We will end at:
 - Prayer time will be at:
 - Refreshments will be provided at:

Discussion

- Let us also agree ground rules. What needs to happen to make sure that the training runs smoothly?

What should we do if someone arrives late at the training?

What should we do about mobile phones?

What should we do about people interrupting others?

What should we do if one person talks for too long?

- Let us agree on penalties for breaking ground rules.
- Let us agree who will be custodians of the ground rules.

Activity 4: Training Objectives

Presentation

- Now we will discuss the workshop objectives. The objectives are _____ (use the box below).

TRAINING OBJECTIVES
<ul style="list-style-type: none">• Understand the need for the ETS scheme.• Understand the role of volunteer drivers and riders in the ETS scheme.• Know the role of NURTW and government partners in the ETS scheme.• Understand that ETS is a volunteer scheme and that ETS drivers are not paid.• Be ready to make a public commitment to being an ETS driver.

- Does anyone have any questions?

Note for trainers: carefully answer participants' questions. If there are questions you cannot answer, tell participants that you will find out the correct answers and get back to them at a later time.

SESSION 2: OUR EXPERIENCES OF TRANSPORTING WOMEN WITH MATERNAL COMPLICATIONS

Time: 1 hour 25 mins

Session Objectives

By the end of the session, participants will be better able to:

- Appreciate the physical access barriers faced by many rural communities
- Share their experiences of transporting women with maternal complications
- Understand the role of ETS in helping women deal with maternal emergencies

Session Plan

Topic	Timing	What	Method
1.	10 mins	Introduction to Session	Presentation
2.	40 mins	Experience Sharing: Our Experiences of Transporting Women Needing Emergency Maternal Care	Reflection: Request four (4) participants to share experiences
3.	30 mins	Reflection on Drivers' Experiences	Whole Group Discussion
4.	5 mins	Summary	Presentation

Activity 1: Introducing the Session

Presentation

- Many of the drivers in this room have transported women with maternal complications to a health facility. In this session we will ask some of the drivers to share their experiences. We will then discuss these to see if there was anything we could have done differently.
- Our aim in this session is to demonstrate that ETS is very much needed.
- Another aim is to draw lessons from drivers' experiences.

Activity 2: Our Experiences of Transporting Women With Maternal Complications

- We are all drivers. Many of us have had experiences where we've had to transport women with maternal complications to the hospital.
- We need 4 volunteers who are willing to share their experiences with us.

Note for trainers: Request the volunteers to share their stories naturally as it happened. Ask questions on areas not mentioned from questions listed below.

- What was happening to the woman?
- What signs of complications or pregnancy-related problems did she have?
- How did you know the woman needed help?
- Who called or alerted you to help the woman?
- Where did we transport the woman from and to?
- What happened to the woman on the way to the health facility?
- Did you do anything extra to help her?
- What happened to the woman in the end?
- What did you get out of helping the woman?
- How did you feel about what you did? Why?

Note for trainers: this is not meant to be a question and answer session. Instead encourage participants to tell their stories naturally.

Activity 3: Reflection on Drivers' Experiences

- Now we have heard from four (4) drivers. Let us discuss:

**Which of these stories resulted in a happy memory?
What happened to the woman?**

What difference did transport make to these happy endings?

What did the family do that helped to ensure a happy ending?

What did the driver do that helped to ensure a happy ending?

Note for trainers: encourage quiet members of the audience to participate and share their views.

Were there any sad memories amongst the experiences?

What were the sad memories?

What happened to the woman? Why was it so?

What should the family of the pregnant woman have done to make the story a happy memory?

What should the community have done to make the story a happy memory?

What should the driver have done to make the story a happy memory?

Activity 4: Summary

Presentation

- Between January 2010 and December 2012 NURTW drivers in Katsina, Zamfara and Yobe states transferred 11,356 women with complications to a health facility.
- The actions of these drivers helped saved many lives, including the lives of new-borns. They also prevented many women from sustaining long-term injuries.
- Although the states and LGAs have some ambulances, these fleets are not large enough to reach all communities when needed. It will be many years before communities are adequately served by a modern ambulance service.
- The ETS helps to fill the gap by providing a reliable service in the absence of alternatives.
- The NURTW and our partners in government [say what institution is a partner in the ETS] wish to extend the ETS scheme to this LGA. We are delighted that you have volunteered to join the scheme.
- Please listen very carefully to the rest of the sessions and participate actively. Communities in this LGA are relying on you to save lives.

<p style="text-align: center;">SESSION 3: UNDERSTANDING THE THREE DELAYS</p>

Time: 1 Hour

Session Objectives

By the end of the session, participants will:

- Understand that there are many other barriers (in the household, community and health facility) besides transport that contribute to maternal deaths
- Know about the ‘three delays’ and their role in helping to reduce these

Session Plan

Activity	Timing	What	Method
1	5 mins	Introduction to Session and Presentation of Session Objectives	Presentation
2	20 mins	Reflection: Sad Memories of Maternal Delays	Reflection: 4 participants share sad memories
3	15 mins	Discussion about Participants’ Experiences	Large Group Discussion
4	20 mins	The Three Delays	Presentation

Running the Session – Notes for Trainers

Activity 1: Introducing the Session

Presentation

- The objectives of the session are: [the trainer should list the objectives].
- Earlier on we discussed the difficulties pregnant women and their families face in accessing transport during a maternal emergency.
- We now know that being able to access transport in a timely way is vital to saving women's and babies' lives.
- In this session we will discuss other reasons why pregnant mothers do not receive timely emergency care when there is a problem or complication.
- We will be looking at delays:
 - At household level
 - At community level
 - In the health facility

Note for trainers: At this point, sketch a building to represent household level, a road or vehicle representing the community level, and a hospital representing the health facility level.

- We will look at the reasons for these delays.
- To discuss these delays we are going to share our experiences.
- We will reflect back on some sad experiences that have affected our wives, our mothers, our sisters or other women in our communities, and which led to the woman dying or sustaining injury during pregnancy or childbirth.
- We will share these experiences.

Activity 2: Experience Sharing

- Can we have four volunteers to share their experiences?

Note for trainers: Encourage the volunteer to stand up, raise his voice and narrate his story.

Activity 3: Discussion

- Now that we have heard from the four volunteers, let us discuss.

From the sad memories we have listened to what were the reason/s why the pregnant women or the unborn babies die?

What was responsible for the delay in the mother getting the treatment she needed?

Possible Responses: Reasons Why Pregnant Mothers Did Not Receive Timely Emergency Maternal Care

- There was no money
- The husband was not at home and there was no standing permission
- There was no one to assist the pregnant woman
- The woman and her family did not know the danger signs
- The family had no money for transport, for blood or for drugs and other supplies
- The family preferred to consult a local health worker or traditional healer
- The health facility was too far away
- The roads were bad
- The pregnant woman and her family did not believe the hospital could help

Activity 4: The Three Delays

- Let us recall the main points for reasons why mothers do not receive timely Emergency Maternal Care.
- We have recalled from our various experiences that our pregnant mothers do not receive timely emergency maternal care because of the following reasons:

Did Not Know the Danger Signs: The pregnant woman and her family did not know the danger signs; they did not know the mother was in danger.

No Money: The family had not saved money for any emergency, so there was no money for transport or blood or medicines and other supplies.

Lacked Standing Permission: The husband did not give standing permission so people could take the pregnant woman to the hospital when he wasn't around.

There was no woman helper: The pregnant woman had no one to help her identify the danger signs.

There was no blood: The family of the pregnant woman had not identified blood donors and buying blood was too costly.

There was no transport: The road was bad; there was no transport; the family had not identified a driver who could help in case of an emergency.

The family were concerned about problems at the hospital: The family did not want to go to the hospital because of poor staff attitudes or concerns about the quality of care; the hospital did not attend to the pregnant woman on time.

- We have all identified the barriers that prevent our mothers from accessing Emergency Maternal Care in good time.
- We call these barriers the “Three Delays” (see box below).
 - The **first delay** is the delay in *deciding to seek care*. These are delays that happen at household and community level.
 - The **second delay** is the delay in *getting to the health facility* once a problem has been identified. These delays also arise because of problems at household and community level.
 - The **third delay** is the delay in *getting the right treatment* at the right time. These delays happen in the health facility.

Note for trainers: Refer to diagram drawn earlier when explaining these points: family/community; road/transport; and health facility.

- Our Government partners and PRRINN-MNCH have developed a community engagement approach which is helping communities to address the household and community level delays that lead to maternal and newborn deaths.
- At household level, this involves:
 - Making sure that all pregnant women have **standing permission**
 - Encouraging households to have a **safe pregnancy and delivery plan**
 - Encouraging households to **save** for pregnancy and delivery
 - Putting in place a scheme of **mother’s helpers**

At community level, this involves:

- Increasing **awareness** of maternal danger signs
 - Establishing community emergency **savings schemes**
 - Establishing community **blood donor groups**
 - Establishing community **emergency transport** scheme
- The third delay, the delays at facility level, are also being addressed. Doctors, midwives and CHEWS are being trained; drug supplies are being improved; facility infrastructure improvements are being made; and new equipment is being supplied.

THE THREE DELAYS

Delay 1: Delay in deciding to seek care. For example, there was no money, there was no standing permission, the mother and her family did not know the danger signs, and the pregnant mother and her family did not believe in the hospital.

Delay 2: Delay in reaching appropriate care. For example, the roads were bad, the hospital was too far, and there was no transport.

Delay 3: Delay in receiving appropriate care at the health facility. For example, staff were absent, staff were rude or unhelpful, staff lacked the necessary skills, drugs or equipment to respond, or there were not enough staff in the health facility.

SESSION 4: ESSENTIAL FEATURES OF THE ETS

Time: 1 hour

Session Objectives

By the end of the session participants will:

- Know more about how the ETS works in other LGAs in the state
- Know some of the essential characteristics of an ETS
- Understand that there is room for innovation and local distinctiveness in the ETS

Session Plan

Activity	Timing	What	Method
1	5 mins	Session Objectives	Presentation
2	20 mins	12 Key Features of the ETS	Presentation
3	30 mins	Say and Do the 12 Key Features of the ETS	Say and Do
4	5 mins	Summary	Presentation

Activity 1: Session Objectives

Presentation

- In this session, we will learn about how the ETS works in other LGAs in this state.
- The ETS has some important features that we need to know about if the scheme is to work effectively.
- Most LGAs involved in ETS have made sure that their ETS has these basic features. However, there is also room for innovation. ETS does not have to be exactly the same in every LGA.

Activity 2: 12 Key Features of the ETS

- Now I will make a short presentation on the 12 key features of the ETS.
- The **scheme works** as follows:
 1. **Rush to the health facility without delay:** As soon as a maternal complication is identified, a trained ETS driver rushes the woman and her helpers to the nearest health facility that is able to deal with maternal complications without delay.
 2. **Treat women with respect:** Drivers are trained on appropriate ways to handle or carry the woman and how to treat her with respect.
 3. **Available 24/7:** The ETS is operational '24/7', with transfers taking place during the night if necessary.
 4. **Vehicles in good condition:** Driver's vehicle is always in good working condition. Whenever his vehicle is faulty, he notifies the LGA Focal Person and his colleagues promptly.
 5. **Fuel available at all times:** The drivers are expected to keep fuel in the community at all times in order to reduce transfer delays.
 6. **Affordable:** The cost of the journey is kept as low as possible so that families do not worry about money and do not delay.
 7. **A complete service:** The drivers wait at the health facility for further instructions – which could be to transfer her onwards to another facility or to take her back to the community after treatment.

8. **Drivers easily identified:** Drivers are given identification (in the form of t-shirts, identification cards, and car stickers) to assist their passage through road blocks or security check-points.
 9. **Good communication:** Driver has contact details of health facilities within and around the community and also has contact phone numbers of other drivers in the community.
 10. **Driver's record:** Drivers record each and every ETS transfer in their logbooks so that the NURTW and the community know their contribution to saving lives.
 11. **Volunteer service:** Drivers are not paid, but there are many rewards. Drivers are usually hugely respected by their communities.
 12. **Support from NURTW:** Drivers are given incentives by the NURTW: for example, they may be allowed to move to the front of the booking queue at motor parks, or may be prioritised for lucrative jobs. Drivers are also supported by NURTW officials at LGA level.
- So there are 12 key things that we need to know about the ETS.
 - It is also important to know that historically, the ETS was established to support women with maternal complications. In practice, however, the scheme is also helping other women who need to use maternal health services. This includes women who are near delivery, and women who need to go for post-natal care after delivery.
 - Hence although maternal emergencies are a priority for ETS drivers, they can work with their communities to agree arrangements and payment terms for non-emergencies.

Activity 3: 'Say and Do' the Essential Features of the ETS

- Let us learn about an easy way to remember the essential features of the ETS.
- We will use 'Say and Do' to learn the essential features of the ETS.
- I would like you all to stand up. Let us stand in a circle. You will watch what I do and copy me.

Note for trainers: Use the Say and Do instructions in the Box below.

Say and Do – Instructions for Trainers

1. Trainer says the words ('Say') while demonstrating an action ('Do').
2. Trainer asks participants to imitate him or her three times.
 - Participants imitate trainer 3 times.
3. Participant demonstrates:
 - Trainer finds a participant who is doing well and asks him to move one step into the circle to demonstrate the words and action.
 - Trainer asks participants to imitate the participant demonstrator 2 times.
 - Participant leads everyone 2 times.
4. Volunteers demonstrate each action:
 - Trainer asks for volunteers to demonstrate the other actions.
 - Volunteer moves one step into the circle and demonstrates an action and says the words.
 - Volunteer leads everyone 2 times.
 - Continue until all the actions and words have been demonstrated and copied by participants.
5. Trainer leads all the participants to demonstrate all the actions together.
 - Participants imitate trainer 2 times.
6. Continue practicing the actions until all the actions and words have been learned.

Note for trainers:

Trainers need to ensure that all participants are following the process correctly. The 3x repetition is the minimum. Repeat as many times as necessary to ensure that most participants are imitating very well.

12 ESSENTIAL FEATURES OF ETS		
	SAY	DO
<p><i>Notes for trainers: SAY the words while DOING the action. Repeat the words and the actions three times. For example: "RUSH – we rush women to the health facility" x 3; "RESPECT – we treat the woman and her helpers with respect." x 3</i></p>		
1.	<p>RUSH We rush women to the health facility</p> <p>Repeat 3 times</p>	<p>Hold your hands up in front of you, palms pointing outwards. Push away from your body several times to show 'rush'</p>
2.	<p>RESPECT We treat the woman and her helpers with respect</p> <p>Repeat 3 times</p>	<p>Place your hand on your chest on the left hand side to show 'respect'</p>
3.	<p>AVAILABLE 24/7 Drivers are available 24/7</p> <p>Repeat 3 times</p>	<p>Touch your watch and draw a circle with your finger to show 24 hours</p>
4.	<p>VEHICLE IS FUNCTIONAL AT ALL TIMES Without a functional vehicle I cannot do ETS work</p> <p>Repeat 3 times</p>	<p>Demonstrate your two hands as if you are driving a vehicle and your right leg as if you are accelerating gradually</p>
5.	<p>FUEL AVAILABLE Fuel is in the community at all times</p> <p>Repeat 3 times</p>	<p>Point away from you to show that fuel is available in the community</p>
6.	<p>AFFORDABLE PRICE We keep the cost of transport low</p> <p>Repeat 3 times</p>	<p>Use your right hand and pretend to press down a few times to show 'low'</p>
7.	<p>COMPLETE SERVICE We provide a complete service</p> <p>Repeat 3 times</p>	<p>Hold your two hands up in front of you, palms together. Move your hands away from each other to make a circle – to show 'complete'</p>
8.	<p>DRIVERS EASILY IDENTIFIED We have our ID</p> <p>Repeat 3 times</p>	<p>Pretend that you are holding an ID card in your left hand and use your right hand to point to it. Touch your head and chest with both hands to show 'hat' and 't-shirt'</p>
9.	<p>DRIVERS RECORD We keep records of our transfers</p> <p>Repeat 3 times</p>	<p>Pretend to hold a pen in your right hand. Move the pen over to your left hand and pretend to write in an exercise book</p>

SAY		DO
10.	VOLUNTEER SERVICE We are volunteers – we are involved for the good of our communities Repeat 3 times	Make a fist with both hands and hold them up beside your face. Shake both fists to show determination
11.	SUPPORT FROM NURTW We can rely on the support of the union Repeat 3 times	Use your right arm and make a sweeping movement in the direction of NURTW officials
12.	COMMUNICATION I have a phone and there is always airtime in it Repeat 3 times	Place your left hand close to your left ear and demonstrate that you are making a phone call

Activity 4: Summary

- We have learned about ETS using Say and Do.
- Thank you for your active participation.
- We will come back to the Say and Do later in the training.
- In the next session, we will look at what drivers/riders, communities, NURTW and government can do to support ETS.

**SESSION 5:
WHAT WE CAN DO TO SUPPORT ETS**

Time: 1 hour

Session Objectives

By the end of the session participants will:

- Understand what volunteer drivers and riders need to do to save lives
- Know how communities can support the ETS
- Understand what NURTW can do to support ETS
- Understand what government can do to support ETS

Session Plan

Activity	Timing	What	Method
1	5 mins	Session Objectives	Presentation
2	20 mins	What Can We Do? Reflection in Small Groups	Small Group Work: 4 groups
3	20 mins	What Can We Do? Sharing Ideas	Presentation Group Discussion
4	15mins	Discussion and Summary	Presentation

Activity 1: Introducing the Session

Presentation

- In the last session we heard about the 12 essential features of the ETS. In this session we will consider what we need to do as ETS drivers and riders; what communities can do to support ETS; what the NURTW can do; and what the government can do.
- We will work in four groups.

Activity 2: What Can We Do? Reflection in Small Groups

Instructions for trainers: divide participants into four (4) groups [Trainer to adopt suitable method for the number of participants]

- **Group 1** will discuss how the drivers can ensure that pregnant women can access the ETS when needed.
- **Group 2** will discuss what the community can do to ensure that the ETS is effective.
- **Group 3** will discuss what the NURTW can do to ensure that the ETS is effective.
- **Group 4** will discuss what government can do to ensure that ETS is effective.
- Each group will choose a representative who will present the group's ideas.
- Let us work in the groups for 20 minutes.
- There are specific questions for each of the groups. These are:

Group	Questions
<p>Group 1</p> <p><i>Drivers</i></p>	<ul style="list-style-type: none"> • How can drivers ensure that they rush without delay to the health facility when approached about a complication? • What do drivers need to do to ensure that the woman and her helpers are treated with respect? • How can drivers ensure that ETS is available 24/7? • How can drivers ensure that fuel is available in the community 24/7? • How can drivers ensure that the cost of ETS transfers is as low as possible? • What do ETS drivers need to do to provide a complete service? • How can drivers ensure that they keep records of all ETS transfers?
<p>Group 2</p> <p><i>Communities</i></p>	<ul style="list-style-type: none"> • What can communities do to help ensure that the poorest can access ETS without delay? • What can communities do to recognise the important work of the ETS drivers/riders? • What can communities do to reward the important work of the ETS drivers/riders? • What can communities do to assist ETS drivers to keep up to date and accurate records of ETS transfers? • What can community leaders do to ensure that health workers cooperate with pregnant women and ETS drivers? • What can communities do to ensure security of drivers particularly in the night?
<p>Group 3</p> <p><i>NURTW</i></p>	<ul style="list-style-type: none"> • What can the NURTW do to ensure that ETS drivers have appropriate ID? • What can the NURTW do to ensure that accurate records of ETS transfers are kept for the LGA? • What can the NURTW do to support and motivate the ETS drivers? • What non-monetary incentives can the NURTW offer active ETS drivers? • How can the NURTW help troubleshoot ETS problems? • What can NURTW do to promote ownership and sustainability of ETS?
<p>Group 4</p> <p><i>Government</i></p>	<ul style="list-style-type: none"> • What can the LGA do to support the ETS? • What can the state do to support the ETS? • How can NURTW and government work together to support the ETS? • What can government at all levels do to ensure adequate security of ETS drivers and pregnant women during referrals at night?

Activity 3: What Can We Do? Sharing Ideas

- Let us hear your ideas. Can Group 1 report back first?
- Let us now hear from Group 2 [and eventually Group 3 and Group 4].
- Each group will have 5 minutes to feed back.

Activity 4: Discussion and Summary

- We have heard many good ideas. This includes the following ideas_____.

Note for trainers: list some of the ideas presented by the groups.

- Let us discuss these ideas.

Which are the best ideas? Why?

Which ideas will not work? Why?

Are there any gaps in our discussions?

Note for trainers: Introduce some of the ideas in the Box below if they did not come up in the small group discussions. Tell participants about instances where communities or LGAs have been innovative in their design of the ETS. One example could be that some communities are using community emergency savings schemes to reimburse ETS drivers who carry very poor women to the health facility. In other communities ETS drivers have trained other drivers in the community so that there is ETS cover 24/7.

WHAT CAN BE DONE TO SUPPORT ETS?

What Drivers Can Do To Ensure an Effective ETS

- They can **train other people** in the community so that there are more drivers.
- Drivers can agree that there should always be **at least one driver available** in the community at all times. This means that they will need to co-ordinate.
- Drivers can agree to be **available '24/7'** – to accept transfers at night if necessary.
- Drivers can **keep fuel** in the community at all times. This could be stored in a central place so that all drivers can access the fuel.
- Drivers can keep the **cost of transport as low as possible** so that only petrol costs are covered.
- Drivers can agree that patients can **pay for the ETS transfer after treatment** to reduce delays.
- Drivers can **raise awareness** in the community of the need to address the other delays (i.e. non-transport delays).
- Drivers can **participate in community meetings** about safe motherhood and newborn health so that they can contribute ideas and advertise the ETS.

What Communities Can Do to Support the ETS

- The communities and families of pregnant women can **publicly recognise** and praise drivers for their services.
- Communities can **assist the poor** by making an arrangement to pay ETS drivers after a transfer. The community emergency savings scheme could be used to reimburse the ETS drivers.
- Communities can give ETS drivers **preferred status** when transport is hired from the community (i.e. increasing the business of ETS drivers).
- **Facility health committees** can support the ETS & help trouble-shoot problems.

What NURTW Can Do to Support the ETS

- The NURTW LGA branch can encourage drivers participating in the ETS scheme by **providing incentives** such as priority loading or giving them lucrative jobs (e.g. trips to Lagos or Abuja).
- The NURTW LGA branch can arrange that drivers participating in the scheme always have **fuel reserves**, especially during periods of fuel scarcity.
- The NURTW can ensure that ETS drivers have **identification** e.g. ID cards, fez caps.
- NURTW officials can visit communities regularly to give **support** and help to keep driver motivation high.

What Government Can Do to Support the ETS

- Government can ensure that ETS is recognised as an essential part of state maternal health transport policy.
- LGA officials can join NURTW officials in field visits to give support to ETS drivers.
- State and local government can invite NURTW officials to relevant meetings about maternal health and transport policy in recognition of the fact that ETS is a community-NURTW-government partnership.

**SESSION 6:
ETS IS A VOLUNTEER SCHEME**

Time: 1 Hour

Session Objectives

By the end of this session participants will:

- Understand that ETS is a scheme run by volunteers.
- Know how other ETS drivers have benefitted personally from their involvement in ETS.
- Understand the desired attitudes needed to become a volunteer driver/rider.

Session Plan

Activity	Timing	What	Method
1	5 mins	Session Objectives and Why Do People Volunteer?	Presentation
2	30 mins	Reflection on Benefits of Volunteering and Desired Characteristics of ETS Volunteer Drivers	Small Group Work (3 groups)
3	20 mins	Sharing – Advantages of Volunteering and Desired Characteristics of Volunteers	Presentation Large Group Discussion
4	5 mins	Summary	Presentation

Running the Session – Notes for Trainers

Activity 1: Why Do People Volunteer?

Presentation

- In this session will consider why some people choose to volunteer and what the benefits are. We will also look at the desired characteristics of ETS drivers.
- Let us consider the question: why do people choose to volunteer?
- First I will tell you about what ETS volunteers in other LGAs or states have said about volunteering.

Note for trainers: Use the quotations in the box below in your presentation.

IEWS OF ETS DRIVERS ABOUT VOLUNTEERING

The quotations below are from ETS drivers in Yobe, Zamfara and Katsina States.

- “Usually the drivers do the work and do not expect any form of payment from the beneficiary.”
- “What we enjoy most is for families to come to us and ask for help. We thank the Almighty for that.”
- “The community members show their appreciation whenever we help patients and they also pray for us: these really encourage us.”
- “Whoever you assist in this community is related to you in a way. The person may be your sister, mother, daughter....”
- “The health providers relate with us very well. They respect us.”
- “I believe that since I am helping people, God will reward me.”
- “We are motivated to help women because we are aware that people who are not of the same faith and culture are using their resources to help us. We feel it is our obligation also to help with our time and energy even if no money is available.”

- What we hear from these ETS drivers is the following:
 - An understanding that they will be rewarded by Allah.

- A deep commitment to assisting their communities.
- A recognition that they are appreciated and respected by the community.
- A recognition that they are respected by health providers.
- An understanding that if they help women who they are not related to, someone might help their wives, sisters, daughters in future.

Small Group Discussion

- Let us consider the following in small groups:

Do we know of people or even ourselves who gave time and other resources in the capacity of volunteers for services and projects carried out in our communities?

Why do people volunteer their time, services or resources to help their communities?

What are the advantages of being a volunteer?

What are the challenges of being a volunteer?

What are some of the desired characteristics of ETS volunteer drivers and riders?

Note for trainers: Allow participants to discuss these issues in small groups for 15 minutes. Then call the group back together.

Activity 2: Sharing Ideas on the Benefits of Volunteering

- Let us hear from the 3 groups in turn. Can someone in Group One report back on your group's discussions?
- Each group will have 5 minutes to feed back.
- Can Group 2 [Group 3, Group 4] now report back?
- Now that we have heard from the four groups, are we in agreement with all that has been said? Are there any differences of opinion?

Activity 3: Summary

- We have had a good discussion about volunteering.
- Now let me summarise the key points.

Note for trainers: use the material in the boxes below to summarise.

ABOUT VOLUNTEERING

People offer their services, time and money in a volunteer capacity for services and projects in their communities.

The driving force behind volunteerism for community services and projects is service to humanity and the desire to contribute to the development of the community.

Financial reward is not expected in volunteerism. People do not volunteer because of the expectation of financial reward or reward in kind.

Volunteerism has its divine benefits. For example, one good turn deserves another: you help a woman today; someone else may help your sister, your wife or your mother needing an emergency. We also say that assisting women who could die from a maternal complication is a religious obligation.

Volunteerism could earn you community and society recognition.

Drivers participating in the ETS should not expect financial rewards from the NURTW or ACOMORAN, or from Government. They should also not expect to be paid by the communities or the families of pregnant women. The drivers will however be paid for the cost of the fuel by the community or the families of pregnant women.

Volunteering in the ETS is honourable because it is helping to save lives.

QUALITIES OF VOLUNTEER DRIVERS AND RIDERS

Volunteer drivers and riders are expected to have the following special qualities: They are:

- Concerned for saving lives
- Trustworthy
- Considerate
- Respectful
- Empathic – they understand the challenges faced by their community and want to help
- Not given to exploitation
- Cheerful
- Humble about their achievements
- Strong advocates for ETS – they encourage others in the community to support

SESSION 7: LEARNING THE 8 MATERNAL DANGER SIGNS
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Time: 1 Hour

Session Objectives

By the end of the session, participants will:

- Know the 8 maternal danger signs
- Understand that danger signs can occur at any time during pregnancy, delivery and in the first 40 days following delivery
- Recognise the need to rush the woman to the health facility without delay

Session Plan

Activity	Timing	What	Method
1	5 mins	Session Objectives	Presentation
2	10 mins	Our Experiences of Maternal Complications	Group Discussion
3	40 mins	Say and Do: The 8 Maternal Danger Signs	Presentation Say and Do
4	5 mins	Summary	Presentation

Activity 1: Our Experiences of Maternal Complications

Presentation

- In this session we are going to share our experiences of maternal complications.
- We are also going to learn the 8 maternal danger signs.

Discussion

- Let's think about our experiences with women who suffered a complication during pregnancy, delivery or after delivery?

How did you know that the life of the woman or that of her unborn child was in danger? What were the signs?

Possible Responses

- Mother began fitting
- Mother bled
- Mother was still in labour after a whole day and night; etc.

- We are now going to learn about the 8 maternal danger signs.

Activity 2: The 8 Maternal Danger Signs

Presentation

- We have discussed from our own experience some of the danger signs that tell us the life of a woman and her baby is in danger.
- Some of these danger signs occur from the beginning of pregnancy, during childbirth and after childbirth for the first 40 days.
- The doctors have identified 8 danger signs to watch out for during the maternal period from the beginning of pregnancy, during childbirth and after childbirth for the first 40 days.

- A woman who has any of these 8 signs before, during or after childbirth must be rushed to the hospital. The doctors and midwives can save her life and her baby's life.
- The 8 danger signs are:

Note for trainers: Use the "Say and Do" body signs while you talk about these signs (see Say and Do instructions below).

1. **Severe headache** means she may start fitting. Don't delay. Go to the hospital so the health workers can prevent the fitting.
2. **Swollen feet, hands or face** means she may start fitting. Don't delay. Go to the hospital so the health workers can prevent the fitting.
3. **Fitting** (often preceded by headache and swollen feet, face & hands). Don't delay. Rush to the hospital.
4. **Severe bleeding**. A mother who keeps bleeding after childbirth can die in a few hours. Bleeding during pregnancy also means something is wrong. Rush her to the hospital.
5. **Fever/chills in the days after childbirth** is caused by a serious infection that can cause death or infertility (an infertile man or woman cannot have children). **Foul smelling discharge** also indicates infection. Don't delay. Rush her to the hospital. Do not go to the chemist/patent medicine vendor for help.

High fever during pregnancy can mean infection or malaria and are dangerous for both the baby and the mother.
6. **Labour lasts more than 12 hours**. Something is wrong. Don't delay. Rush to the hospital. The birth canal may be too small; the **baby's umbilical cord, hand or feet could be coming first**. It will be difficult or impossible for the baby to come out. If the baby comes out, it will tear the mother's birth canal hurting both the baby and the mother. Don't delay. Rush to the hospital.
7. **Hand, foot or cord comes first**. Don't delay. Rush to the hospital. The baby will not come out without medical assistance.
8. **Placenta does not come out within 30 minutes of childbirth**. Something is wrong. Don't delay. Rush to the hospital.

THE 8 MATERNAL DANGER SIGNS

1. Severe headache (fitting may start soon)
2. Swollen feet, hands and/or face (fitting may start soon)
3. Fitting (often preceded by severe headache and swollen feet, face & hands)
4. Severe bleeding
5. High fever after childbirth; or fever during pregnancy
6. Labour lasting more than 12 hours
7. Hand, foot or cord comes first
8. Placenta still has not come out after 30 minutes of delivery.

Activity 3: Say and Do the Maternal Danger Signs

- Now we will use Say and Do to learn the 8 maternal danger signs.

Note for trainers: The trainers need to learn how to demonstrate the Maternal Danger Signs using the words and poses in the box below.

Say and Do The Maternal Danger Signs

1. Trainer demonstrates a sign.
2. Trainer says he or she will lead and asks participants to watch and then imitate him or her 3 times.
3. Trainer demonstrates a sign 3 times and watches participants imitate him/her 3 times.
4. Participant demonstrates:
Trainer notes a participant who is doing a sign well and asks her/him to move one step into the circle and demonstrate the sign.
Trainer asks other participants to imitate the Participant Demonstrator 3 times.
Participant demonstrator leads everyone 3 times.
5. Volunteers demonstrate each sign:
Trainer asks for volunteers to demonstrate a sign.
Volunteer moves one step into the circle and demonstrates a sign.
Volunteer leads everyone 3 times.
6. Trainer leads all the participants to demonstrate the key danger signs together.
Participants imitate her/him 3 times.
7. Practice each danger sign pose, one at a time. Continue using this rapid imitation method until all the dangers signs poses have been learned.

Note for trainers: Ensure that all participants are following the process correctly. The 3x repetition is the minimum. Repeat as many times as necessary to ensure that most participants are imitating very well.

SAY AND DO THE MATERNAL DANGER SIGNS		
	Say	Do
1.	Severe Headache Repeat x 3	Hold your temples with your hand (the side of your hand on your forehead) pretending to have a terrible headache.
2.	Swollen feet, hands and/or face Repeat x 3	Touch the places that will be swollen one after the other. Using your fingers press the top of your foot; tap the back of your hands; put your hands on the sides of your face and puff up your face.
3.	Fitting Repeat x 3	Clench your teeth and bare them; hold your hands up in the air and let your head fall to one side while shaking your hands and whole body.
4.	Severe Bleeding Repeat x 3	Hold your hands flat, face down above your lap and push away from your body to remind us that the blood flows away from the womb.
5.	Fever (with or without foul smelling discharge) Repeat x 3	Cross your arms on your shoulders and shiver; using your left hand push away from your body to show that there is flow away from the womb; wave your right hand in front of your nose with a facial expression of a foul smell to show that the flow from the womb has an offensive odour.
6.	Prolonged Labour (more than 12 hours) Repeat x 3	Put your two knees on the floor, hold tightly to the right side of your waist, press your left hand on the floor and wriggle in pain. Change positions by holding tightly to the left side of your waist, press your right hand on the floor and wriggle in pain.
7.	Hand, foot or cord comes out first Repeat x 3	Push your right hand out in front of you; push your foot out in front. Pull your hand out from your belly button.
8.	Placenta does not come out 30 minutes after childbirth Repeat x 3	Be on your two knees, hold out your two hands in a receiving position above your lap and open out with an expression on your face showing anxiety.

Activity 4: Summary

- Communities hold many traditional beliefs about the maternal danger signs. For example:
 - Some communities believe that prolonged labour is normal for some women; it simply means that the woman will have a male child.
 - Some communities believe that fitting is caused by witchcraft and therefore that women who are fitting require a traditional remedy.
- In fact, all these signs are signs that a woman needs urgent medical treatment and needs to be rushed to the health facility without delay.
- We urgently need to assist women who have these maternal danger signs.

SESSION 8: LIFTING AND HANDLING WOMEN WITH MATERNAL COMPLICATIONS
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Time: 1 Hour 20 mins

Session Objectives

By the end of the session, participants will be able to:

- Lift a woman experiencing complications without further endangering her
- Identify simple safety measures to adopt when transporting pregnant women with complications to the health facility
- Understand the need to treat the patient and her helpers with respect

Session Plan

Activity	Timing	What	Method
1.	20 mins	Session Objectives & Our Bad Experiences of Handling/Lifting Pregnant Women With Complications	Group Discussion
2.	20 mins	Our Positive Experiences of Handling/Lifting Women With Complications	Group Discussion
3.	10 mins	Correct Lifting and Handling of Women	Presentation
4.	25 mins	Treating Women and Her helpers With Care and Respect	Group Discussion Presentation
5.	5 mins	Summary	Presentation

Activity 1: Our Negative Experiences of Lifting/Handling Women With Maternal Complications

- First, we will share our own experiences of lifting/handling women with complications.
- In this session we will learn about the correct and incorrect ways to lift and handle women with maternal complications.
- We will also learn about how to treat a woman and her family and helpers with respect.

Experience Sharing

- Can we have 2 or 3 volunteers to share their negative experiences of lifting/handling women with maternal complications?
- Let the volunteers tell us their experiences.

Note for trainers: give the 2 or 3 volunteers a couple of minutes each to tell their experiences.

Group Discussion

- Now let us discuss.

What did the driver and the helpers do wrongly in lifting or handling the pregnant woman/ women experiencing a maternal complication?

What was the outcome?

What should the driver/the helpers have done? What might have been an appropriate way to lift/handle the pregnant woman in this case?

How did the driver/the helpers correct these mistakes? What steps did he/ they take?

Activity 2: Our Positive Experiences of Lifting/Handling Women With Maternal Complications

Experience Sharing

- Can we have 2 or 3 volunteers to share their positive experiences of lifting/handling women with maternal complications?
- Let the volunteers tell us their experiences.

Note for trainers: give the 2 or 3 volunteers a couple of minutes each to tell their experiences.

Group Discussion

- Now let us discuss.

How do these methods of handling compare to the methods used in the experiences shared earlier?

From the different experiences shared, what have we learnt about appropriate ways to lift/handle pregnant women experiencing maternal complications?

Activity 3: Appropriate Lifting and Handling of Women with Maternal Complications

- Let us summarise.
- A woman who is already in labour can be lifted with the delivery mat into the vehicle, with the assistance of family members.
- The woman should not be seated; she should be supported by her side preferably with the assistance of another woman.
- The middle seat of a bus or back seat of a station wagon of the vehicle could be removed if more space is needed.
- In cases where the baby is almost out, the life and safety of the baby should be considered. If the woman is to be laid on the floor of the vehicle, it is advisable to spread a clean cloth or mat on the floor for hygienic purposes.
- In cases where the baby is almost out, the life and safety of the baby should be considered.
- A woman who is bleeding should not be refused help because of the driver's concern to keep his vehicle clean and free from blood. The woman could die if

left unassisted. The woman's family can be asked to help clean the vehicle afterwards.

Activity 4: Treating Women and Their Helpers With Care and Respect

Group Discussion

- Now we are going to put ourselves in the place of the woman with a maternal complication and in the place of her family and consider the following questions.

Notes for trainers: Ask the questions in bold below and get participants to give their answers. Keep asking for answers until you have had several.

How would the woman who has a maternal complication be feeling when the ETS driver is called?

Possible Responses

- In pain
- Uncomfortable
- Sick
- Worried/frightened
- Nervous
- Unaware of what is happening to her
- Concerned about the journey length
- Concerned that the journey will be uncomfortable

How would the woman's family be feeling?

Possible Responses

- Stressed
- In state of panic
- Frightened
- Concerned about the journey length
- Concerned that the journey will be uncomfortable
- Concerned that the journey will be expensive

Trainer summarises responses, for example:

We have heard that the woman will be frightened and possibly in pain.

What can we as drivers do to make her feel better? How should we treat the woman?

Possible Responses

1. We should be kind
2. We should tell her what hospital we will be going to and how long it will take
3. We should give her confidence
4. We should handle her carefully and with respect
5. We should make her comfortable – and check that she remains comfortable throughout the journey
6. We should be sympathetic
7. We should encourage her not to panic

We have heard that the woman's family or helpers will also have concerns and may be very stressed.

What can we as drivers do to make the family feel better? How should we treat the family?

Possible Responses

- We should urge the family not to delay
- We should be sympathetic
- We should give the family information – which hospital and how long it will take
- We should tell the family that payment for the ETS transfer can happen later
- We should reassure the family that the payment will be as low as possible
- We should encourage the family to be confident that the woman will get the care she needs

What should we do as drivers if the woman is bleeding or is shouting in pain?

Possible Responses

- We should be sympathetic
- We should let her rest on a mat
- We should ask the family politely to help us clean up any blood afterwards
- We should try to soothe the woman by reassuring her that the journey is progressing well

Activity 5: Summary

- We have had some interesting discussions.
- The key things we have learned are: _____.
- A woman who is bleeding should not be refused help because of the driver's concern to keep his vehicle clean and free from blood. The woman could die if left unassisted. The woman's family can be asked to help clean the vehicle afterwards.
- Remember that the woman and her family/helpers/relatives may not be emotionally sound to make judgements and decisions. We have to be sure we give them all necessary support.

**SESSION 9:
ASSISTING THE LEAST SUPPORTED AND HELPING
NON-EMERGENCY CASES**

Time: 1 Hour

Session Objectives

By the end of the session participants will be able to:

- Understand that ETS is important to people in the community who have the least support
- Know that the ETS is not just for maternal emergencies, but also for newborn complications, very sick children referred to bigger health facilities and other women who need to get to a health facility for normal delivery

Session Plan

Activity	Timing	What	Method
1.	5 mins	Introduction: Session Objectives	Presentation
2.	30 mins	Why The Least Supported Need Our Support	Presentation Group Discussion
3.	20 mins	ETS Can Be Used for Non-Emergencies	Presentation
4.	5 mins	Summary	Presentation

Activity 1: Introduction

Presentation

- In this session we will be talking about two issues:
 - First, how ETS can support people who are the least-supported within the community.
 - Second, how ETS can be used for other types of emergency or for normal labour.

Activity 2: Why The Least Supported Need Our Support

Presentation

- Most communities have ways of supporting those who have too few resources or money. There are usually mechanisms for distributing food or other resources to these families in times of special need.
- A much more difficult set of problems faces those who are deliberately not supported because they are thought not to be worthy of support. This can happen either to individuals within a family, or to whole households who are not supported by their relatives or anyone else. There are many reasons for this failure of support.

Group Discussion

- Let us discuss this. What are some of the reasons why some individuals or families find themselves without support?

Note for trainers: Remember that we are not asking why some individuals or families are poor. Many families in rural areas in the north can be defined as poor. We are talking about individuals who are not supported by their families, or individuals and families who are not supported by the community at large.

Possible Responses

- Family disputes over assets or land
- Quarrels over responsibility or money
- Personality clashes
- Jealousy
- Prejudice about social status or religion or ethnicity
- Lack of clear or honest communication
- Injustice or unfairness
- Criminality
- Exploitation
- Selfishness

Presentation

- The reasons for lack of support do not really matter. What matters is that people and their children suffer. They may suffer mentally, but also from poor health or even death.
- Most members of a community will know exactly who such people are. If you think about your own communities you can probably think of quite a few individuals or families who lack the support of others.
- Surveys undertaken by PRRINN-MNCH and its government partners have shown that 20% of women in most communities lack support. This 20% of women suffer over half of all the child deaths in the community.
- Lack of support has a major effect on child deaths – and probably on the woman's health.

Small Group Work

- We will now work in small groups. Let us divide into three groups and consider some questions.
- Let us discuss these questions for 20 minutes.

How do we recognise people in the community who have the least support?

Possible Responses

- They lack confidence
- They do not look after their children
- They do not look after themselves
- They are depressed
- They do not look after their homes

How can we as ETS drivers make sure that the least-supported in the community know about and can access the ETS?

Note for trainers: Participants may find it difficult to think about how they can help the least-supported. You may need to begin the discussion by giving a few examples from the box below.

Possible Responses

- We or the community volunteers in our community can visit these families or the women in these families and **make sure that they know** about the ETS.
- We can make sure that **all ETS patients are treated the same**.
- We will **not be judgmental** if a woman is poorly dressed or unclean.
- We can make sure that the least-supported know that the **community will help with the cost of petrol** incurred during an ETS transfer.
- We can talk to the managers of the community emergency savings schemes about **using some of the funds to pay for ETS** for the least-supported.
- We can offer the least-supported families **friendship** and try to involve them in community activities.
- We can **encourage our wives to offer least-supported women friendship** and to try to involve them in community activities.

Activity 3: ETS Can Assist Non-Emergencies

Presentation

- The ETS was originally set up to assist women with maternal emergencies. However, in practice, many ETS drivers also help other pregnant women. For example:
 - Women who need to go to the health facility for normal delivery.
 - Women who need to go with their baby to the health facility for post-natal care.
- It is a fact that the safest place for a delivery is in a health facility. Hence, if we assist pregnant women to get to a health facility for delivery we will also be saving lives. Post natal care can also identify health problems in the mother and baby and therefore prevent ill health or even death.
- ETS drivers should consult with their communities about a fee structure for transporting pregnant women with maternal complications and other emergencies to the health facility.
- Drivers should record these transfers in their logbooks, but make sure that they highlight which transfers are emergencies and which transfers are non-emergencies.

Group Discussion

- Let us discuss.

What are the benefits of assisting pregnant women who are not emergencies or assisting families to transport sick babies or children to the health facility?

Possible Responses

- Helping women to deliver in a health facility is best for the mother and best for the child.
- Prevent maternal emergencies.
- Helping women to go for post natal care is good for the mother and child.
- We continue to save lives.

What are the challenges associated with assisting pregnant women who are not emergencies or sick babies and children?

Possible Responses

- We need to agree a fee structure for non-emergencies – otherwise all our work will be discounted and we cannot afford this.
- We cannot spend all our time taking women to and from the health facility. This will make us unavailable for other more lucrative work.
- We may be away from the community transporting another pregnant woman and sick children when an emergency happens.
- The husband might be suspicious and not give standing permission for her to be taken to the hospital since it is not an emergency.

How can we resolve these challenges?

Possible Responses

- We need to give emergencies priority over non-emergencies.
- If we work closely with the community volunteers, we can probably take several women to the health facility for delivery or post natal care and ante natal care at the same time. This will be more cost effective and will save time.
- We will keep the cost of maternal emergencies and sick children as low as possible, but agree on a new fee structure for non-emergencies. We will keep our fees as low as possible.
- Community volunteers and other Community Based Organisations should continue to sensitize husbands on the need to ensure their wives attend ANC and PNC regularly.

Activity 4: Summary

We have had some interesting discussions.

- The key things that we have learned are: _____.
- The key things that we have agreed are: _____.

SESSION 10: PROBLEMS THAT COULD CAUSE DELAYS AND POTENTIAL SOLUTIONS

Time: 1 Hour 30 mins

Session Objectives

By the end of this session, participants will be able to:

- Identify some of the things that could delay the transfer of a woman with a complication from the community
- Identify some of the challenges that ETS drivers could face that could affect their motivation
- Discuss and agree on ways to address these challenges

Session Plan

Activity	Timing	What	Method
1.	5 mins	Introduction to Session	Presentation
2.	20 mins	Problems That Could Delay the Transfer of Women with Maternal Complications From the Community	Small Group Discussions (3 groups)
3.	20 mins	Sharing Experience of Potential Delays	Presentation by Groups
4.	20 mins	Identifying Solutions to Potential Delays	Small Group Discussions (3 groups)
5.	20 mins	Sharing Solutions	Presentation by Groups
6.	5 mins	Summary and Commitment	Presentation

Activity 1: Introduction

Presentation

- In this session we will be looking at the possible delays that could prevent ETS drivers from transferring a woman with a maternal complication to a health facility quickly.
- These delays might arise because:
 - There are problems between the drivers and the community
 - There are problems between the drivers and the woman or her family
 - The driver is not well-prepared to leave quickly
- In this session, we will discuss and identify potential problems so that we are prepared. We will also discuss potential solutions so that we are ready to resolve any problems quickly.

Activity 2: Problems That Could Delay The Transfer of Women with Maternal Complications

Group Work

- We will divide into three groups.
- Each group will discuss the following:

What problems could arise from the communities that could negatively influence a driver's willingness and readiness to transport women needing emergency maternal care?

What problems could arise from the families of the pregnant women that could negatively influence a driver's willingness and readiness to participate in the ETS scheme?

What are the other potential problems that could cause further delays or negatively influence the level of readiness of the driver to render prompt help in a maternal emergency?

- You will have 20 minutes to discuss.
- Each group will choose a representative who will present on behalf of the group.

Activity 3: Sharing Problems

- We will now hear back from the three groups. Let us start with Group 1. You will have 5 minutes to present.
- Now let us hear from Group 2 [and eventually Group 3].
- Let me summarise. The main problems that we have been discussing are:
_____.

Activity 4: Identifying Solutions to Potential Delays

Small Group Work

- Now we will go back into our 3 groups and discuss potential solutions to these problems.
- You have 15 minutes for your discussions.
- Once again, each group will select someone to report back on the agreed solutions.

Activity 5: Sharing Solutions

Presentation by Small Groups

- Now let us hear from Group 1. You have 5 minutes to tell us your potential solutions.
- Now let us hear from Group 2 [and eventually Group 3].

Discussion

- Now let us discuss.

Do you agree with the proposed solutions?

Which ones will work?

Which ones will not work? Why?

What alternative solution could we consider?

Activity 6: Summary and Commitment

- Now I will summarise the main points of our discussion.

Note to trainers: Use the box below as a reference, as appropriate.

POSSIBLE PROBLEMS	POSSIBLE SOLUTIONS
Communities do not appreciate drivers' voluntary service in the ETS	<ul style="list-style-type: none"> Community Volunteers (CVs) or the Facility Health Committee (FHC) can arrange community meetings where drivers are praised and recognised for their voluntary contributions.
Some families may be too nervous to approach an ETS driver	<ul style="list-style-type: none"> The ETS drivers should make themselves known to the community. The CVs should make sure that everyone in the community knows the ETS drivers. The FHC should publicize the good work of the drivers.
Community members believe that government or the health programme are paying drivers	<ul style="list-style-type: none"> CVs or the FHC should arrange a community meeting where the ETS scheme is described and roles and contributions of various partners clearly spelt out.
Sometimes families of pregnant women do not want to pay drivers for cost of fuel	<ul style="list-style-type: none"> ETS drivers together with CVs or FHC should agree on average costs for fuel reimbursement for emergencies. CVs leaders should help to ensure that ETS drivers are always reimbursed with fuel costs.
Some drivers still charge high costs (which exceeds the cost of fuel reimbursements)	<ul style="list-style-type: none"> This is against the spirit of the ETS. NURTW or ACOMORAN officials should keep in touch with communities to find out and identify such problems.
The drivers may not be accessible during a maternal emergency	<ul style="list-style-type: none"> CVs can encourage other community car owners to participate in the ETS. Drivers can train other men in the community so that the pool of drivers is bigger. CVs should always know when a driver is out of the village and be able to identify other drivers. The CVs should know where/how to access the ETS drivers when there is an emergency.
The driver may not be able to help in an emergency because his vehicle is not in order; his vehicle may not be with him in the village.	<ul style="list-style-type: none"> As best as possible, only drivers who own vehicles should participate. ETS drivers should be conscious that maternal complications can occur at any time. Vehicles therefore need to be roadworthy at all times. Drivers should have spare tyres, jack, etc. When there is a pregnant woman in the village, fuel should be kept in the village at all times.
In cases of emergencies in the night, the village vigilantes and other road enforcement agencies may cause delays	<ul style="list-style-type: none"> Village heads should summon and educate all village vigilantes about the ETS scheme. ETS drivers should always have their ID cards with them. The NURTW State ETS manager and LGA focal persons should ensure the State and LGA law enforcement agencies are aware of the ETS.
Drivers may be reluctant to offer services in situations where there is a great need to earn money	<ul style="list-style-type: none"> NURTW park officials should commit to providing drivers with incentives such as priority loading.
The police, FRSC, VIO etc. could cause delays on the road	<ul style="list-style-type: none"> A meeting should be arranged to sensitize police, FRSC and VIO representatives so that they understand the purpose of ETS. ETS drivers should travel with their ID at all times.

Let us all commit to trying to find solutions to problems as they arise.

- Remember that ETS drivers do not have to carry the burden of trying to find solutions on their own. They can ask the following for support:
 - Community Volunteers
 - Traditional Leaders
 - Facility Health Committee
 - CHEWS (if they come from a community with community-based service delivery)

SESSION 11: DEALING WITH HEALTH FACILITIES AND PROVIDERS

Time: 1 hour

Session Objectives

By the end of this session, participants will:

- Know which health facilities to take women with complications to
- Know the importance of developing a good working relationship with the local health providers
- Understand that they have a role to play in helping women and their families while at the health facility

Session Plan

Activity	Timing	What	Method
1.	5 mins	Introduction to Session	Presentation
2.	10 mins	Health Facilities With Emergency Maternal Care (EMC) Capacity	Presentation
3.	25 mins	Developing A Good Working Relationship With Health Providers	Large Group Discussion
4.	15 mins	How We Continue to Help Women With Maternal Complications At the Health Facility	Story Telling Large Group Discussion
5.	5mins	Summary	Presentation

Running the Session – Notes for Trainers

Activity 1: Introduction

- In this session we will talk about the health facilities that you will be taking women with maternal complications to.
- We will also discuss the importance of developing a good working relationship with the health providers at the facility.

Activity 2: Health Facilities With EMC Capacity

Presentation

- Health facilities that can deal with maternal complications are called Comprehensive Emergency Obstetric Care facilities (CEOC) or Basic Emergency Obstetric Care Facilities (BEOC).
- Both can save lives. The difference is that CEOCs also have a theatre and can do surgery and blood transfusions.
- Sometimes it will be necessary to transfer a woman to a CEOC once she has been seen by staff at the BEOC. This is because the BEOC does not have the right equipment or staff to deal with the maternal complication.
- Drivers should therefore stay with the woman and her family until it is known whether she needs to be transferred to another facility.
- This is what we mean by “ETS drivers providing a complete service”. Rather than driving away once the woman has been dropped off, drivers should check to see if the woman can be dealt with at the first health facility.
- The health facilities in this LGA are _____.

EMERGENCY MATERNAL CARE HEALTH FACILITIES IN THIS STATE			
BEOC		CEOC	
Name of Health Facility	Location (Address)	Name of Health Facility	Location (Address)

Note to trainers: before the training, make sure that you have a list of CEOC and BEOC health facilities ready to share with the drivers.

Activity 3: Developing A Good Working Relationship With Health Providers

Large Group Discussion

- Let us discuss how to develop a good working relationship with health providers.
- First let us consider why health providers are not always as helpful or efficient as they could be.

Why are health providers sometimes unhelpful?

Possible Responses

- They may be overworked
- They may be managing many patients
- They may be poorly managed
- They may feel unappreciated
- They may have low motivation
- They may lack equipment or supplies to do their job properly
- They are lazy and uncaring
- They give priority to their own families

What can ETS drivers do to ensure that they develop a good working relationship with health providers?

Possible Responses

- They can meet with the health providers and tell them about the ETS and their role in it. (They should go with their ID).
- They can ask the health providers to show them around the health facility so that they know about where to go and what to do.
- They should be polite and pleasant with the health providers at all times.
- They should thank the health providers for saving women's lives.
- They should update the health providers on the progress that women who have returned to the community are making. Providers will be interested to hear this!
- They should have the phone numbers of the health providers so that they can call them as soon as they set off to the health facility with a maternal complication.

On arrival at the health facility with a woman with a maternal complication, how can ETS drivers ensure that the women are seen quickly?

Possible Responses

- The drivers can introduce themselves to the health providers and show their ID
- Drivers can explain clearly that they have brought in a medical emergency who needs urgent attention
- Drivers can be polite and pleasant to the health providers
- Drivers should speak to the facility managers if the assistance is not forthcoming

- Now let me summarise the key points _____.

Activity 4: How We Continue to Help Women and Their Families When At the Health Facility

Story Telling

- I am going to tell you a story of an ETS driver in Yobe state. Here is Alhaji Bukar's story. Listen carefully.

Alhaji Bukar's Story

This story was recounted by Alhaji Bukar and a fellow ETS driver. Both drivers are based in Busari LGA in Yobe State.

Community Member

".....one day a poor Fulani man came to this community and was looking for vehicle to hire and take a woman to the hospital. I said to him, I am a trained ETS driver with no vehicle now but I called Alhaji Bukar who did the transfer to hospital."

Alhaji Bukar

"Yes, I transported her to the hospital. I collected a card and took her to the labour ward. I claimed to be her husband and I was asked to buy two hand gloves. After some few minutes the provider came out and said to me she had delivered that I should give them something to 'wash their hands'. The husband brought out One Thousand Naira (Naira 1, 000). I told him that was too much and he said they had tried to save the life of his wife and the newborn. I said yes but he should give them Naira 200. Finally we agreed to give Naira 500."

Large Group Discussion

- Now let us discuss.

How did Alhaji Bukar help the family when they arrived at the health facility?

Possible Responses

- He collected a card for the patient
- He took the woman and her husband to the labour ward
- He talked to the health providers on behalf of the family and found out what needed to be done
- He helped the husband pay a reasonable rather than an excessive amount of money to the health provider for “hand washing”

Why did the family need this help?

Possible Responses

- They did not know the hospital
- They were frightened and nervous
- They were not used to talking to health providers
- They did not know what was expected of them
- They were poor and the health providers may have not treated them well

What are the lessons from this story for other ETS drivers who are taking women and their helpers to a health facility?

Possible Responses

- ETS drivers can help reduce the delays at the health facility
- ETS drivers “know their way around” a health facility and know what to do
- ETS drivers can talk to health providers because they are known
- They can help the family if they don’t know what to do
- They can give the family confidence if they are nervous or stressed
- All ETS drivers should stay with a woman and her family and help them until the woman gets the treatment she needs

Activity 5: Summary

- The key points that we have discussed in this session are_____.

SESSION 12: RECORDING AND REPORTING ETS CASES
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Time: 1 Hour 30 mins

Session Objectives

By the end of the session, participants will be able to:

- Appreciate the advantages of keeping correct records of ETS activities
- Agree on which ETS records should be kept
- Demonstrate how to fill in the ETS log books correctly
- Agree on who should receive the ETS records at LGA and state levels

Session Plan

Activity	Timing	What	Method
1.	5 mins	Introduction to Session Objectives	Presentation
2.	25 mins	Why We Need to Keep Records of ETS Transfers and How We Do This	Group Discussion
3.	25 mins	Filling in the ETS Log Book: Practice Session	Small Group Work (groups of 4)
4.	5 mins	Summary	Presentation

Running the Session – Notes for Trainers

Activity 1: Introduction

- In this session we will talk about keeping records of ETS transfers. We will discuss why this is important, and how to keep these records.
- You will be introduced to the ETS logbook.

Activity 2: Why Do We Need to Keep Records?

Now let us discuss:

Why do we need to keep records of the pregnant women we transport to the health facilities?

Desired Responses

- Drivers need to see how well they are doing: each transfer represents a potential life saved
- Communities need to see how well the ETS drivers are doing so that they can respond with some sort of recognition (ceremony, awards, personal thanks etc)
- The LGA NURTW office needs to see how well the LGA is doing. The Union needs to share the data with the state NURTW office and with government
- The local NURTW office needs to understand the level of activity of ETS drivers so that areas that do not have active drivers can be supported better
- The local NURTW office needs to see the ETS logbooks so that it can offer priority loading to active ETS drivers
- The NURTW and government need to know how effective ETS is so that they can lobby for ETS to be extended to all states in the country
- State and national NURTW need to report on ETS progress as part of their corporate social responsibility commitments
- The government needs to know how effective ETS is so that they can include ETS in their maternal health transport policies – as an essential part of the referral scheme

Presentation

- Now we will discuss what information we keep in our ETS logbooks.

Note for trainers: Draw a table of an ETS driver logbook, using the tables in Annex 4. Draw one table for emergencies, and one for non-emergencies. Remind drivers that they should record emergencies and non-emergencies in different tables.

ETS LOGBOOK – DATA COLLECTED
<ul style="list-style-type: none">• Serial number• Date of transfer• Driver start location• Distance travelled (from driver's location to patient's location)• Pick-up point (woman's community)• The name of the woman• Drop-off point (name of health facility)• Distance travelled (from pick up point to health facility)• Name of health facility• Signature of health facility staff• Name and location of motorpark• Motorpark focal person signature

- What should we do with our ETS records?
 - We should fill in the logbook (exercise book) every time we carry a patient.
 - We should keep the ETS logbook with us at all times.
 - We should share the data in our logbook with the NURTW, with CVs in our community and with the Facility Health Committee.
- Who do we submit our ETS records to?
 - After every transfer, we immediately report the ETS case to the ETS focal person at the motorpark.
 - The ETS focal person at the motorpark records the transfer in a summary ETS logbook (this keeps records for the whole area).
 - At the end of each month, one of the state ETS focal persons (the union secretary, the chairman or their designate visits the parks and collects the ETS records for the month from the park ETS focal person).
 - The State ETS focal person compiles the monthly record for all LGAs and submits the data to the state government and to the National office of NURTW, Abuja.
 - We also allow CVs and the Facility Health Committee in our community to review our records whenever they wish to.

Activity 3: Filling in the ETS Logbook: Practice Session

Presentation

- We will divide into groups of four persons.
- I will give each participant in the group an ETS logbook.
- I want everyone to think about real cases they have dealt with in the last year or so and to fill in the logbook accordingly.
- Each person in the group should have a go at filling out their logbook using a case that they were involved with.
- Other drivers in the group should assist if anyone is having difficulty.

Small Group Work

Notes for trainers: distribute one log book to each participant; guide the groups through a couple of examples of ETS cases and then let them fill out the logbook using cases they have been involved with. Trainers should move around the groups and ensure that all literate participants fill out their logbooks correctly.

Activity 4: Summary

- We have discussed the following: _____.
- There is one more issue that we should think about. Let us discuss this.

What can we do in situations where an ETS driver cannot read and write, and therefore cannot fill the logbook?

Possible Responses

- Immediately the ETS driver arrives at the park, he reports the ETS case to the park focal person who immediately records the case in the driver's logbook and the park's record book
- The ETS driver asks someone in the community – perhaps a CV – to keep and fill out his logbook
- The ETS driver asks a literate person in his family to keep and fill out the logbook on his behalf
- The ETS driver asks another ETS driver to fill out his logbook
- ETS driver asks a health staff at drop off point to fill out logbook on his behalf

**SESSION 13:
PLANNED PREVENTATIVE MAINTENANCE:
PRE-DRIVE CHECKS AND SERVICING**

Time: 1 hour 30 mins

Session Objectives

By the end of the session, participants will be better able to:

- Appreciate the importance of conducting pre-drive checks and regular servicing
- Understand how maintenance problems can adversely affect the health of a patient being transferred

Session Plan

Activity	Timing	What	Method
1.	5 mins	Introduction to Session	Presentation
2.	10 mins	Experience Sharing: Vehicle Maintenance	Reflection: four participants share experiences
3.	10 mins	How Poor Vehicle Maintenance Can Cause Delays	Discussion in group
4.	1 hour	Importance of Pre-Drive Checks and Service Schedule	Presentation Group Discussion Practical Demonstration
5.	5 mins	Summary	

Running the Session – Notes for Trainers

Activity 1: Introduction

- In this session we will be talking about the importance of keeping our vehicles in good repair.
- We will start by sharing our experience on vehicle maintenance.

Activity 2: Experience Sharing – Vehicle Maintenance

- We are all drivers; we must have had instances where our vehicles experienced maintenance problems.
- Can we have 4 volunteers?
- Each volunteer will now tell us what happened.
- We will spend 2 minutes to think of these experiences we have had in the past.
- After 2 minutes we will have 4 volunteers who will be ready to share their experiences with us. Each one of the volunteers will tell us what happened.
- In telling us your stories try to think about the following:
 - What happened to the vehicle?
 - If the vehicle stopped completely, how long did it take to get the vehicle moving again?
 - Did you have passengers; were they frustrated with the delay?
 - What would have happened if a patient was in the vehicle?
 - Did the problem cost money to fix? How much?
 - Could the problem have been prevented?

Activity 3: How Poor Vehicle Maintenance Can Cause Delays

- Let us summarise the main points that we have heard.
- From the experiences of the 4 participants what lessons have we learnt?
- Now let me tell a story about poor maintenance and the impact it had.

Story

An Example of Poor Maintenance

A driver was called on to transport a pregnant woman with a case of severe bleeding to the nearest hospital which was 20km away from the community. After leaving the community, with about 8km still to go to the health facility, the vehicle broke down due to a flat tyre. Unfortunately for the driver the spare tyre did not have any air and was of no use.

The road was empty and the network in the area was so poor that the driver could not reach anyone who could help him. The bleeding woman and her family waited and looked on helplessly.

Finally after about an hour and a half a vehicle approached and the driver offered to help the already weakened bleeding woman. After finally getting the woman to the hospital she was quickly rushed in, but before blood was available for transfusion she gave up.

Activity 4: Importance of Pre-Drive Checks and Service Schedule

- Now we will talk about the importance of pre-drive checks. We will discuss the pre-drive checklist and then have a practical demonstration.

Note to trainers: Hand out copies of the pre-drive check list (Annex 1). Talk participants through the check list. Move on to give a practical demonstration. Leave copies of the checklist with participants (in Hausa) for future reference.

Use a typical vehicle often driven by ETS drivers to demonstrate the pre-drive checks

- We will now talk about the importance of sticking to a regular service schedule.

Note to trainers: Hand out copies of the service schedule and talk this through with participants. Make sure that all participants understand the importance of sticking to a regular service schedule.

Activity 5: Summary

We have had an interesting discussion in this session. Let me summarise the key points._____.

SESSION 14: DRIVER AND ROAD SAFETY, FIRST AID, CUSTOMER SERVICE AND PROFESSIONALISM
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Time: 1 Hour 45 mins

Session Objectives

By the end of the session, participants will:

- Appreciate the importance of modern driving techniques and basic safety rules and regulations
- Understand the basic safety principles to be taken in patient transfer
- Have had an introduction to First Aid
- Understand about customer service and professionalism

Session Plan

Activity	Timing	What	Method
1.	5 mins	Introduction to Session	Presentation
2.	30 mins	Lack of Safety Equipment and Unsafe Driving Habits and How This Could Affect Women With Complications	Participants Share
3.	15 mins	Practical Demonstration of Safety Equipment (seat belts, fire extinguisher & "C" Caution/triangular sign)	Demonstration Discussion
4.	15 mins	Facts About Road Safety	Presentation Group Discussion
5.	30 mins	Introduction to First Aid	Presentation Group Discussion
6.	10 mins	Customer Service and Professionalism	Group Discussion

Activity 1: Introduction

- In this session we will be talking about the following:
 - Road safety
 - First Aid
 - Customer service and professionalism

Activity 2: Experience Sharing - Lack of Safety Equipment and Unsafe Driving Habits

Presentation

- We are all drivers; we must have had instances where we encountered problems for not keeping to basic safety rules and regulations and not having safety equipment in our vehicles.

Note for trainers: Ask participants to list safety equipment.

- We will spend 2 minutes to think of these experiences we have had in the past.
- After 2 minutes we will select 4 volunteers to share their experiences with us.

Experience Sharing

- Can I have 4 volunteers?
- Let us hear the volunteers' stories.
- The volunteers should sit at the front of the room.
- Let us hear the volunteers' stories. Can you tell us about the following?
 - What happened to the vehicle?
 - If the vehicle caught fire what did you do to stop the fire and how long did this take?
 - If the vehicle had a crash, what was the cause and how did you handle the problem?
 - Did you have passengers, particularly a pregnant woman in the vehicle?
 - Were your passengers frustrated with the delay?
 - What happened to the passengers in the vehicle?
 - Did the problem cost money to fix?

- Did anybody lose his/her life?
 - Could the problem have been prevented?
 - What safety lessons did you learn from the problem?
- Each volunteer will have a couple of minutes to share their story.

Group Discussion

- Let us discuss:

Which of these experiences resulted in a happy ending? What happened?

What did the driver do that contributed to the stories being happy memories?

Which of these experiences resulted in a bad ending? What happened?

What could the driver have done to make the story a happy memory?

What should the community have done to make the story a happy memory?

Presentation - Story

- Now I will tell a story. Listen carefully.

Safety Equipment Can Save Lives

There are drivers among us who do not believe in the importance of fire extinguishers. Sometime early this year, a particular driver was carrying a new born baby and his mother to a health centre.

Suddenly, some electrical cables developed problems and the vehicle caught fire. A Good Samaritan with a private vehicle who was passing at that time came to the rescue by helping to put out the fire with his fire extinguisher.

Before extinguishing the fire, the vehicle had burnt beyond 50%. The timely intervention of the villagers and other passers-by saved the baby and the mother from losing their lives. The Good Samaritan offered to take the woman and her baby to the clinic.

Activity 3: Practical Demonstration of Road Safety Equipment

- Now we will have a practical demonstration of road safety equipment. We will look at the following:
 - Seat belts
 - C – caution sign
 - Fire extinguishers

Note for trainers: At this point you will demonstrate and talk about the three pieces of safety equipment.

Activity 4: Facts About Road Safety

Presentation

- Data from the World Health Organisation in 2008 shows that:
 - About 1.2 million people are killed every year from road traffic crashes (accidents)
 - Every year, 50 million people are disabled.
 - An average of 3,000 people are killed every day all over the world.
 - 96% of child deaths due to road crashes every year are from low income countries.
 - 80% of deaths are pedestrians or passengers.
 - 95% of the causes are due to driver behaviour or human factor.
 - Primary causes – mobile phones, hurry, inattention and tiredness.
 - By 1997, the total deaths due to road crashes worldwide were about 20 million people.
 - Ambulances in the UK are 18 times more likely to be involved in road crash than private vehicles.
 - Health consequences include brain/head injury, fractured bones, and paralysis.
 - Projections indicate that these figures will increase by about 65% over the next 20 years unless there is a new commitment to prevention.
- The costs to families of road traffic accidents are enormous:
 - People aged 15-44 years account for more than half of all road traffic deaths.
 - 73% of the deaths are males.
 - People in this age bracket are in their productive earning years.
 - Families break up; incomes for dependants seize automatically; and thousands of Naira is spent on treatment and rehabilitation.
 - Many families are driven deeper into poverty by the loss of breadwinners and by the added burden of caring for dependants of victims of road traffic accidents.

- Now, what causes safety problems? Let us discuss.

Group Discussion

- Let us have 4 volunteers to tell us their experiences of road traffic crashes.
- Each volunteer will spend 2 minutes to share their experiences with us.

What do you think are the causes of road crashes?

Possible Responses

- Overspeeding
- Tiredness/fatigue
- Alcohol/drugs
- Dangerous overtaking
- Not obeying road traffic signs
- Unfamiliarity with the road/environment
- Poor condition of vehicles
- Use of mobile phones while driving
- Inexperience
- State of road

Presentation

- So, there are many human factors that cause road traffic crashes.
- Let us now think about some safe driving principles. The key principles are:
 - Always wear a seat belt
 - Do not use your mobile phone when driving
 - Do not overtake dangerously
 - Only overtake when the road ahead is clear and safe to do so.
 - Do not drink alcohol or take drugs when driving
 - Obey road traffic signs
 - Maintain speed limit as specified in the Highway Code

Group Discussion

- Let us discuss:

What can you do as a driver to improve safety when carrying a pregnant woman?

If you do these, what benefits will your actions bring to your community and to you personally?

- What we need to know is that road crash injury is preventable; it is caused mainly by human beings. Let us stay alive to drive more kilometres; let us not rush to finish the entire kilometres in one day.

Activity 5: Introduction to First Aid

Notes for trainers: At this point representatives of the Nigeria Red Cross or trained NURTW trainers will be invited to talk about basic first aid. See Annex 3 for guidelines on first aid.

Activity 6: Customer Service and Professionalism

- Now we will talk about customer service and being a professional.
- “Customer” in commercial transport business refers to the passenger.
- Customer service is the way and manner you treat the passenger so as to make him or her happy and comfortable. We have already discussed earlier about treating women with complications and her family or helpers with respect. This is part of providing a good customer service.

Group Discussion

What else can drivers do to provide a good customer service?

Note for trainers: Ask for 4 volunteers to share their ideas.

Possible Responses

- Work hard at providing a steady, consistent and reliable service, especially to the pregnant women, sick and children in the state
- Transport the pregnant woman in a safe and comfortable manner
- Record the number of pregnant women carried to health facilities in the log book provided and forward the data to the appropriate authority at the right time
- Be polite, listen to the patient's concerns and be prepared to help at all times
- I will not allow any passenger to disturb me when I am driving
- Liaise with Nigeria Police Force (NPF) to improve security at parks/bus stops
- Try to make travel easier for the pregnant women by not speeding, smoking or drinking alcohol/taking drugs
- Try to know the location of all health clinics around me
- Be prepared to work with the Community Volunteers and health providers
- Ensure that my vehicle is always in good condition and I always have fuel in reserve in case I need to transport a woman to an emergency obstetric centre
- Provide functional safety equipment such as fire extinguisher, seat belts, triangular sign or "C" caution in my vehicle.
- Set personal targets to ensure a continuous increase in the number of pregnant women carried to health facility
- Always have a polythene/waterproof cloth (Macintosh) in my vehicle and spread it on the seat for the woman to lie on to prevent blood stains
- Lead by good example as an ETS registered driver

Presentation

- As an ETS driver, you should consider yourself as a professional and should therefore try to carry out the following to serve as good examples to other drivers:
 - Always clean your car
 - Ensure that you check your oil and water level every day
 - Ensure that you have a valid driver's license
 - Ensure that your vehicle is registered with the approved Licensing Authority
 - Ensure that your vehicle carries appropriate insurance (at least 3rd party insurance)
 - Always obey traffic rules and regulations
 - Wear your seat belt every time you drive your vehicle
 - Do not smoke, drink or take drugs when driving
 - Ensure that your odometer, the electrical scheme (e.g. trafficators, horn, head lamps etc) are working perfectly
 - Do not use worn out tyres on your vehicle
 - Keep records of the number of pregnant women and children you transport to and from health centres and the kilometres covered during the transfer.

**SESSION 15:
ETS IS ONE PART OF THE COMMUNITY SAFE MOTHERHOOD RESPONSE**

Time: 45 mins

Session Objectives

By the end of this session, participants will have:

- Learned about other things communities are doing to improve the maternal health situation
- Understood that ETS drivers are part of a wider effort to improve maternal and newborn health

Session Plan

Activity	Timing	What	Method
1.	5 mins	Introduction to Session	Presentation
3.	35 mins	ETS Is Part of A Larger Community Safe Motherhood Effort	Presentation Small Group
4.	5 mins	Summary	Presentation

Activity 1: Introduction

- In this session, we will hear about the other activities that communities will be involved in, in their response to the maternal health problem.

Activity 2: ETS is Part of a Larger Community Safe Motherhood Effort

Notes to Trainers: Ask the participants if they know of the systems set up by communities to increase access to maternal and newborn health services. In communities where there are established systems, ask participants if they know of persons or groups within the community who are known to be champions of health-related issues such as maternal complications.

Presentation

- ETS is one of several schemes and initiatives established by communities and by government in response to the maternal and newborn health challenge. The other initiatives or components are:
 - Community Volunteers
 - Community Emergency Savings Schemes
 - Community Emergency Blood Donor Schemes
 - Facility Health Committees
 - Young Women’s Support Groups
- In addition, the government has in some communities established Community Based Service Delivery (CBSD).
- We will learn about all these schemes and initiatives and think of ways in which ETS drivers can work closely with these other initiatives and support them.

Note to trainers: Use the box below for your presentation.

COMMUNITY AND OTHER SAFE MOTHERHOOD SCHEMES

Community Volunteers

- 30 Community Volunteers have been trained in each community.
- The CVs' role is to mobilise the community on safe motherhood issues.
- The CVs raise community awareness on maternal and newborn health issues.
- The CVs also support the community to establish emergency maternal care schemes.

Community Discussion Groups

- The CVs run community discussion groups on maternal and newborn health.
- They try to involve as many members of the community as possible.
- The discussion groups provide a safe space to talk about health issues.
- Involving men and women means that the whole community is mobilised.

Young Women's Support Groups

- These are groups for young married aged less than 21 years.
- The groups prepare young women so that they can meet their day-to-day needs, deal with key events such as pregnancy and delivery, cope with emergencies or other unexpected events, and take advantage of opportunities as they arise.

Community Emergency Savings Scheme

- Community members collectively agree to make a regular contribution towards funding maternal emergencies.
- All adult members of the community are expected to contribute to the funds for the benefit of every woman, especially those who are very poor.
- Decisions about how to collect money, how to spend it and who is to benefit from it are taken by the community.
- The schemes have a treasurer and a chairperson.

Community Blood Donor Groups

- This is a group of male volunteers who donate their blood to any woman in need.
- Every adult male can become a blood donor.
- The blood donors are not paid for what they do.
- Donors must be prepared to travel to a hospital at short notice to give blood.
- Blood donors help save lives.

Facility Health Committees

- This is a committee of people drawn from the community and the facility. The Committee's job is to help improve health service provision and utilisation.
- The committee enables health service providers and communities to talk to each other and support each other to ensure a good service and client satisfaction.
- The members of the FHC are representatives of different communities that utilise the health facility. The membership is chosen to ensure that all categories of people, especially women who visit the health facility, are represented on the Committee.

Community Based Service Delivery

- In some communities health providers have been trained to deliver services 'on the doorstep'.
- These trained health providers treat and refer children suffering from common, serious infectious illnesses, like fever, pneumonia and diarrhoea.
- They are also trained to support pregnant women and new mothers.
- The community-based health providers may have accommodation in the community so they are always around.

Group Discussion

- Now we will consider how we can work closely with and/or support these schemes or initiatives.

How can we work closely with and support the Community Volunteers?

Possible Responses

- We will find out who the CVs are and where they live and introduce ourselves
- We will try to meet with the CVs so that we can work together

How can we work closely with and support the Community Discussion Groups?

Possible Responses

- We could introduce ourselves as ETS drivers in one of the discussion group meetings
- We can ensure that our wives attend the groups
- We will try to attend the meetings ourselves so that we learn more about maternal and newborn health issues

How can we work closely with and support the Blood Donor Groups?

Possible Responses

- We will take blood donors to the hospital with women with complications
- We will not charge blood donors if we take them to the hospital
- We will agree ourselves to become blood donors
- We will encourage others in the community to become blood donors
- We will congratulate blood donors on their life saving actions

How can we work closely with and support the Community Emergency Savings Schemes?

Possible Responses

- We will talk to the scheme's managers to find out if the schemes can cover the cost of ETS transfers for the very poor
- We will encourage everyone in the community to contribute to the schemes
- We will donate to the schemes ourselves

How can we work closely with and support the Young Women's Support Groups?

Possible Responses

- We will support our daughters and wives to join the YWSGs
- We will let the YWSGs know that the ETS is also for them

How can we work closely with the Facility Health Committees?

Possible Responses

- We will meet with the FHC regularly and tell them our progress
- We will seek the support of the FHC if we have problems with the ETS
- We will share what we know about the health facility with the FHC so that they are up to date with what is happening

How can we work closely with and support the health providers who are providing Community Based Service Delivery?

Possible Responses

- We will introduce ourselves to these health providers and let them know our role
- We will make sure that the health providers know how to contact us
- We will take these health providers to the health facility with a mother if required and we will not charge them

Group Discussions

- Now we will consider how we can work closely with and/or support these people who are known to be champions of health related issues.

Possible Responses

- We will find out who the champions are and where they live and introduce ourselves
- We will try to meet with the champions so that we can work together

Activity 3: Summary

- We have discussed the fact that ETS is part of a larger effort to improve the maternal and newborn health situation.
- We have also discussed the many ways in which ETS is connected to this wider effort and the many ways in which ETS drivers can support these other initiatives.

SESSION 16: CIRCULAR REVIEW AND VOW
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Time: 1 hour

Session Objectives

By the end of this session each participant should be able to:

- State two things he has gained from the workshop
- Make a personal vow of readiness to assist in transporting pregnant woman in emergency situations anytime he is called upon

Session Plan

Activity	Timing	What	Method
1.	5 mins	Introduction to Session	Presentation
2.	25 mins	Circular Review: Two things I have gained from this workshop	Participants Share
4.	25 mins	Vow of Readiness to Respond To Maternal Emergencies	Each Participant Makes Vow
5.	5 mins	Summary and Thanks	

Activity 1: Introduction to Session

- This is the last session.
- In this session we will review what we have learned. We will also make a plan which will show how we intend to move forward with the ETS. We will end with a commitment.

Activity 2: Circular Review

- Please can everyone stand in a circle.
- I would like each participant to step forward in the circle and state 2 things he has gained in the workshop.
- I will start: “I learned that there are too many examples of road traffic accidents in our LGA, most of which are preventable. I also learned that the ETS drivers in this room are highly motivated to help women with complications, which is very good.”
- Can the next person step into the circle?
- Now that we have heard from all participants, I would like to congratulate you for your contributions to this training. All of us have learned a lot.

Activity 3: Vow

- We will stand in a circle again.
- This time each of us will make a personal vow of readiness and willingness to transport a woman in a maternal emergency at any time they are called upon.
- Let us think about what we will say.
- Can the first person step forward in the circle and make their vow.
- Can the next person step forward in the circle and make their vow.

Note for trainers: continue until all participants have made a vow.

- Now that all of us have made a vow, we can close the session.
- We will end by distributing driver ID: t-shirts, caps, logbooks and other available ETS promotional materials.

ANNEX 1: PRE-DRIVE CHECKLIST

Takardar Binciken Lafiyan Mota Akullum (Daily Vehicle Check Sheet)

	Hausa	English
Ruwa-Ruwa/Fluids	Ruwa	Water
	Bakin Mai	Engine Oil
	Mansitiyari	Power Steering
	Man Burki	Brake Fluid
	Ruwan Wanke Gilashi	Windscreen Washer
	Ruwan Batur	Battery Fluid
	Man Fetur	Fuel
Wutar/Lights	Fitila	Head Light
	Danja Tsayawa	Brake Light
	Danja Fakin	Parking Light
	Wutar Baya	Reverse Light
	Wutar Gargawa	Internal Light
	Wutar Ciki	Hazard Lights
	Kik Sitata	Kick Starter
	Wutar Kwana	Signals
Kayayakin Aiki/Equipment	Ruwan Kashe Wuta	Fire Extinguisher
	Beldin Mota	Seat Belts
	Jak Nadaga Mota	Jack
	Wul Sifana Ta Kunce Taya	Wheel Spanner
	Kyalli Mai Alaman Mota	Triangle
	Abum Share Ruwan Glass Na Mota	Wipers
	Alama Mai Kyalli	Reflectors
	Madubin Baya	Mirrors
	Lissafin Tafiya	Odometer
	Tada Mokada	Body Work
	Jakar Agajin Gaggawa	First Aid Box
	Safiya Taya	Spare Tyre
	Giya Liba	4x4 Lever
	Karan Alaman Mota	Horn
Takar Dun Izini/Documents	Takadan Nuna Abunda Mota Takadashi	Vehicle Manual
	Takardar Tsarin Akin Ofis	Log Book
	Lasin	License
	Lana Famet	Learner Permit
	Inshora	Insurance
	Wasika Kabar Tar Da Mota Gwamnati	Official Allocation Letter
	Takardin Mota	Vehicle License
	Takhardar Izininbin Hanya	Road Worthiness

ANNEX 2: VEHICLE SERVICE SCHEDULE

	Kilometres									
	15,000	20,000	25,000	30,000	35,000	40,000	45,000	50,000	55,000	60,000
1. Firtar Iska	Chanjawa	Dubawa	Dubawa	Chanjawa	Dubawa	Dubawa	Chanjawa	Dubawa	Chanjawa	Chanjawa
2. Ruwan Hana Zafi		Dubawa		Dubawa			Chanjawa			
3. Batiri		Dubawa	Dubawa	Dubawa	Chanjawa	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa
4. Bel										
5. Ruwan Birki				Dubawa					Chanjawa	Chanjawa
6. Banbanci		Dubawa	Dubawa	Chanjawa	Dubawa	Dubawa	Dubawa	Dubawa	Chanjawa	Chanjawa
7. Matatan Mai			Chanjawa					Chanjawa		
8. Bututu Radiyeto				Dubawa					Chanjawa	Chanjawa
9. Bakin Mai	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa
10. Man Pawa Sityari	Dubawa	Dubawa	Dubawa	Chanjawa	Dubawa	Dubawa	Dubawa	Dubawa	Chanjawa	Chanjawa
11. Chuzoba				Dubawa					Dubawa	Dubawa
12. Pulogi						Chanjawa				
13. Wayoyin Pulogi						Chanjawa				
14. Taya	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa
15. Man Sityari	Dubawa	Dubawa	Chanjawa	Dubawa	Dubawa	Dubawa	Dubawa	Chanjawa	Dubawa	Dubawa
16. Wuka Waifa	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa
17. Ruwan Wanki Gilashi	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa
18. Kula da wajen Mota	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa
19. Bel na Tamin									Chanjawa	Chanjawa
20. Marfin Dispito			Dubawa			Chanjawa				
21. Fitilla da Kwoyaye	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa	Dubawa
22. Bangaren A/C				Dubawa		Dubawa		Dubawa	Dubawa	Dubawa
23. Driven Shaft				Dubawa				Dubawa		
24. Makareben Joints		Dubawa		Dubawa		Dubawa		Dubawa	Dubawa	Dubawa

ANNEX 3: NOTES ON FIRST AID

Nigerian Red Cross Teaching Notes

The aims of First Aid

- To preserve life
- To limit worsening of the condition
- To promote recovery

Action at an emergency

- Take in what has happened quickly and calmly
- Look for dangers to yourself, bystanders and the casualty
- Do not put yourself at risk

Make the area safe

- Protect the casualty from danger
- Do not try to do too much yourself
- Deal with ongoing danger

Assess all casualties. Establish whether the casualty:

- Is fully conscious
- Is unconscious but breathing
- Is not breathing but has a pulse
- Has no pulse

If possible get additional help quickly.

- **Approach quite casualties first as they may be more seriously injured.**
- **Treat casualties in order of priority:**
 - **Breathing problems**
 - **Bleeding**
 - **Burns**
 - **Broken bones**
 - **Other conditions**

Seek medical advice

Resuscitation

D Check for and deal with any dangers.

R Check for a response by talking to the casualty loudly, asking questions. Shake the shoulders gently.

A Open the casualty's airway by placing two fingers under the chin and lifting the chin, place the other hand under the forehead and tip the head back.

B Check for up to 10 seconds for breathing: Ensure casualty is taking more than the occasional gasp. Look, listen and feel for breathing.

If not breathing:

- Remove any obvious obstructions in the mouth
- Give two breaths

C Assess for signs of life for 10 seconds

- Check for a pulse at the carotid artery
- Look for other signs of life, skin colour, movement, swallowing etc.

If circulation present:

- Continue with ventilations checking for signs of life after every minute

If no circulation:

- Place heel of hand two finger breadths up from bottom of breastbone, place other hand on top. Compress the chest 15 times at the rate of 100 times a minute.
- Give 2 breaths then alternate 15 chest compressions with 2 breaths

Bleeding

Types of wounds

- **Contused** Skin may be split with bruising of surrounding areas
- **Lacerated** Torn irregularly
- **Incised** Tissue cut cleanly
- **Punctured** Risk of infection and internal injury
- **Gunshot** Internal damage, may be large exit wound
- **Abrasion** Tender raw area, often dirty

Types of bleeding

- **Arterial** Bright red and spurting
- **Venous** Darker red and flowing
- **Capillary** Minor bleeding and oozing

Recognition

External

- Pallor, loss of skin tone, cold clammy skin
- Fast and weak pulse, fast and shallow breathing
- Feels faint and thirsty
- Blurred vision
- Possible unconsciousness

Internal

- Pallor, loss of skin tone, cold clammy skin
- Rapid weak pulse
- Pain
- Confusion, restlessness
- Thirsty
- Bleeding from orifices
- After violent injury there may be pattern bruising
- Possibly leading to collapse and unconsciousness

Management of severe blood loss and shock

Aim of treatment

- To control blood loss
- To minimize shock

- To minimize the risk of infection
- To arrange where appropriate urgent removal to medical aid

Treatment:

- Put on gloves if available
- Lay the casualty down and if possible raise the injured part
- Apply pressure to the wound
- Apply pad and bandage firmly
- Raise the casualty's legs
- Reassure
- Arrange for medical aid if available

For minor wounds

- Put on gloves if available
- Clean the wound
- Cover with a sterile dressing

For internal bleeding

- Lay casualty down
- If possible raise the legs
- Protect from heat or cold
- Reassure
- Check and record pulse, respiration and level of response every 10 minutes
- Check for other injuries
- Arrange for medical aid if available

Shock – recognition and treatment

Due to:

- A reduction of fluid in the circulation
- Leading to a fall in the supply of oxygen to body tissue

Main cause:

- Heart attack
- Internal and external bleeding

Recognition

At first:

- A rapid pulse
- Pallor and loss of tone to the skin, especially to the extremities and the inside of the lips

As shock develops:

- Weakness and giddiness
- Nausea and possibly vomiting
- Thirst
- Rapid shallow breathing
- A fast irregular pulse

As the oxygen supply to the brain lessens:

- Casualty may become restless, anxious, even aggressive

- May yawn and gasp for air
- Will become unconscious
- Finally, the heart will stop

Treatment:

- Warmth – protect the casualty from heat or cold
- Air – ensure they have access to good air
- Rest – if possible lay casualty down with legs raised
- Reassurance – continually talk to the casualty
- If possible seek medical advice

Unconsciousness

Definition:

Interruption of normal brain activity leading to loss of awareness of surroundings

Management of an unconscious casualty

- **Danger:** Upon approach check for danger to yourself, bystanders and the casualty
- **Response:** Talk loudly and if no spinal injury suspected shake shoulders
- **Airway:** Using two fingers lift the chin and if no spinal injury suspected tilt the head back
- **Breathing:** Check for breathing for up to 10 seconds ensuring they are taking more than the occasional gasp
- IF RELEVANT check the casualty for injury
- Treat anything life threatening and then turn into recovery position
- **Circulation:** Check and record circulation respirations
- Check level of response:
 - A** alert
 - V** responds to voice – commands such as squeeze my hand, open your eyes
 - P** only response to painful stimuli such as pinching the back of the hand
 - U** unresponsive to both voice and pain

Check and record levels of response at least every 10 minutes. Also check the casualty's eyes to ensure pupils are still the same size and react to light and touch. Any changes may signify a head injury.

Causes of unconsciousness

FAINT

- Very common
- Caused by lack of oxygen to the brain
- Casualty's skin colour will change
- Shallow breathing

- Pulse rate is slow at first but quickly returns to normal

Treatment; Lay the casualty down and raise the legs.

HEAD INJURY

Concussion: A brief and partial loss of consciousness

- Brain shaking
- No lasting brain damage
- Dizzy, headaches, loss of memory

Treatment: If conscious place in a comfortable position
If unconscious place in recovery position

Compression: Pressure on the brain caused by:

- Fluid
- Bleeding
- Fracture of the skull
- May lead to later brain damage
- May have unequal pupils, intense headaches, noisy breathing, flushed face

Treatment: If conscious place in a comfortable position
If unconscious place in recovery position
Seek medical advice if available

Causes of unconsciousness continued;

POISONING – Including drugs and alcohol

Can be – ingested, inhaled, injected and absorbed through the skin

Treatment: Protect yourself from danger
If conscious place in comfortable position
If unconscious place in recovery position
Seek medical advice if available

HEAT-STROKE – Failure of the brains thermostat

- Sudden onset and rapid deterioration
- Hot flushed dry skin
- Headache

Treatment: Lower the body temperature as quickly as possible
Seek medical advice if available

HEART ATTACK

- Persistent crushing central chest pain
- Pain can radiate to jaw and neck and down the left arm
- Breathlessness
- Dizziness
- Pallor to skin/loss of tone
- Sudden collapse
- Not relieved by rest

Treatment: Place the casualty at rest
Keep in a half sitting position
Seek medical advice
If available give one aspirin tablet to chew
Be prepared to resuscitate
REASSURE

Causes of unconsciousness continued;

EPILEPSY (tonic-clonic seizure) – Electrical disturbance in the brain

- Casualty falls to the ground, goes rigid, has convulsions, and then becomes flaccid
- May be confused for some time

Treatment: Protect from danger whilst convulsing
Place in recovery position when convulsions cease

DIABETES

Hypoglycaemia – low blood sugar

- Rapid onset
- Fast pulse
- Sweating and agitated

Hyperglycaemia – high blood sugar

- Less common
- Slower onset
- Flushed skin
- Slow breathing

Treatment: If conscious give sugar
If unconscious place in recovery position
Seek medical advice if available

STROKE – Impaired blood supply to the brain

- More common in an older casualty

Treatment: If conscious place in comfortable position
If unconscious place in recovery position
Seek medical advice if available

BURNS and SCALDS

Types

- Dry: Flame, hot metal, friction
- Scalds: Steam, hot water, hot fat
- Electricity: Domestic current, lighting, high voltage
- Cold: freezing metals, liquid oxygen or nitrogen, frostbite
- Chemical: Industrial and domestic chemicals
- Radiation: Sun rays, reflected light, sun lamp, radioactive source

Complicating factors in dealing with burns

- Presence of fire
- Explosion

- Electricity
- Smoke
- Toxic fumes

Depth of burns

- Superficial: Affects outer layer of skin; redness, swelling, tenderness
- Partial thickness: Blisters, area of surrounding redness
- Full thickness: Waxy, may be charred, relatively pain free

Aims of treatment

- To halt the burning process
- To minimise risk of infection
- To treat associated injuries
- For severe burns seek medical aid if available

Treatment:

- Lay the casualty down if possible
- Douse the area with copious amounts of cold liquid (10+ minutes)
- Remove constricting clothing and jewellery
- Cover with clean, dry sterile material e.g. pillow case, sheet sterile dressing
- If available cover with a new polythene bag.

ANNEX 4: ETS DRIVER LOGSHEETS

Emergency Maternal Cases Logbook

S/No	Date	Driver Start Location: (Community/ other Start Location)	Distance Travelled (KM) <i>Driver's Location to Woman's Location</i>	Pickup Point <i>Woman's Community</i>	Woman's Name	Drop off Point: <i>Name and Address of Receiving Health Facility</i>	Name & Signature of Receiving Health Officer	Distance Travelled (KM) from <i>Woman's Location to Health Facility</i>	Motor Park Signature
Lamba	Kwanan Wata	Inda Direba Ya Fara	Nisan Tafiyar Direba	Inda Anka Daukimatar	Sunan Matar	Inda Akakaita Sunna Da Adireshi Malamin Assibiti	Nisan Inda Akakaita	Sunan tashanan Mota	Sahanu Tashar Mota

.....
Name and Signature of ETS Driver

Non-Emergency Cases Logbook

S/No	Date	Driver Start Location: (Community/ other Start Location)	Distance Travelled (KM) Driver's Location to Woman's Location	Pickup Point Woman's Community	Woman's Name	Drop off Point: Name and Address of Receiving Health Facility	Name & Signature of Receiving Health Officer	Distance Travelled (KM) from Woman's Location to Health Facility	Motor Park Signature
Lamba	Kwanna Wata	Inda Direba Ya Fara	Nisan Tafiyar Direba	Inda Anka Daukimatar	Sunan Matar	Inda Akakaita Sunna Da Adireshi Malamin Assibiti	Nisan Inda Akakaita	Sunan tashanan Mota	Sahanu Tashar Mota

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Name and Signature of ETS Driver.