



Emergency Transport Scheme (ETS) in Gombe State, Nigeria (Part 2 – Implementation)

Project Location:	Billiri, Dukku, Kaltungo and Nafada LGAs, Gombe State, Nigeria
Project Start Date:	2010
Project Duration:	1 Year

Introduction: In Gombe State, Northern Nigeria, a two-year Maternal and Neonatal Health (MNH) Learning Project has been in place since late 2009. This is a two year project that will be concluded in 2011. Recognising that only a small percentage (17%) of births occurs at health facilities across the State, while the large majority of women still give birth at home, the project aims to test different MNH practices at the household level, in order to identify successful models that can be replicated and scaled up.

Key interventions of the project include the training of Traditional Birth Attendants (TBAs) and Federation of Muslim Women's Association of Nigeria (FOMWAN) volunteers at the community level, and the distribution of Clean Delivery Kits through the Patent and Proprietary Medicine Vendors across the State, which can be purchased by families and TBAs. To provide specialist advice to these trained community volunteers in case of a maternal emergency, a call centre staffed with nurses and midwives was established. Finally, emergency transport available at the community level is to be improved, so that women experiencing obstetric emergencies can be transferred to the health facilities across the state.

To improve the availability of appropriate and low-cost emergency transport is an important part of the strategy to improve the Call Centre's ability to reduce the delay between the onset of an obstetric emergency and the patient receiving appropriate care. Similarly, appropriate and low-cost transport needs to be in place if interventions among TBAs and FOMWAN volunteers are to be successful, since these cannot adequately address emergency situations.

Transaid is therefore working with the National Union of Road Transport Workers (NURTW) to implement an Emergency Transport Scheme (ETS) in Gombe State, using its previous experience from the implementation of a similar scheme in the Northern Nigerian States of Katsina, Yobe and Zamfara. In order to evaluate the relationship of the ETS with the different project models, the ETS was implemented by Transaid in four pilot Local Government Authorities (LGAs) in Gombe.

Methodology: The implementation of the scheme had two components: ETS1 (selection and training of volunteer drivers) and ETS2 (mobilisation of drivers across NURTW motor parks). Building capacity within the NURTW was a vital step for the success of ETS1 and ETS2 (as well as to ensure the sustainability of the scheme) hence a training of trainers approach was used to produce Master

Trainers in each NURTW branch. The ETS training course includes a number of components after which trainees should be able to:

- Explain the goal and purpose of the project
- Explain the role of NURTW as partners in the project
- Explain the role of NURTW volunteer drivers in the Emergency Transport System (ETS).
- Appreciate the role of NURTW drivers as volunteer partners in the ETS.
- Appreciate the difficulties faced by women in accessing transportation during a maternal emergency.
- Appreciate other difficulties in the household, community and health facility level that contribute to deaths of women experiencing pregnancy related complications.
- Appreciate the benefits of volunteerism and helping to save lives.
- State the six danger signs in pregnancy.
- State the five delivery danger signs.
- Contribute to ensuring that pregnant women experiencing any of the danger signs are transported to the health facility without delay.
- Know the MNCH services in their respective LGAs.
- Demonstrate how to lift / handle a pregnant woman experiencing a maternal complication.
- Demonstrate and explain how to record ETS cases correctly and report to the NURTW LGA focal persons.
- Agree to ensure that their vehicles are readily available and in working condition for emergencies.
- Agree on basic costs for transportation during a maternal emergency.
- Maintain and service their vehicles according to best practise to reduce breakdowns and delays in the transfer of ETS patients
- Maintain a level of professionalism and safety while undertaking their work

Training of Trainers

In each LGA, one NURTW official was chosen to be the ETS Focal Person and received five days of training to become an ETS Master Trainer. The students were trained on the ETS curriculum and on a number of other topics, including Participatory Learning Approach, Teaching Practice and First Aid techniques.

ETS1 (Selection and training of volunteer drivers)

After receiving appropriate training, the NURTW Master Trainers led the ETS1 activities, with close support from Transaid. Two types of activities were conducted: community mobilisation and driver selection; and step-down training of volunteer drivers.

Community mobilisation and driver selection

Transaid consultants acted as facilitators during the community mobilisation exercise. Each of the selected communities was visited to present the Emergency Transport Scheme. During those visits, the traditional community leaders, in consultation with NURTW officials, selected the volunteer drivers who would receive ETS training. This joint selection process contributed to a greater ownership of the scheme both by the NURTW and the communities. In each community visited two drivers were selected, to allow for the absence of one of them in the event of an emergency.

Step-down training of volunteer drivers

The selected ETS volunteer drivers attended a three-day ETS training course in Gombe City. The NURTW Master Trainers conducted the training sessions, with support from Transaid consultants who were present throughout for quality control. Each Master Trainer led two training courses and each training group had 20 drivers, (a single class of 40 drivers would be too large to ensure the best training outcome). Training was delivered in Hausa language and was highly participatory, given the low literacy levels of the participants.

ETS2 (sensitisation of drivers at motor parks)

In each LGA, main motor parks (Local Government parks where commercial drivers load their passengers), NURTW units and market days were identified. The ETS sensitisation sessions were then carried out whenever possible during market days, when a larger number of drivers travel to the main motor parks. An agenda using Transaid's previous materials from the implementation of the scheme in other Northern Nigerian States helped to guide the Master Trainers. The sensitisation sessions lasted between one and two hours and volunteers who had received step-down training were encouraged to share their experiences whenever they were present during the activity. Drivers were taught the basic principles of the scheme and encouraged to participate. ETS car stickers were distributed throughout the activity as a motivational tool, to encourage drivers to enrol onto the scheme.

Outcomes: From the conclusion of the ETS1 and ETS2 activities, the following outcomes were achieved:

- Four NURTW Master Trainers were trained in the ETS curriculum, one each per LGA.
- 80 communities (20 per LGA) were visited and mobilised.
- 160 from were selected as volunteers and received ETS training.
- Sensitisation sessions were conducted in 12 motor parks and NURTW units across the 4 LGAs.
- Approximately 400 drivers were present during the sensitisation sessions.

In the four LGAs, the ETS was successfully implemented and incorporated into the NURTW's activities. The scheme was in place as soon as the selected volunteer drivers completed their three days of training. A total number of 248 pregnant women transported by ETS drivers (between March and September 2010) was recorded by the LGA focal persons.

Conclusion: In areas where rural communities are scattered, and usually a long distance from health facilities, the conventional health system emergency transport (e.g. ambulances) is often under resourced and unable to cope with demand. On the other hand, even if adequate modes of transport are available at the community level, these may simply be too expensive for the rural families. The implementation of ETS shows that it is possible to use an existing transport system to increase the availability of free or low-cost emergency transport in rural communities. The success and sustainability of such approach is largely dependent upon the

ownership of the implemented scheme by the organisation that runs it (in this case, the NURTW), the traditional community leaders and the community members.

Tools Utilised: ETS Training Guide, ETS2 Guidelines, ETS Car Stickers.

Partners: The project is being implemented by the Society for Family Health, an indigenous Nigerian NGO, with funding from the Bill and Melinda Gates Foundation.

About Transaid:

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

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

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

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