



Emergency Transport Scheme (ETS) in Adamawa State, Nigeria

Project Location:	Adamawa State, North East Nigeria
Project Start Date:	July 2013
Project Duration:	5 years

Introduction:

In July 2013, Transaid, in partnership with Nigerian NGO, Society for Family Health (SFH), received funding from Comic Relief to deliver a five-year programme aimed at improving access to maternal health services for rural communities in Adamawa State. Nigeria had a Maternal Mortality Ratio (MMR) of 576 deaths per 100,000¹ live births in 2013, one of the highest in sub-Saharan Africa. A 2007 UNICEF publication² on Maternal, Newborn and Child Health suggests that the MMR in North-East Nigeria (which includes Adamawa State) is 1,549/100,000 in comparison to the South West zone which has a MMR of 165/100,000. This suggests that the number of maternal deaths in Adamawa State is almost certainly much higher than the national average.

Based on lessons learned from previous programmes including PRRINN-MNCH and the Emergency Transport Scheme (ETS) programme in Gombe State, Transaid implemented an ETS in Adamawa State in collaboration with the National Union of Road Transport Workers (NURTW). This programme targeted communities living in 16 Local Government Areas (LGAs), constituting almost 3.1 million people³, utilising the NURTW's influence and capacity in coordinating the activities of taxi drivers nationwide.

Seven hundred and forty-one commercial taxi drivers were recruited on a voluntary basis and trained to act as ETS drivers providing women in labour or experiencing maternal complications with safe, timely and affordable access to transport to travel to local health facilities thereby. By reducing transport related constraints to access, and thus removing what Thaddeus and Maine (1994) referred to as the 'second delay', this programme aimed to increase the number of women seeking institutional deliveries in the presence of skilled birth attendants.

During the lifetime of this programme several studies were carried out to monitor its progress and to assess impact. This technical brief focuses on the key findings from two of those studies; an ETS User Survey and a Health Facility Study, each of which sought to assess the progress against this programme's objectives to improve access to maternal health services.

Methodology:

In March 2017, an ETS User Survey was conducted with the purpose of gathering quantitative and qualitative ETS data to inform programme management decision-making in the latter stages of implementation. The focus of this study was on women who had previously used the ETS for a complication during pregnancy or delivery, or for a normal delivery. Three LGAs (Ganye, Guyuk and Jada) were selected for the survey, each showing contrasting levels of performance in terms of the average number of monthly transfers using the ETS. A total of 150 women between the ages of 13 and 49 years participated in this survey contributing information relating to their health and transport seeking behaviours.

In June 2017, Transaid received ethical approval to conduct a Health Facility Study which took place over a 14-week period involving nine health facilities in three of the target LGAs. This selection of LGAs gave a varied representation of the state by selecting LGAs and facilities of varying performance and in different geographical locations. Three hundred and twelve women attending the selected facilities were interviewed to determine the effect of the use of ETS on the health status of women on arrival at a facility seeking maternal healthcare. All participants were aged 13-49 years, and all had arrived at the health facility as a result of a medical complication whilst in labour, a complication during pregnancy, or women that had been referred as a result of an unsafe abortion.

Outcomes:

Based on wider assumptions around health seeking behaviours, the findings of these two studies aim to demonstrate that the ETS had been successful in facilitating access to safe, affordable and timely transportation. Key findings from the ETS User Survey included:

- 99% of ETS trips were organised and completed in less than one hour thereby improving the chance of a better health outcome, pointing to a positive contribution to reducing maternal mortality rates in Adamawa State
- Only 4% of women were asked for a fare by an ETS driver leading to the conclusion that the ETS is achieving its goal of providing an affordable means of transport
- 75% of those interviewed stated that they had experienced at least one complication in their previous or current pregnancy which is higher than expected and could imply that women who have had experience of maternal complications are more likely to utilise the ETS
- 90% of the women interviewed had a facility-based delivery demonstrating that the ETS is influencing women's health seeking behaviour (*some women interviewed gave birth at home due, for example, to quick labour but had used ETS during their pregnancy for a complication*)

¹ National Population Commission (NPC) [Nigeria] and ICF International. 2014. Nigeria Demographic and Health Survey 2013. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International.

² https://www.unicef.org/nigeria/ng_publications_advocacybrochure.pdf

³ The programme did not aim at full LGA coverage due to geographical size, population density and areas only accessible by motorcycle

- The majority of women came to know about the ETS either through a family member, an ETS driver or a health facility highlighting the effectiveness of the community engagement and sensitisation element of this programme
- No women reported being dissatisfied with the ETS or the service that the drivers provided.

The Health Facility Study, which consisted of in-situ contributions from women at health facilities, included the following key findings:

- ETS users arrive in a better health condition (based on statistical analysis of basic non-invasive vital signs information) at a health facility than those using other modes of transport
- A key principle is that ETS is accessible by all women, with specific emphasis on poorer, hard to reach communities where accessing healthcare is particularly challenging. The findings revealed that women in poorer communities are accessing ETS and that it is making a positive difference to their health outcomes
- ETS users have a greater chance of organising transport and reaching a health facility within one hour in comparison with those using non ETS modes of transport
- A significantly high proportion of women interviewed (94%) who had had at least one previous live birth, stated experiencing a maternal complication during a previous pregnancy. This may indicate that previous negative experiences have had an impact on women and their family's decision-making during pregnancy around having an institutional delivery, and is an interesting topic for further research.

The data gathered in both studies points to the fact that the ETS has had a positive impact on the lives of many women and their families both during and beyond the programme's lifecycle.

Conclusion:

A total of 18,873 women utilised ETS to reach a health facility during the lifetime of the programme and the findings from these two studies indicate that transport affordability is a key factor influencing the health seeking behaviour of women in Adamawa.

The ETS User Survey built a deeper understanding of what influences women in making the decision to utilise the Emergency Transport Scheme. ETS drivers are self-promoting their service and health facilities are promoting ETS as well as "word of mouth" spreading information in the communities about ETS, due to the good service provided. The data indicates that ETS provides an affordable, timely and safe transport method that before the programme was not always available.

The findings from the Health Facility Study indicate that the ETS has had a positive impact on the health status of women arriving at a facility when accessing maternal healthcare. The study identified a statistically verifiable positive difference over those using other modes of transport. The outcome of statistical testing shows that ETS serves women in poorer communities and that they are in a better health condition (based on an assessment of vital signs) upon arrival at a health facility than those using other modes of transport. The findings of the study go some way to strengthening the argument that ETS does contribute to improved maternal health outcomes, which, combined with local ownership taken on by the NURTW, supports the case for the scale up of this intervention to additional states in Nigeria.

Government bodies can contribute to the formation and sustainability of ETS through the creation of policies that support ETS and the NURTW. Dedicated ring-fenced budget lines within appropriate ministries can support data gathering and analysis. This budgetary support can keep ETS relevant and discussed through periodic

stakeholder gatherings. Recognition of ETS drivers is very important and inclusion in activities such as International Women's Day events or more local maternal health events or programmes can contribute to motivation and sustainability. ETS should be part of the wider maternal health discussion and discussed as a part of the solution.

Tools Utilised:

ETS User Survey questionnaire, Written Informed Consent Form, Follow Up Form, Referral Form, Condition Assessment Form.

Partners:

Comic Relief UK, the National Union of Road Transport Workers (NURTW), Society for Family Health (SFH) Nigeria, Adamawa State Ministry of Women Affairs, Adamawa State Primary Health Care Development Agency and Adamawa State Ministry of Health.

About Transaid:

Transaid is an international development charity that seeks to transform lives through safe, available, and sustainable transport. Founded by Save the Children, The Chartered Institute of Logistics and Transport (CILT), and its Patron, HRH The Princess Royal, the international development organisation shares 25 years' worth of expertise in over 30 countries with partners and governments. Transaid focuses on:

Access to health services through

- improving access to emergency transport and healthcare for communities in rural areas to ensure that no community is left behind
- working with health providers to ensure safe and efficient management of vehicle fleets for the benefit of communities
- delivering work that is locally driven and appropriate to ensure long lasting impact and sustainability

Driver training and road safety by

- building the skills of training providers for truck and bus drivers in both urban and rural areas, to reduce death and injury on the roads
- developing and influencing the adoption of national and regional standards for professional driver training
- working with the private sector to measure and learn from the impact of driver training on improved road safety

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, GIZ and USAID, and implementing organizations such as DAI Global Health, Society for Family Health, TRL and World Bicycle Relief.

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