



Extending Emergency Transport Services for Safe Motherhood in Jigawa State, Nigeria

Project Location: Jigawa State, Nigeria

Project Start Date: 2003

Project Duration: 2 years

Introduction:

A safe motherhood scoping mission undertaken in Jigawa in June 2003 found that emergency obstetric care (EOC) services were inadequate in number and quality throughout the state and that barriers to utilisation of these services by the women who needed them were substantial. In response to these findings, the Jigawa Health Sector Reform Forum (HSRF) identified safe motherhood as a priority issue to address at state level.

The safe motherhood programme, implemented with Nigeria Partnership for Transferring Health Systems' (PATHS) support, consisted of two core components:

- Interventions to strengthen the supply-side- to improve the availability and quality of basic and comprehensive emergency obstetric care services
- Demand-side interventions- to raise awareness among the general public of danger signs during pregnancy and childbirth and to support communities to identify and implement solutions to the various barriers that prevent utilisation of emergency maternal health services

Implementation activities were organised into five key component areas-

- Community awareness-raising
- Community identifier scheme
- Emergency Transport scheme
- Emergency loan fund
- Advocacy in support of safe motherhood

Implementation of safe motherhood demand-side activities began at community level in May 2004. Twelve villages in the catchment area of six health facilities that were being upgraded to provide emergency obstetric care were selected for participation. Twenty four additional villages, categorised as 'hard to reach' were selected for participation in a second phase of activities.

The aim of the Emergency Transport Scheme was to reduce several key delays to accessing EOC: long distances to health facilities, high costs associated with utilising commercial transport in the event of an obstetric emergency and the lack of transport at night.

Methodology:

A planning meeting was held with the Ministry of Women's affairs (SMWASD) to gain an overview of the activities of the safe motherhood project. It was reported that progress had been made in

training drivers and community identifiers, and sensitising the community on the need to establish and manage the Emergency Loan Fund (ELF). The officials of the SMWASD suggested that the feasibility study should focus on the assessment of incentives that would ensure the continued support of the National Union of Road Transport Workers (NURTW) and the Motorcycle Riders Association (ACOMORAN) with less focus on direct financial benefit to their members.

A number of field visits were made by the Project Team. Transaid representatives visited the Dutse General Hospital Maternity Ward in order to view the operation of the Safe Motherhood Initiative (SMI) from the service provider's perspective. A further field visit was made to the Duhuwa Village (a village 20km away from the hospital) to gain insight into how difficult it is to access health facilities from a relatively close location. The distance between the village and the main road was approximately 5km and the most common form of transport was the ox cart. A visit was also made to Kirfi Ndoki Village, a village classified as 'hard to reach' in order to assess how difficult it is for them to access EOC. It was situated 30km from the nearest EOC facility and the distance between the village and the main road was 12km.

A final field visit was made to the Gwaram Cottage Hospital, which was used by 6 SMI-participating villages. The hospital was located within easy reach of some of the villages although it was revealed that some communities preferred to attend clinics at nearby health facilities in Bauchi states. In the absence of a detailed record of users of EOC it was difficult to estimate the demand for ETS in surrounding villages. There was only one ambulance in use at the hospital and this was used for outreach programmes. The Chief Community Health Officer (CCHO) explained that improvement in service delivery could be enhanced through effective communications with local government clinics. The CCHO was also concerned about the availability of trained staff to provide support during emergencies and this issue had been brought to the attention of local government Health Commissioner.

Following these meetings and field visits, a proposed schedule of development and consolidation of ETS plan was developed and put into action:

1. Review of Feasibility Study Report and its recommendations for extending the ETS
2. Appointment of ETS project Champion and assessment of existing driver and rider training scheme provided by FRSC and VIO
3. Development of Driver 'Training of Trainer' proposal from the information obtained from the above review
4. Monitoring of existing use of emergency transport from the providers' perspective
5. Monitoring of existing use of emergency transport from the users' perspective
6. Community sensitisation and setting up of Village Development Committees to manage transport interventions

7. Develop a Memorandum of Understanding for collaboration between NURTW, VIO FRSC and Transaid
8. Provision of Driver/Rider 'Training of Trainers' Programme
9. Evaluation of technical capacity for the development of motorcycle trailer
10. Manufacturing and Testing of motorcycle trailer and associated training options

Outcomes:

The visit to Dutse General Hospital Maternity Ward found that staff at the maternity ward welcomed the improvements but observed that this should be combined with enhanced outreach programmes to promote ante natal care as well as sensitise the community on maternal/child health issues. The problem of access to remote villages was seen as a major barrier towards the delivery of appropriate health care services including the SMI. The importance of outreach programmes is that they should improve communications and provide the opportunity for assessing the use and availability of transport for EOC in the designated health facilities in Jigawa.

A series of options for expanding the safe motherhood transport scheme were recommended:

- Motorcycle side car fitted with off-road tyres
- Motorcycle side car Ranger Life Cycle ambulance (fitted with a side-mounted stretcher)
- Motorcycle trailer that pulls up to 6 people
- Bicycle trailer
- Tractor trailer
- Animal Traction (Ox drawn cart)

Conclusion:

The involvement of the community and contributions from the NURTW and ACOMORAN has guaranteed the initial success of the ETS.

Maintaining progress and increasing the scope of the Safe Motherhood initiative is dependent on the further development of ETS and increased availability of affordable transport in order to meet SMI targets. This can be achieved through the long term expansion of the availability of 4-wheeled vehicles either through the commercial or public sector.

NURTW are already playing a significant role and are willing to expand that role. A training package for the NURWT (driver training, first aid training, support for the development of a vehicle leasing scheme) would be an important incentive.

The service would also be expanded by the development of a locally preferred option of a motorcycle trailer. This trailer would be locally manufactured and approved by Federal and State authorities. Rider training for motorcyclists would be an essential part of the development of the expanded ETS. There must be the inclusion of a system for collection of simple data to allow monitoring key performance indicators by management.

Tools Utilised: Project Proposal, Terms of Reference, Proposal and budget and Report- Options for extending emergency transport services for safe motherhood in Jigawa State Nigeria,

Partners: Health Partners International, PATHS Jigawa, SMI Demand and Supply Teams, JSPC, NURTW, VIO, FRSC, NDE, MVC, DevTech UK

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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