



Strengthening Transport Management System in Yobe state (Driver Training in Yobe State)

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This report provide details of classroom and practical field training delivered to drivers in Yobe state as part of the efforts of PRRINN-MNCH in collaboration with the Yobe State Ministry of Health (SMoH) to improve the skills and knowledge of selected drivers in the health sector on safe driving techniques, vehicle handling, emergency first aid and understanding of Highway Code.

As provided in the ToR¹, the activity was undertaken by a one-person National Transport Consultant² with support from the state driver trainer³ and a State Transport Manager⁴. The representatives of the Federal Road Safety Commission (FRSC)⁵ and the Nigerian Red Cross Society (NRCS)⁶ also provided technical support in their specialized fields⁷.

2.1 Key Activities

1. Planning meeting in preparation for the execution of the assignment with the State Transport Manager from the Yobe State Ministry for Local Government & Chieftaincy Affairs (YSMFLG&CA) and the State Driver Trainer from the Millennium Development Goal office (MDG) who both served as facilitators during the training.
2. Planning and consultation meeting with the training officers of the Federal Road Safety Commission (FRSC) and the Nigerian Red Cross Society (NRCS) to agree on the topics to be delivered by the officers.
3. Allocation of topics (both theory and practical field exercise) and roles to be handled by the consultant and facilitators.

4. Design of the daily programme of activities and working with the State Admin & Logistics Officer (SAL)⁸ to prepare the appropriate training materials for the assignment.
5. Training of participants on theory and practical and safe driving techniques
6. Development of data collection tools and training the drivers on the uses and application of the tools.

2.2 Key Outputs

1. 23 Drivers trained (in theory and practical) on vehicle handling, emergency driving techniques, planned preventive maintenance (PPM), defensive driving.
2. **First Aid:** With the aid of the Nigerian Red Cross Society, all the drivers have been trained on manual handling of pregnant women and sick people, emergency first aid, how to provide first aid treatment to patients with Shock, Burns, Head Injury, Heart Attack, Fainting; use of First Aid kits.
3. **Safety Procedures:** Safety measures and procedures, Highway Code, Rules of driving on the highway and expressway were delivered by the consultant and the representative of the Federal Road Safety Corps
4. **Data Collection Tools:** 2 new Data Collection Tools (Vehicle log sheet and Ambulance Activity Utilisation Form)⁹ were developed by the Consultant with inputs from the facilitators and 6 literate drivers. The 6 Drivers¹⁰ who were identified as literate were trained on the method of filling the forms and their uses. The tools are however subject to review when the need arises.

¹ Annex 1

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⁷ See Details in Annex 6

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⁹ Annex 13 (Log sheet)

¹⁰ Annex 9 (Literate drivers)



5. **Translation of Tools:** Since ambulance vehicles often work 24/7, the trained drivers confirmed that each ambulance has a stand-by driver beside himself. In order to provide opportunity to such other drivers to be able to fill the Utilisation form and the log sheet, the 2 documents were translated into Hausa language. This is depicted in orange colour in each of the documents in Annexes 12 and 13 respectively.
6. **Capacity Building:** The newly Designated State Transport Manager for the State Primary Health Care Development Board (YSPHCDB)¹¹ was given elementary orientation on basic TMS particularly on the analysis and presentation of the monthly data submitted by the drivers.

2.3 Key Findings

1. A total of 13 drivers out of the 23 who were trained have ambulance vehicles which they drive.
2. Majority of the drivers have been driving for more than 25 years and above but most of them could not read and/or interpret the Nigeria Highway Code
3. Most of the drivers (over 75%) are quite old and are between the age bracket of 50-55 years.
4. Most of the drivers' licenses have expired for the past 4-5 years while majority could not provide proof of ownership.
5. Two (2) of the 23 drivers have no vehicle at all. They claimed that their vehicles were faulty.
6. Only six (6) out of the 23 participants could read and write in English language.
7. Only 2 out of the 13 ambulance drivers stated that their ambulances are equipped with **First Aid** facilities
8. The FRSC could not provide PRRINN-MNCH with the new Highway Code and this served as a challenge in delivering in-depth training on road traffic rules and regulations to the participants.

9. Most ambulance drivers complained of lack of motivation from their organisations. Drivers are often not given any allowance for either fuel, feeding etc during referrals within and outside the states as they are usually left at the mercy of the patients' relations who could hardly provide such monetary aid.

2.4 Key Recommendations

1. The 11 out of the 13 ambulance vehicles that have no **First Aid kits** should be provided with and the kits should contain the items recommended by the NRCS as in Annex 11.
2. Refresher training should be provided to the newly trained drivers within 6-12 months from July 2011 to ensure that they are applying the skills acquired appropriately.
3. **M&E Support supervision:** M&E Support supervision should be conducted particularly to the 6 ambulance drivers to determine their level of compliance with the use and application of the new tools.
4. **Advocacy visit:** Advocacy visit should be conducted to the newly appointed Executive Secretary of the Yobe State Primary Health Care Development Board to showcase the outputs from the driver training, secure his support to the drivers and the newly designated State Transport Manager.
5. **Driver's License:** Since about 78% of the drivers have no or have expired licenses, the SMOH should collaborate with the FRSC to ensure that all drivers acquire valid license.
6. **Data Collection Tools:** The new data collection tools should be tested for 3 months after which the findings from their use should be reviewed to enable the system extended to other drivers.
7. **Capacity Building:** The new State Transport Manager should be trained on TMS1 & 2 before the end of the year 2011.
8. **Budgetary Provision:** Since the major complaint by the drivers during the feedback session was that government does not often provide funds for vehicle maintenance and for fuelling and other vital expenses during referrals, it is recommended that PRRINN-

¹¹ Nuhu Ibrahim



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

MNCH Yobe should liaise with the SMOH and all other affected health agencies and departments to make statutory financial provision for these overheads. Poor or inadequate vehicle maintenance usually contributes greatly to frequent breakdown and low utilisation of vehicles. This is particularly unhealthy with ambulances that are supposed to be operationally in good condition at all times as such breakdown could lead to loss of innocent lives they were meant to transport.

Next Steps

1. Circulate the Vehicle log sheets to the 6 literate drivers to commence recording the appropriate data effective 1st July 2011.
2. Advocacy visits to the SMOH, MDG office, PHC Departments and the State Primary Health Care Development Board to sensitize management on the aims and objectives of the driver training and to secure their support for the trained drivers including the provision of funds for vehicle maintenance and staff motivation.
3. M& E support supervision visit scheduled for September, 2011.
4. **Step-Down Orientation:** The 6 literate drivers who have been trained on the new vehicle data collection tools should organize half day orientation for their colleagues with whom they drive the vehicles (particularly ambulance vehicles). This will enable the beneficiaries to also fill the forms as at when necessary whenever such vehicles are handed over to them.

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