Emergency transport schemes

for prevention of maternal mortality

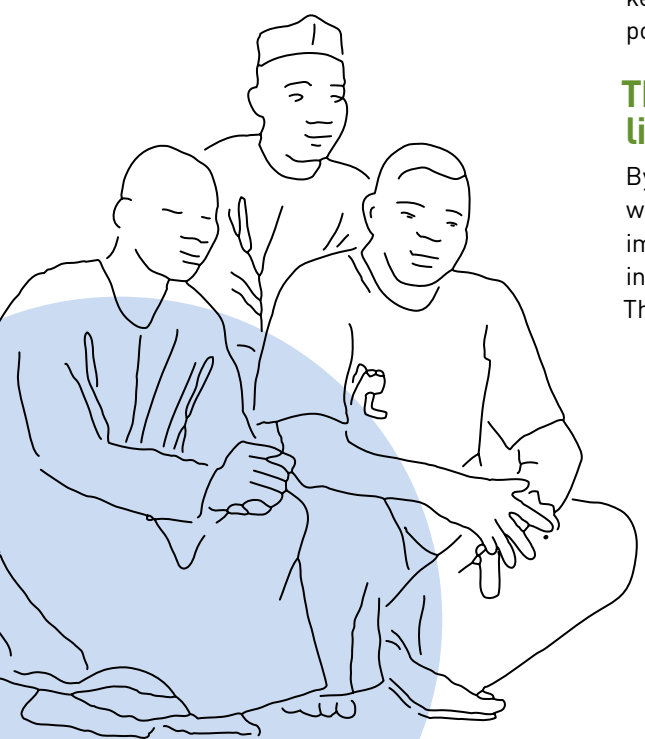
The challenge: travel is hard

Long distances to health facilities, difficult terrain and costly transport are major challenges for remote, rural communities in the north of Nigeria. Efforts to transfer pregnant women with complications commonly fail where transport is not available, where money cannot be found to pay for it, or where seasonal factors make the terrain impassable. Lack of security adds a further challenging dimension. All these factors can result in long delays in women reaching vital health care.

The response: recruiting local drivers

The three northern states of Katsina, Zamfara and Yobe addressed the lack of affordable rural transport options for maternal emergencies with community-based emergency transport schemes (ETS).

The ETS model used a locally-available mode of transport – passenger transport vehicles driven by commercial drivers belonging to the National Union of Road Transport Workers (NURTW).



Key messages:

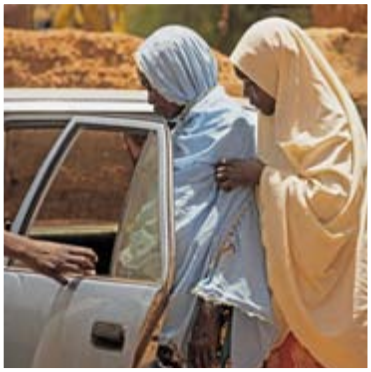
1. **Community-based emergency transport schemes (ETS) fill a crucial gap in the referral chain and can prevent many maternal and newborn deaths.**
2. **A partnership with a transport union resulted in the establishment of a highly successful ETS in three states in the north of Nigeria.**
3. **ETS works best as part of a comprehensive strategy which addresses key MNCH barriers simultaneously.**

Even remote communities in the north usually have access to cars driven by NURTW drivers and if not, cars can usually be found in neighbouring communities.

Four drivers from each community were trained to provide a '24/7' service. Officials from the NURTW were trained as core trainers and cascaded the driver training down through the PRRINN-MNCH communities. Local branches of the NURTW provided supervisory support and encouragement to the drivers. Special incentives – such as priority loading at motorparks – were provided in some areas. Drivers were encouraged to keep the cost of the transfers as low as possible.

The results: ETS saving lives

By September 2013 3,200 ETS drivers were operational. ETS was initially implemented in 806 intervention sites in 45 local government areas (LGAs). The volunteer community health



workers and drivers in these sites were encouraged to roll out their activities to as many neighbouring communities as possible. This resulted in inclusion of a further 1,592 communities, and an estimated population coverage of 4.3 million.

Over a four-year period, 19,811 pregnant women were transferred to a health facility by trained ETS drivers (Fig 1). Most transfers were for maternal complications. Hence the ETS drivers played a vital role in helping to prevent maternal and newborn deaths.

Fig 1: ETS transfers by state, Dec 2009-Sep 2013

ETS transfers helped to save lives in all three states.

Yobe	4,564
Katsina	9,529
Zamfara	5,718
Total	**19,811**

PRRINN-MNCH had exceeded its end of programme target of 5,000 ETS transfers four times over by September 2013.

ETS helped to reduce the cost of emergency transport for communities. The average reduction in the cost of transport ranged from 41% in Katsina to 70% in Zamfara.

ETS was welcomed and highly valued by rural communities, with many examples of women who had been assisted by the schemes readily shared by community members. A concern for reaching and assisting the least-supported women was reflected in the attitudes and actions of the drivers. Driver drop-out rates were low and the majority of drivers stated their intention to continue. This bodes well for the future sustainability of the ETS.

"Now families take their sick ones to the hospital because they have structures in the community they can rely on." [Community member, Yobe State]

Policy implications

PRRINN-MNCH's recent support for ETS has focused on ensuring that the scheme has a strong 'institutional home' and is sustainable into the future. The national NURTW Head Office has assumed leadership of the initiative and a plan for building the capacity of the national, state and LGA NURTW offices and branches has been agreed so that ETS activities can be effectively monitored and supervised.

With PRRINN-MNCH's support, the NURTW attracted funding from the federal SURE-P (Subsidy Re-investment and Empowerment Programme) initiative in 2013 and plans are underway to roll ETS out to eight new states plus the Federal Capital Territory. Recognition that community ETS is an essential part of the safe motherhood response will help to sustain the scheme.

Conclusion

ETS helped to avert numerous maternal and newborn deaths in the three PRRINN-MNCH states. The success and sustainability of the next phase depends to a large extent on the degree to which ETS is embedded within a wider process of community mobilisation on MNCH issues. A stand-alone transport solution may be ineffective unless other barriers to use of health services are addressed simultaneously at community level.

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

The PRRINN-MNCH programme works with federal, state and local governments and local communities to improve the quality and availability of maternal, newborn and child health services.

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