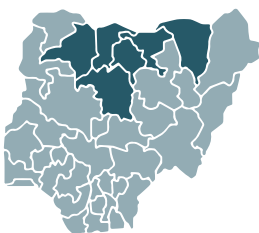


Sustaining Emergency Transport Schemes (ETS) beyond MNCH2



1

The **Maternal, Newborn and Child Health Programme** in Northern Nigeria (MNCH2) is a UK government-funded five-year programme designed to improve maternal and child health across six states – **Jigawa, Kaduna, Kano, Katsina, Yobe and Zamfara.**



A 2014 baseline survey in MNCH2 intervention sites found that the majority of women did not consider it necessary to give birth in a health facility. The main reasons given were distance to facilities and the expense associated with emergency transportation.

A number of previous donor-funded programmes have tried to address these challenges by piloting Emergency Transport Schemes (ETS) to ensure that women had access to dependable free transportation to health facilities in times of emergency – especially during labour and where there were pregnancy complications.

However in each case when these programmes ended, emergency transport schemes declined rapidly and in most states became completely dormant.

When MNCH2 commenced in 2014, ETS was revived with a strong focus on creating a more sustainable approach that was firmly embedded in existing social and community structures.

MNCH2 demand-side coordinators were set with the task of weaving ETS into the fabric of the community by building the capacity of critical stakeholders to link ETS and health facilities through referral mechanisms.

MNCH2 worked with the National Union of Road and Transportation Workers (NURTW) to organise and train **141 Master Trainers** who in-turn trained **771 ETS drivers** across the six MNCH2 states by the end of Year 2 (April 2016) of the programme.

1. ETS drivers demonstrating how to lift a woman using a chair.



Years 1 and 2 of MNCH2 have seen this take root and the results show rapidly increased access to this service. For example, in Zamfara state at the beginning of 2014 there were only 8 Master Trainers and about 64 volunteer drivers, most of whom were not members of the NURTW. With the efforts of MNCH2 and NURTW, a significant increase has been achieved with 21 Master Trainers and 300 volunteer drivers by the end of 2015.

How does ETS work?

Creating genuinely sustainable emergency transport schemes in Northern Nigeria's remote, rural communities would not be possible without the cooperation and buy-in of the National Union of Road and Transport Workers (NURTW). MNCH2 has collaborated with NURTW to help them mobilize a network of volunteer ETS drivers from among its members. NURTW also provides training/meeting facilities and help to supervise and monitor ETS activities at the Local Government Area (LGA) level.

This collaboration between MNCH2 and the NURTW is helping to change mind-sets in northern Nigeria. MNCH2-led training has created a NURTW leadership that is better informed on the issues of maternal health and the importance of emergency transportation. MNCH2 has also supported the NURTW secretariat to gain the buy-in and support of union secretaries in each state – fostering a willingness to not only participate in the scheme,

“There is a notion that people in Nigeria don't want to volunteer.

I believe one of our greatest achievements [of ETS] is the commitment of the NURTW to participate without a dime – even when fuel has been scarce.

– Mr Farouk Musa, MNCH2 National Demand-side Advisor

but to actively promote it. For example, when a Traditional Birth Attendant (TBA) in Katsina mentioned to the local NURTW Secretary that she did not know of any ETS drivers in her zone, the Secretary immediately called the local ETS driver to come and introduce himself to the TBA. The Secretary also recognised that one driver for that entire zone was not enough and is now working to identify more ETS volunteers.

Gearing up: Training, Recruiting, and Peer Sessions

The training of Master Trainers is the first stage of implementing ETS. Master Trainers are trained on issues related to ETS, such as how to transport pregnant women with complications and in labour, as well as life-skills such as communications, assertiveness and negotiation skills – which are essential when speaking with patients and families in distress and facility staff. The 2015 Report on the Assessment of the Emergency Transport Scheme in Kaduna and Jigawa state found that respondents reported that the skills they acquired facilitated their proactive engagement with their community to change health seeking behaviour and social support for children and pregnant women.

These skills are then passed on by Master Trainers to fellow drivers who are interested in becoming ETS volunteers, through formal training. These new ETS drivers or **trained volunteers** are then entrusted to help recruit and spread the message of the importance of ETS with colleagues and peers.



16,123

Number of women with pregnancy related conditions transported to health facilities by MNCH2 trained ETS drivers (Year 2)





INCREASED AVAILABILITY OF ETS & IMPROVED LINK BETWEEN COMMUNITY AND FACILITIES



Peer facilitation sessions are an avenue for recruiting new drivers to the scheme. The sessions are approximately 20-30 minutes in length and led by a trained volunteer who generates discussion about what ETS is and its importance.

This step-down training helps ensure the sustainability and community ownership of the ETS programme.

There are strict criteria that must be met to be trained as an ETS driver. The driver must:

1. Be registered and a dedicated member of NURTW who has “stood the test of time”.
2. Be able to read, write, and communicate in English.
3. Have orientation on basic commercial driving expertise.
4. Own a personal commercial vehicle that is parked at his residence at the end of the day.

Garage mobilization – countering the rural challenge

Finding sufficient drivers that meet the criteria to become a trained ETS driver can be a challenge in the rural areas. To address this MNCH2 and NURTW instituted ETS ‘Garage Mobilization’.

Motor parks, otherwise known as garages, are the main centres of commercial drivers and are managed by the NURTW. Mobilizations are one-off events in rural LGAs

coordinated by ETS Master Trainers. The mobilizations are usually held on market days to maximise reach within the community and the garage.

The mobilization is conducted through a rally in the motor park and uses megaphones, placards, and banners to attract new volunteers to the scheme and to create awareness about the purpose of the scheme in serving remote communities.

The key topics of discussion at these events are: the qualities of

a good driver, the essential features of ETS, how to move a pregnant woman with complications, and the process of data recording and reporting.

At the end of the session, drivers at the park are encouraged to volunteer. Those who volunteer are then attached to the LGA ETS peer facilitator or focal person, who mentors the new driver and supports them with record keeping.



ETS volunteer saves three lives in Jaba, Kaduna state

Dura is a small, remote farming community where cars and taxis are rarely seen on the bumpy dirt road except on Friday market days. On 7 of March 2015 around 09:00, twenty-six-year old housewife Mrs Rabeca Fara started labour. Around fifteen hours later, a neighbor, who was aware of the ETS, learnt what was happening and called local volunteer ETS driver Joseph Isuwa. The volunteer driver arrived in no time and took her to Kwoi General Hospital. Hours passed by, while nurses worked to save Mrs Rabeca and at 12:00 on 8 March 2015 Mrs Rabeca gave birth to two bouncing baby girls.

Afterwards, ETS volunteers conducted a one-off sensitization activity on pregnancy danger signs, avoiding delays in transporting women to facilities, and the importance of accessing ANC services, child birth in facilities, and Routine Immunization.

Image: ETS volunteer Joseph Isuwa, Rabeca Fara and her twin girls, MNCH2 Demand-Side Coordinator, and the nurse that conducted the delivery at Kwoi General hospital

Monitoring ETS

Collecting reliable data in Northern Nigeria is notoriously difficult. In this scheme, data is collected by the ETS driver each time a pregnant woman, newborn, or child is transported. Data is logged by the driver via a user-friendly driver's **log book**, including the name of the driver, his state, LGA, Community, Month and Year; the reason for lifting; pick up and delivery points; and the signature of the Health Facility staff member in-charge. Data is then collated and analysed at state level to track progress and identify potential problems.

EMERGENCY TRANSPORT SCHEME DRIVERS LOG BOOK

Name of ETS Driver: _____ State: _____ LGA Code: _____
 Community: _____ Month: _____ Year: _____

Reason for Lifting	No. of Lifts	Name of Beneficiaries	Reason for Refusal/Comments	Total	Name of Health Facility	Name & Signature of HF In-Charge
Pregnant women with Complications	000000					
Women in Labour	000000					
New Born with Complications	000000					
Post Natal Complications	000000					
Under 5 Child	000000					

Name/Signature of Peer Leader: _____
 Name/Signature of NURTW LGA Secretary: _____

Key Lessons Learned

The data provided by the data and information on the implementation of the scheme have provided a number of lessons.

- LGAs where ETS was implemented involving community stakeholders such as religious leaders, have improved participation of other community members/groups.
- Providing ETS free at the point of delivery has a direct impact on encouraging more pregnant women to be part of this scheme.
- ETS drivers are willing to transport newborns in need of emergency care and pregnant women from one facility to another.

Sustaining ETS beyond MNCH2

MNCH2 has learned from the past and is leading the effort to integrate the ETS strategy into the local structure via the Facility Health Committee (FHC). FHC members are drawn from the community and is at the centre of the Ward Health System.

The FHC links facilities to the community via “demand-creation platforms”, such as, TBAs, religious leaders, Safe Space Interventions (Young Women Support Groups), and male support group volunteers. MNCH2 supports the platforms through training and technical support to secure the transfer of the initiative to communities.

2. ETS Driver Log Sheet



NATIONAL OFFICE

No. 20 Dawaki Road,
Off Ahmadu Bello Way,
Nassarawa GRA,
Kano State, Nigeria

MNCH2 is managed by Palladium and its partners - Axios, Marie Stopes International (MSI), Options Consultancy, Society for Family Health (SFH), MannionDaniels and Association for Reproductive and Family Health (ARFH)

JIGAWA STATE OFFICE:

Opposite Deputy Governor's House, Off Nuhu Muhammad Sanusi Way, Yadi, GRA Dutse

KADUNA STATE OFFICE

C/o PATHS2/ESSPIN Office, No. 1. Idoma Road, Anguwar Rimi, G.R.A

KANO STATE OFFICE

No. 20 Dawaki Road, Off Ahmadu Bello Way, Nassarawa GRA

KATSINA STATE OFFICE

Ministry of Health State Secretariat Complex, Katsina State

YOBE STATE OFFICE

No. C111 Obasanjo Housing Estate Off Gujba Road, Damaturu

ZAMFARA STATE OFFICE

Millionaires Quarters, Off Garba Bisu St. Tudun Wada Area, Gusau