



Emergency Obstetric Care (EmOC) – Delays in Reaching Care

High maternal mortality in Northern Nigeria is best understood by using the ‘three delay model’ to explain delays in mothers accessing EmOC:

- i. delays in the decision to seek care
- ii. delays in reaching care, and
- iii. delays in receiving care

This factsheet will focus on the second delay – **reaching care** – and measures that are being tried to overcome this barrier (namely Emergency Transport Schemes – ETS).

¹ Data in the Key Facts is extracted from the ‘Report of a survey on the financial burden of emergency maternal health care in Katsina, Yobe and Zamfara states’ by Adamu et al, June 2010 (report for the PRRINN-MNCH programme)

² Note that this is for transport one way and not return

Key Facts¹

- Northern Nigeria has one of the highest maternal mortality ratios in the world – approximately 1,000 women die per 100,000 live births (i.e. 1%)
- Thus, approximately 7,100 pregnant women die each year in Jigawa, Katsina, Yobe and Zamfara (1% of 710,000 live births per year)
- 15% of all pregnancies worldwide result in a maternal emergency, thus approximately 106,500 women in Jigawa, Katsina, Yobe and Zamfara would need to access EmOC facilities each year
- On average, households spent Naira 15,400 when seeking treatment for a maternal emergency
- Of this, Naira 1,800² was spent on transport (12%)
- The average cost of a maternal complication was more than the average monthly income of 78% of household heads

Thus, the cost of transport is a significant factor when families decide whether to go to a health facility in an obstetric emergency (e.g. when the expectant mother is bleeding or the baby is taking too long to come out).

“When I went into labour for two days, I didn’t know what to do. The hospital was far away and my husband had no money. Then a driver I never knew before came and took me to hospital and even paid some money. I can only pray to Allah for the people doing this wonderful thing. They saved my life.”

- Hajia Binta Shetima of Bursari LGA

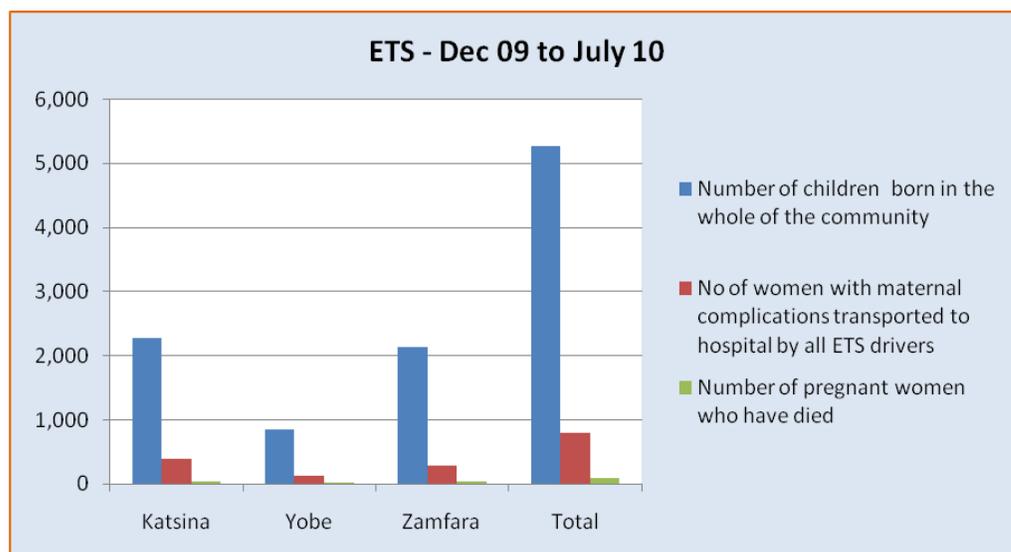
In Jigawa, Katsina, Yobe and Zamfara states, PRRINN-MNCH, NURTW and TRANSAID³ are working together to improve emergency transport systems for pregnant women. Local drivers have been trained to provide transport in emergencies.

The service is either provided voluntary or grateful recipients pay later. In some states women’s savings schemes provide money to those in need to pay. In other states, money has been secured from the MDG fund to support the ETS.

³ PRRINN-MNCH – Partnership for Reviving Routine Immunisation in Northern Nigeria-Maternal, Newborn and Child Health initiative; NURTW – National Union of Road Transport Workers; TRANSAID – UK-based transport NGO

What has been the outcome of the ETS in the states since the pilots were started in late 2009?

Note: in the pilot communities the maternal mortality ratio is 1,631 maternal deaths per 100,000 live births for this period



Emergency Maternal Care Schemes (Dec 09 - July 10)

	Katsina	Yobe	Zamfara	Total
Total amount of money saved by all community emergency maternal care schemes in the community (Naira)	1,215,340	923,138	780,140	2,918,618
Number of women who received emergency maternal care loans or donations	180	66	54	300

What can be seen from the data is:

- The ETS is transporting significant numbers of women - of the 5,270 births one would expect 15% or 790 pregnancies to be complicated and require EmOC. 802 women were transported during this period, thus over 100% of expected numbers.
- Significant financial resources were raised by the different community groups and 37% of the women transported accessed these funds.

It is too early to comment on maternal mortality and possible changes with time but this will be looked at as more data becomes available.

Currently, the PRRINN-MNCH programme is approaching the McArthur Foundation to test which is the best model for financing the ETS. Following this work and with support from government (e.g. through MDG funds or the National Health Insurance Scheme) it is hoped to roll out the best schemes across the four states.

For more details, contact Fatima Adamu on fladamuy@yahoo.com or mobile: 08036154788. The Financial Burden of Emergency Maternal Health Care Survey report can be obtained from PRRINN-MNCH by email from info@prinn-mnch.org.