

Evidence and Action

Special Issue

GOOD PRACTICES

Ghana Country Office 5th Country Program (CP5) 2006-2011

**Innovative Approaches to Referrals of Emergency
Obstetric Cases – Working in Collaboration with Ghana
Private Roads and Transport Unions (GPRTU)**





Of these three delays, a lack of transportation and emergency ambulance services can further exacerbate any emergency, especially in cases of complicated pregnancies. An overwhelming number of rural and peri-urban environments within the Central Region do not have adequate ambulance services and transportation mechanisms to evacuate women in labor. Moreover, the cultural and social norm is for taxi-drivers to shy away from pregnant women in labor and other emergency cases.

As part of a combined strategy to strengthen community-based reproductive health services in the Central Region, EC/GoG/UNFPA introduced a public/private partnership and transportation program to address barriers to access. By collaborating and leveraging with Ghana Transport Unions who represent Ghana's private taxi system, the project aimed to improve the number of referrals of obstetric cases by incentivizing taxi drivers to transport pregnant women to the closest health facilities. This priority transportation service was designed to help link emergency obstetric cases to skilled attendants, increase access to appropriate medical equipment, and better utilize emergency obstetric and newborn care services.

The initial project strategy was to operate the project in 7 sponsored UNFPA districts of the 17 districts within the Central Region. The Central Region Health Directorate with the support from the European Commission ACF (EC)/UNFPA/Government of Ghana (GOG) signed MOUs with Transport Unions in 2005 with the aim of making transport readily available to emergency obstetric cases.

DESCRIPTION & CONTEXT:

Complications of pregnancy, childbirth, and unsafe abortion are major causes of death for women of reproductive age in Ghana. UNFPA reports that women in Ghana have a 1 in 66 lifetime chance of dying in childbirth.

Since 2004, the Central Region of Ghana (after the three Northern regions of Ghana) has been well established as the fourth region exhibiting significantly poor performance across various indices such as Maternal Mortality Rate per 100,000 live births (134), Infant Mortality Rate per 1,000 live births (5.2), Contraceptive Prevalence Rate (34.3%), proportion of teenage pregnancies (15.2%), as well as other secondary indicators such as early onset of sexual activity, access to primary health care services, and HIV prevalence.

1. Delay in reaching a facility for treatment

2. Delay in receiving treatment

3. Delay in deciding to seek care

Research indicates that these three (3) major delays can contribute to high incidence of maternal mortality:

Since 2005, the project has received wide media coverage and publicity through newspapers, radio programs, and television programs.

THEMATIC AREA

Reproductive Health.

PRIMARY KEYWORDS

Sexual and reproductive health, emergency obstetric and newborn care, transport, taxi, driver, public/private partnership, sensitization, maternal death, maternal mortality, infant mortality, maternal morbidity, voucher, referral.

OBJECTIVES

Overall Objective

To improve the provision and availability of maternal health care services in relevant districts within Central Region.

The 'Collaboration with GPRTU' project objectives are:

1. To contribute to national efforts to improve the quality of life of Ghana with emphasis on reproductive health.
2. To increase the adoption of health seeking behaviour by facilitating the transport of those seeking emergency obstetric care.
3. To increase the utilization of quality reproductive health services by linking emergency obstetric clients to relevant health facilities that offer skilled attendants.

The primary stakeholders within the 'Collaboration with GPRTU' project are traditional chiefs, District Assemblies, district transport union representatives, taxi-drivers, The Government of Ghana (GoG)/Ghana Health Service Regional Health Directorate and supporting staff, The European Commission (EC) and UNFPA.

STRATEGY, KEY CHALLENGES AND IMPLEMENTATION

Strategy:

The overall strategy of the program was to implicate the private sector, GPRTU, in helping to resolve delays in accessing emergency care and contribute to the reduction of maternal mortality and infant mortality.

Key Challenges

There were several key challenges to the program, however, in priority:

Since the project's inception in 2005, drivers acknowledged that their support for the initiative has reduced, and this sentiment is corroborated by a reduction in the number of clients in 2010 and 2011.

As a result of health facility staff that may be pre-occupied with handling emergency cases, there are repeated instances where drivers do not receive voucher claim forms. This prevents some drivers from receiving reimbursement and other privileges/rewards from the union and district assembly, thus impacting their future motivation to transport emergency cases.

Taxi drivers report insufficient or inadequate recognition of their efforts and a lack of motivational items such as T-shirts and stickers to boost their morale.

Due to inadequate knowledge about the project, there have been a significant number of reported instances of poor attitude

exhibited by health facility staff. Drivers strongly feel that new GHS staff should be sensitized on the voucher system. Additionally, stakeholders also called upon GHS staff to improve patient bedside care and demonstrate positive attitudes towards emergency obstetric clients and drivers.

Taxi-drivers have also reported instances of uncooperative and harassing police who do not have adequate knowledge about the project nor allow the speedy conveyance of pregnant women.

Implementation

The project is based upon a simple voucher reimbursement system where drivers provide transport services in exchange for a voucher.

Drivers can either receive a fee paid by the family or provide transport services in exchange for a voucher. The evidence of the voucher allows drivers to access additional benefits 'pre-determined' by their local transport union chapter. For example, when drivers demonstrate that they have transported an obstetric case, they can be given priority for other transport jobs or skip the queue in a taxi rank. Alternatively, some unions and district assemblies cover the transportation costs for families who cannot pay by directly reimbursing the taxi-men with proof of a voucher.

The MOU outlines the following policies in support of the transport project:

- The drivers will assist during any emergency case and the union will bear the cost.
- The Union will give telephone numbers (mobile phone numbers of the drivers to the head of health facilities).
- The Union will bear the cost of transporting an emergency if relatives fail to pay.
- The Union will pick up nurses in queue so that they can go to work and attend to clients early however, the nurse will pay for the fare.
- The Union also expects Ghana Health Service to treat drivers who visit the hospital with due care.
- Any driver who refuses to take an emergency case to the hospital will be sanctioned by the Branch/Local.
- Car owners of taxis need to release their cars to drivers when they call for an emergency case.
- Police should be advised to be cautious in order not to interfere with emergencies.
- Drivers will not insist on transportation fees before taking the emergency client to the facility.

- Lorry fares charged during outreach services by Ghana Health Service staff will be reduced.
- Drivers will not be rude to client who call on them for their services.
- Union members will be encouraged to put enough fuel in their cars so that during an emergency situation they can reach the destination.
- Relatives accompanying bleeding cases must try to maintain cleanliness in the vehicle.
- The Union agreed drivers will ensure that clients are attended to well before they too leave the facility.
- Drivers have agreed to provide rubber covers for the seats to meet bleeding cases.

A team from the GHS Regional Health Directorate then visited the various districts to sensitize drivers on the contents and policies of the MOU. The team completed this awareness exercise comprehensively, thereby contributing to the project's success.

In addition to the project's structure and policies, the District and Regional Assemblies have offered yearly appreciation events where prizes are distributed to drivers who have transported the greatest number of women. Awards have included refrigerators, 32-inch flat screen colored TVs, four-burner gas cookers, suitcases, standing fans, wrist watches, chairs, plaques, and t-shirts. The awards ceremonies help to recognize and reward drivers in the public eye and increase the motivation of drivers to serve more clients in subsequent years. Distinguished guests and dignitaries have attended the ceremonies to confirm and reiterate the importance of the public/private transport collaboration. Since 2005, distinguished guests have included UNFPA Country Representatives and UNFPA staff, the Honorable Regional Minister and her entourage, the Regional Director of Health and his team, District Health Directorate staff, GPRTU senior executives, District Assemblies, heads of departments, selected Queen Mothers, and other opinion leaders.

PROGRESS AND RESULTS

- Qualitatively, it has been reported that this initiative has inspired transport unions and its workers to now feel a great sense of commitment to reducing maternal and infant mortality.
- Since 2006, the project has supported approximately 3,285 referrals of women in need of emergency obstetric services (23 in Year 2006, 141 in Year 2007, 585 in Year 2008, 991 in Year 2009, 764 in Year 2010, and 781 in Year 2011).
- Given that the transport of emergency cases is expected to contribute to the reduction of maternal deaths, this evidence should be reflected in the trend of deaths from 2006 to 2011. Across this 5-year time span, there have been sharp increases and decreases in maternal deaths from year to year with no consistent downward trend. However, the year with the greatest number of referrals (Year 2009 at 991 referrals) coincides with an unexpectedly low number of



maternal deaths that year, approximately 135 deaths in 2009 as opposed to 160 deaths the year prior.

- Infant mortality (per 1,000 live births) has also declined from 3.6 to 3.0 across the five years of the project. The decline in infant deaths may be attributable to the efforts of drivers who have helped to reduce delays in access to health services.

LESSONS LEARNED

- The process of sensitizing drivers on the MOU and its policies is critical in ensuring that drivers understand the code of conduct and the voucher scheme. Health facility staff equally requires this type of sensitization so that they may be more supportive and understanding of the importance of the voucher scheme.
- The provision of referral vouchers is at the core of the accountability process and should be carefully designed and managed. Drivers require the voucher for reimbursement, to obtain additional benefits from the transport unions, and to count towards future eligibility for awards and prizes. The voucher stubs at health facilities also serve as a monitoring tool to track the number of referrals.
- The initial project strategy was to operate the project in 7 sponsored UNFPA districts of the 17 districts within the Central Region. However, project activities within the 7 districts could not be contained to just the 7 districts due to driver transport patterns across districts. Therefore, the project expanded to all 17 districts within the region.
- The program is heavily based on public recognition of taxi-drivers' efforts, therefore, the role of media and public relations is important in inspiring drivers and other stakeholders to continue prioritizing pregnant women.

CONCLUSIONS AND RECOMMENDATIONS

The 'Collaborating with GPRTU' project has successfully assisted nearly 4,000 emergency obstetric cases so that pregnant women reach health facilities on time, receive prompt medical attention, and reinforce the referral system and function of the maternity wards.

RECOMMENDATIONS

- The voucher system and scheme should be protected, monitored, and reinforced because they serve as an accountability tool for tracking referrals and benefits for drivers.
- There is a waning sense of support for the project where the number of referred cases is slowly declining. Therefore, all committees that were initially set up to manage and coordinate this initiative should be revived and new stakeholders and staff continuously oriented on the scheme.
- The project should determine clear and attributable indicators to better support the effectiveness and impact of the project. Examples of suggested indicators are 'Number of taxi-drivers participating in the scheme', 'Number of stakeholders trained in the GPRTU scheme', 'Average number of minutes to transport emergency cases', 'Outcome of transported emergency obstetric cases', and 'Qualitative feedback from clients transported'.
- Health facility staff requires additional training and sensitization on how to prioritize drivers, consistently provide vouchers, and positively interact with their drivers. This will help to ensure that drivers feel valued and their sense of morale remains to continue referring cases.
- Due to a lack of funding, future yearly awards ceremonies are at risk of not occurring. This may negatively impact drivers' sense of motivation and morale to continue referring emergency obstetric cases.

PARTNERS

Ghana Health Service.

Ghana Public Roads and Transport Unions.

European Commission.

LINKS AND SOURCES

- Independent Rapid Assessment of 'Transport Unions', November 2012.
- UNFPA/GOG Programme – Central Region; Third Quarter Report, 2010.

- Report of Joint Monitoring Visit to the Central Region, August 2011.
- Final Internal Evaluation of EC-ACP-UNFPA Sexual and Reproductive Health Programme, July 2008.
- Collaboration of GHS with Transport Unions, 2011.
- Overview of Collaboration between GHS and GPRTU, 2008.

ACKNOWLEDGMENT AND FURTHER INFORMATION

This good practice was produced with technical input from the following experts:

Esi Awotwi, Robert K. Mensah, Bernard Coquelin, Dennia Gayle, Doris M. Aglobitse, all of UNFPA and Dr. Samuel Kwashie of Ghana Health Service.

For more information about this practice, please contact:

coquelin@unfpa.org and
awotwi@unfpa.org or send an email to
ghana.info@unfpa.org.

Mailing Address:

P. O. Box GP1423
Accra, Ghana.

Street Address:

No. 7, 7th Rangoon Close,
Cantonments
Accra, Ghana.

Office Email:

ghana.office@unfpa.org

