



CASE STUDY

Randagi rids itself of maternal deaths, overcoming one delay at a time

Kaduna • August 2013



Mr Khalid, assisted by midwife Mrs Akibu, shows how pregnant women are received on arrival at the Randagi MPHC

The road that leads to Randagi village is all too familiar to 39-year-old Ayuba Khalid, and not just because he is a commercial driver. Sixteen months ago, he joined a group of pioneer volunteers who transport pregnant women to get much-needed delivery services. Ayuba recounts his experience. “There was a seven-month pregnant woman who had lost significant amount of blood while trying to deliver by herself at home. Once we got to the Randagi Model Primary Health Centre (MPHC), the

midwife asked that I transport her to the BirniGwari General Hospital. Although they saved her life, the baby did not make it.”

Ayuba recalls another real-life case. “Nineteen months ago, one woman lost her life while giving birth to twin babies at home. The husband could not afford transportation costs so it became too late to save the woman.”

The number of women dying because of pregnancy-related causes is especially high in Nigeria, with northern Nigeria accounting for most maternal deaths, according to the Nigeria Demographic Health Survey (2008). Most women from northern Nigerian deliver by themselves at home for cultural reasons, which mean that they may not get timely and professional help should complications occur.

“If there were no means of transporting women here, or to the general hospital if we need to refer them there, we might have recorded several maternal deaths,” said Randagi MPHC midwife Sadiat Akibu.

In March 2012 the UK aid-funded PATHS2 programme trained volunteer drivers in Kaduna State on volunteerism and suitable care while transporting pregnant women. Following the training, Ayuba

began working with the Randagi MPHC. “We usually give his number to women during antenatal care and tell them to call once they notice any of the danger signs in pregnancy or the onset of labour,” said Mrs Akibu. “I installed an antenna worth 14,000 Naira (£56) at my house to boost communication, since the mobile network in the village is not strong,” said Ayuba.

Since ETS started in Randagi, Ayuba has transported 136 women. In several cases, he had to convey the women to the MPHC, and in the event of a referral, to the general hospital and back home once they had received appropriate care. “I can recall several delivery cases that bring me fulfilment,” said Ayuba. “I transported a woman who was trying to deliver at home without success. Once we got to the MPHC, we were referred to the general hospital, where they had to operate on her. Both mother and child made it, and I conveyed them home afterwards.

“This is a job I have come to enjoy, so I plan to continue,” said Ayuba. To compensate Ayuba, the National Union of Road Transport Workers, in

partnership with PATHS2, provides him with priority loading of commuters once he arrives at the local motor park: he gets to go to the head of the queue to pick up passengers, while other taxis have to wait their turn. On their own, community members have found creative ways to show their appreciation. “One husband brought me chicken and 1,000 Naira (about £4) for transporting his wife to the health facility.” Ayuba continues, “I am simply happy to be able to contribute to saving the life of a woman or a child.”

“Ayuba has been helpful. He comes through irrespective of the time that he is called. His efforts make our job easier. He has helped us avoid some complicated cases,” said Mrs Akibu.

Through the efforts of Khalid and like-minded volunteers, the ETS in Kaduna State has provided 927 women with transportation to health facilities during pregnancy-related emergencies.

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The Partnership for Transforming Health Systems Phase Two (PATHS2) is a six-year development initiative that aims to ensure Nigeria achieves important health-related Millennium Development Goals.

Funded by UKAID from the Department for International Development, PATHS2 is working in partnership with the Government of Nigeria and other stakeholders to improve the planning, financing, and delivery of sustainable health services for those most in need. In addition to its work at the federal level, the PATHS2 programme is implemented in the five states of Enugu, Jigawa, Kaduna, Kano, and Lagos. PATHS2 follows the successful PATHS programme, which was implemented from 2002 to 2008.

PATHS2 is managed by Abt Associates, in association with Options, Mannion Daniels, and the Axios Foundation.

