Strengthening National Emergency Medical Transport Services: Training, Voucher Scheme, and Community Call-Centre Support

VISTA Resources Integrated Consultancy (VISTA), is pleased to invite your organization to submit a proposal for strengthening national emergency medical transport services including personnel training, a transport voucher scheme, and community call-centre support across Akwa-Ibom, Benue, Ekiti, Enugu, Kebbi, Ondo, Taraba, and Zamfara.

1. Background and Rationale

The “three delays” framework, delay in deciding to seek care, delay in reaching a health facility, and delay in receiving adequate care once at a facility, remains one of the most widely applied models for understanding preventable maternal mortality, and the second delay, reaching care in time, is disproportionately significant in Nigeria's largely rural and infrastructure constrained states. Even where quality emergency obstetric care exists at referral facilities, women experiencing complications such as postpartum haemorrhage, obstructed labour, or eclampsia frequently cannot reach that care quickly enough due to the absence of reliable, affordable, and well coordinated emergency transport.

The National Emergency Medical Transport Centre (NEMTC), together with state level State Emergency Medical Services and Ambulance Services (SEMSAS) structures operating under the National Emergency Medical Services and Ambulance System (NEMSAS) framework, represents Nigeria's primary institutional architecture for addressing this gap. However, across the eight priority states of Akwa Ibom, Benue, Ekiti, Enugu, Kebbi, Ondo, Taraba, and Zamfara, this system faces well documented constraints: a shortage of personnel trained specifically in emergency transport operations and obstetric triage; limited community awareness of, and trust in, formal emergency transport services, which often leads to reliance on informal, slower, or unsafe means of transport; inconsistent documentation and administrative coordination of existing transport assets, dispatch practices, and referral handoffs; and financial barriers that deter even those aware of available services from using them, particularly for the most vulnerable populations.

This assignment addresses four interlinked components of that gap. First, on the human resource side, there is a need to train and provide ongoing supportive supervision to approximately 1,840 personnel including emergency transport operators, NEMSAS/SEMSAS Coordinators, and Community Emergency Medical Transport Triage Officers (CEMTTOs) at national, state, and LGA levels, equipping them with the specific competencies needed to recognise, triage, and safely transport women experiencing obstetric and other SRH related emergencies.

Second, on the financing side, cost remains a critical and frequently underestimated deterrent to emergency transport use, particularly among pregnant women, women experiencing obstetric complications, and survivors of gender based violence, many of whom are among the poorest and most remote populations served by the programme. A transport voucher scheme targeting the

distribution and redemption of 15,000 vouchers at an average subsidised cost of US$10 each is designed to remove this financial barrier at the point of need, working in coordination with emergency transport providers and community level structures to ensure vouchers reach and are usable by the intended beneficiaries.

Third, sustainable improvements in emergency transport performance depend as much on dependable documentation and administrative coordination as on the transport assets themselves. Deployment, dispatch, and referral handoff practices across the eight priority states are often undocumented or held informally, limiting NEMTC and SEMSAS structures' ability to coordinate effectively and monitor performance. Compiling organised records, updated protocol documentation, and administrative support for coordination meetings, alongside documentation of cost efficient and sustainable models such as public private partnerships or community based transport schemes, is therefore a core component of this work.

Fourth, community trust and awareness remain foundational to the entire emergency transport chain: even a well resourced, well trained, and well coordinated system will be underutilised if communities do not know how to access it or do not trust it to respond. A cadre of 15 trained call centre volunteers is intended to serve as a frontline link between communities and the NEMTC emergency response system, raising awareness of available SRH emergency services, facilitating timely activation of emergency response, and building community level trust, particularly among women and girls in the health system's capacity to respond to obstetric and reproductive health emergencies.

2. Objectives of the Assignment

- Build the human resource capacity required to deliver timely pre hospital emergency care for SRH related emergencies, particularly obstetric emergencies.
- Reduce financial barriers to emergency transport for vulnerable and remote populations through a transport voucher scheme.
- Conduct a landscape assessment of ambulance operations and establish a context appropriate operating and maintenance model, with costed procurement needs, across the eight priority states.
- Strengthen community awareness of, and trust in, NEMTC emergency response services through a trained volunteer call taker cadre.

3. Scope of Work

The assignment comprises three components, each aligned to a specific pillar of the emergency transport strengthening agenda:

Component 1 - Training and Supportive Supervision: Provide strategic support to develop and deliver training for approximately 1,840 emergency transport personnel.

- Support development and adaptation (where necessary) of the training curriculum, covering emergency transport operations, obstetric and SRH emergency recognition, and triage.

- Support the training at national, state, and LGA levels to transport operators, NEMSAS/SEMSAS Coordinators, and Community Emergency Medical Transport Triage Officers (CEMTTOs).
- Establish and conduct a supportive supervision schedule to reinforce and monitor application of the training.
- Track and report demonstrated improvement in emergency response competencies among trained personnel.

Component 2 - Transport Voucher Scheme: Manage and monitor a 15,000 voucher emergency transport subsidy scheme targeting pregnant women, women with obstetric complications, and survivors of gender-based violence.

- Support claims management and coordinate with NEMSAS/SEMSAS to validate and disburse funds to emergency transport providers, ensuring vouchers are accepted and redeemable.
- Support establishment of a tracking system to monitor voucher distribution and redemption.
- Coordinate with community level structures to raise awareness of voucher availability and eligibility.

Component 3: Ambulance Landscape Assessment, Operating Model, and Fleet Costing: Conduct a landscape assessment of ambulance operations across the eight priority states, establish a context appropriate operating model, recommend a maintenance model, and cost the procurement of ambulance vehicles.

- Conduct a landscape assessment of existing ambulance operations across eight priority states, including vehicle inventory, deployment, utilisation, dispatch practices, and response time performance, organised by state and LGA.
- Assess demand and operating context across the priority states, including urban, rural, and other relevant segregation, to inform the design of an appropriate ambulance operating model.
- Develop and recommend an ambulance operating model tailored to the identified urban, rural, and other contextual variations across the priority states.
- Recommend a maintenance model for the ambulance fleet, covering servicing schedules, spare parts, and lifecycle management.
- Cost the procurement of ambulance vehicles required to support the recommended operating and maintenance models.
- Compile a summary of findings and recommendations, including options for cost efficient and sustainable fleet models, for review by SEMSAS, and the SWAp Coordinating Office

Component 4 - Call Centre Volunteers: Support the training and deployment of call centre volunteers to support NEMSAS.

- Provide stipend payments to the engaged call takers following work validation and NEMSAS approval.
- Establish and deploy a rostering and quality monitoring system for volunteer call centre operations.

Component 4 - Development of Program Report: Develop and submit a consolidated program report bringing together progress, outcomes, and challenges across all three components.

4. Key Deliverables

- Training curriculum and completion report for approximately 1,840 emergency transport personnel trained at national, state, and LGA levels.
- Supportive supervision reports tracking competency improvement among trained personnel.
- Voucher scheme SOPs and tracking system for the 15,000 voucher emergency transport vouchers.
- Voucher redemption report, disaggregated by beneficiary category.
- Ambulance landscape assessment report, including the recommended operating model by urban, rural, and other context, a recommended maintenance model, and a costed procurement plan for ambulance vehicles.
- Monthly stipend payment records for call centre volunteers, validated by NEMSAS, including community engagement and call log report summarising call volumes and outcomes.
- Consolidated program report on progress, outcomes, and challenges, submitted to NEMTC with copy to NEMSAS/SEMSAS and the SWAp Coordinating Office.

5. Duration and Reporting

The assignment is expected to run for twelve (12) months. The successful bidder will report to NEMSAS/SEMSAS and the SWAp Coordinating Office.

6. Qualifications and Experience Required

- Capacity to deliver emergency medical transport or pre hospital care training, directly or through key personnel or partners.
- Capacity to design or manage voucher based or conditional transfer health financing schemes, drawing on personnel or partner experience
- Capacity to establish or support call centre or community engagement operations for emergency or health related services.
- Ability to mobilise and coordinate training and supervision at national, state, and LGA levels, backed by a clear staffing plan.
- Working familiarity with NEMTC, NEMSAS, and SEMSAS structures, or a credible plan to build this quickly

7. Proposal Submission Requirements

Interested firms are required to submit:

- Technical Proposal: Approach, workplan, tools/technologies to be used
- Financial Proposal: To be discussed with the successful bidder

Submission Guidelines

Kindly submit your full proposal and any supporting documents to vistaprocurementad@gmail.com no later than five (5) working days from the date of this publication. All enquiries should be directed to the same email address.

Note: Kindly submit all hardcopy proposals to Vista Resources Integrated Consultancy Limited, No. 13 Lingu Street, Wuse 2, FCT Abuja.

We look forward to receiving your proposal and appreciate your interest in supporting this critical initiative.