Transport for Health Care Delivery

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The lack of transport to ensure timeous transfer of patients between levels of health care facilities and for delivery of medicines, vaccines, and other essential equipment is a commonly heard cry from health workers, particularly from those working in rural areas, but is often overlooked and rarely researched.

It is essential to have the correct vehicle mix and a sound transport management system to ensure efficient and effective health service delivery. Public sector transport policies and management systems in South Africa are complex. Policy decisions for the management of the national fleet are set by the national Department of Transport, remote from the level of service delivery. The provincial Departments of Transport lease vehicles for service delivery to user departments, such as the Department of Health. A Fleet Management Service Provider is contracted to the national Department of Transport to coordinate fuel and oil purchases and maintenance of the national fleet.

Management of the national fleet has been identified by the national Department of Transport (NDoT) as not being part of the core business of the department. The policy direction of the NDoT is to outsource the management of the national fleet, (as has been done in the Northern Cape Province), and improve the subsidised car scheme for public servants. How these policy decisions will affect health service delivery is not known, particularly within a decentralised health system.

This chapter explores some of the complexities of the present transport management systems for health service delivery within the public sector through three provincial case studies, namely Limpopo, Mpumalanga and Gauteng. Some recommendations for improved management and for further research are made.

Introduction

The lack of transport to ensure timeous transfer of patients between levels of health care and for delivery of medicines, vaccines, and other essential equipment is a commonly heard cry from health workers, particularly from those working in rural areas, but is often overlooked and rarely researched. A multi-country study on transport management in the health sector carried out in four sub-Saharan countries demonstrated the importance of a functional transport system for ensuring the effective and efficient delivery of health services.[1] The same is true in South Africa; not only in the rural areas but also in the expanding informal settlements, urban and semi-urban areas. The annual peri-natal care surveys in 2000 and 2001 identified problems with transport as a direct avoidable cause of peri-natal deaths (2.6% in 2000 and 5.3% in 2001).[2] Lack of transport for moving patients between institutions accounted for 13.6% of maternal deaths reported in the 1998.[3] The problem of transport is probably even greater than indicated in these reports as the delays in transporting pregnant women from their homes to health institutions is difficult to estimate.

Transport is required for:

- *Delivery of health services* – mobile health services, supervision and support visits to clinics and communities, outreach programmes, school health services, support of home based care, TB treatment programmes and other community-based health programmes
- *Patient transfers* – elective and emergency
- *Support services* – collection and delivery of supplies and drugs, general administration, staff attending meetings and training workshops.

South Africa, like the rest of the developing world is faced with a challenge of providing adequate vehicles for equitable health service delivery. However, vehicles are expensive to purchase and to maintain. Therefore, sound management systems with clear policies and controls are essential. Where there is a shortage of vehicles, their use to carry out administrative functions, rather than service delivery functions such as clinic visits, community meetings and patient referrals can take precedence.[4] Consequently, utilisation of vehicles needs to be carefully managed and focused on health service delivery, with appropriate support put in place to ensure that this is the case. The South African health services policy focus is primary health care, which includes community participation and it is therefore essential for health workers to gain access to and interact with the communities they serve.

Currently the South African public sector transport policies and management systems are complex. This chapter explores some of these complexities through a review of the public sector transport systems in Limpopo, Mpumalanga and Gauteng. The review is based on research set up to describe the distribution of vehicles available for health services delivery in the three

provinces, the constraints to a fairer re-distribution of vehicles, and the challenges to a more effective and integrated transport management system at the health district level.[a] In undertaking the research it became apparent that many constraints for efficient health transport management lay outside the Department of Health (DoH) and that it is important for these to be addressed.

National and Provincial Government Systems

The management of transport at national and provincial spheres of government is closely inter-related. Details of the relationship between and within these spheres are described in the following sections of this chapter. The local government sphere is not subject to national transport policy and operates according to locally established policies.

The national Department of Transport (NDoT) is responsible for a wide range of functions, including public transport systems, railways, roads, airports, road safety and management of the government motor fleet. The role of the NDoT is to set policy, ensure synergy between the provinces, standardisation of the provincial policies and monitoring of the performance of the provincial departments of transport.

Government Motor Transport is a Subdivision of the Corporate Service Division of the national Department of Transport (a small portion of the total work of the department). The subdivision is responsible for transport in all government sectors within the national and provincial spheres.

The management of the national government transport fleet has been identified by the NDoT as not being part of the core business of the department. The department may be required to provide the service but not necessarily to own and manage the vehicles. The Government Motor Transport Subdivision is required to "manage the national government's motor fleet", through strategies that ensure "an effective fleet management system with effective controls; reduces fleet management costs" and that includes strategies of "implementation of PPPs (private-public partnerships) where appropriate; improved reliability and availability of subsidised transport".[5] In line with general government policy for outsourcing all non-core functions and focusing on core service delivery areas, the NDoT has developed its broad strategic policies to include outsourcing of the national transport fleet to the private sector and to improve the current subsidised car scheme.

a The review is part of a Local Government and Health in South Africa research project coordinated by the Health Systems Trust to monitor decentralisation and development of the District Health System. Transport is used as a 'tracer' for monitoring changes in management of easily re-distributable resources. In the first phase the specific objectives were to develop an asset register of all vehicles available or designated for health care services in three provinces, describe the transport management systems of the provincial and local spheres of government and make recommendations for the smoother and more effective management of vehicles allocated for health care.

Subsidised car scheme

A subsidised car scheme has been operating within the government sector for many years and is a means of supplementing the pool of vehicles available for service delivery. Through this scheme an official in the department is able to purchase a vehicle for his/her official duties. The department reimburses the official for work related trips and at the end of the contract period the vehicle becomes the property of the official. Pre April 2001, the department provided the finance for the scheme and the vehicles were purchased through a Government Contract (RT77) at a favourable price. The department paid a monthly capital, fuel (dependent on the official kilometres travelled and the size and model of vehicle), maintenance and insurance allowances.

In April 2001 a new subsidised car scheme with two options (Scheme A and Scheme B) was introduced. In Scheme A, a private financial service provider (presently Wesbank) provides the initial capital for the purchase of the vehicle, operating a transactional relationship with the official in the same way as for a standard financial loan. The department pays fuel and capital costs to the official through their salary, but pay maintenance charges to Wesbank who operates a maintenance account for the vehicle on behalf of the individual and the department. In Scheme B the official is able to purchase a new or second hand car less than 2 years old. The department pays for a contribution towards fuel and maintenance costs but not for insurance or capital costs.

To participate in either the A or B Scheme the official must meet certain prescribed criteria that include requiring the vehicle as a work facility, travel more than a prescribed distance each month and satisfy Wesbank financing requirements. An application for an official to have a subsidised vehicle must be accompanied by a full motivation that is supported by his/her immediate supervisor. The application is passed through further channels, which vary between provinces. All applications are signed by the head of the department before being submitted to Wesbank for clearance and are then passed to the provincial DoT through whom the vehicle is purchased. The NDoT monitors the schemes.

By joining the subsidised car scheme, the individual commits to ensure that the vehicle is available for official use. If it is unavailable the official must provide alternative transport and may not request the use of a government owned vehicle. The official must provide regular monthly programmes of planned official travel and submit monthly logbooks recording actual official and private use of the vehicle. The Transport Officer, who administers the scheme, authorises the individual's travel claims, which must be supported by his/her immediate supervisor.

The scheme has a number of advantages over the using of government owned vehicles. In particular, an individual is able to move more freely when required. For example, a government vehicle may not be kept at an officials home overnight or at weekends and can only be collected from the garage at 08:00 am and must be returned by close of business on the same day. This limits

the time that the official has for visiting clinics or other projects that are far from their work place. With a subsidised vehicle there is no such restriction and the official can leave earlier and return later, thus giving more time in the field.

However, there are intrinsic problems with the scheme, as highlighted by a number of the provincial transport managers. These include: difficulty with monitoring of kilometres travelled for official and private use, reluctance of officials to use their own vehicles on poor roads and therefore requesting use of government vehicle for such trips, and less coordination of trips as officials prefer to drive alone to ensure they complete their required monthly official kilometres.[b]

The provision of vehicles to individuals does potentially increase the availability of transport for carrying out their functions, but the scheme requires good management to ensure that the criteria are adhered to and that the vehicles are used for health service delivery. In addition, through this scheme many more government officials have access to owning their own vehicle, which they would otherwise not be able to afford, and has decreased the budgetary risks for the government. All subsidised vehicles are monitored by the NDoT through electronic printouts. This information is available to all user departments.

Outsourcing

The NDoT's stated policy direction is to outsource fleet management through public-private partnerships (PPP). Through PPPs the risks are said to be shared with private sector companies whose core business is fleet management. The private company will manage the government fleet and be responsible for ensuring that vehicles are available at all times for service delivery. The decision is in part an acknowledgement that the government does not have the capacity to manage the national fleet.

The policy decision was made by MinCom, a committee comprised of the national Minister for Transport and the nine provincial MECs for Transport. The decisions relate to government transport in all provinces and for all government departments are included in the NDoT's strategic plans for 2002-2003.

The NDoT has spearheaded a number of PPPs. These include the outsourcing of the fleet management for all national departments in 1999 and the outsourcing of the entire Northern Cape government fleet in November 2001. Other pilot projects include the outsourcing of emergency services in Limpopo Province (to be finalised by April 2003). The outsourcing of the entire government fleet in the Eastern Cape was expected to be finalised by the end of November 2002.[5] National Treasury PPP Department guidelines have been followed in setting up these PPPs.

b Reported at Transport Workshop of 27 September 2002 with transport managers from Mpumalanga, Gauteng and Limpopo Departments of Health.

A private fleet management service provider has been contracted for several years by the NDoT to improve the monitoring and control of vehicles and to reduce fuel fraud. The vehicles remain the property of the government, which is also responsible for purchase of new and replacement vehicles. Wesbank First Auto (through Contract RT46) at present holds this contract, which is valid until 31 March 2004. Essentially the contract provides 'garage cards' for drivers, and a facility to link fuel tagging systems to enable drivers to procure fuel and maintenance services at a number of approved garages throughout the country. The responsibilities of First Auto[c] include:

- Evaluating and approving maintenance quotations
- Inspecting vehicles before and after repairs
- Scrutinising invoices submitted by garages
- Paying suppliers
- Providing daily electronic (internet based) reporting
- Providing monthly electronic and printed reporting
- Rendering a fleet management consultancy function.

Role of the Provincial Departments of Transport

The provincial departments of transport are required to establish a Motor Transport Advisory Committee for transport management within the province. Each provincial user department (e.g. health, welfare, education) is represented on that committee.[6] The provincial Departments of Transport (PDoT), through the Government Garages, are responsible for the management (including licensing), procurement, maintenance, repair and disposal of all vehicles used in government service within their provinces. User departments, such as health, welfare and education, hire vehicles for their use from the PDoT and all queries are passed from the user department to the PDoT. The user departments budget for all recurrent running costs. New and replacement vehicles can be purchased through a tender (Tender RT77) available through the NDoT. The provincial Department of Finance (PDoF), however, is responsible for release of the funds.

Requests for new or replacement vehicles are processed from the health district or institution, to the transport section in provincial Department of Health (PDoH) who in turn submits them to the PDoT. Purchases can be made on confirmation from the PDoH and PDoF that funds are available. The PDoT purchases vehicles at preferential prices on the national tender, RT77. The final decision, however, as to the model and make of vehicle to be purchased rests with the PDoT government garage. This decision is dependent on supply from the manufacturers and overall demand for vehicles within the public

c du Toit, P; First Auto (Pty) Ltd; Consultancy Functions for the RT46 Contract.

sector. It is possible for the PDoT to purchase three sedan vehicles to satisfy the wider sector demands instead of purchasing at a similar cost one four-by-four or other specialised vehicle for one department. The purchase of a new or replacement vehicle for services to be rendered at a health district or institution is thus dependent on a negotiation process between the PDoH, PDoT and PDoF and is governed by policies set by the NDoT.

Requests for renewal of licences, maintenance and repairs of any vehicles follow a similar path i.e. from the health district or institution, to the PDoH and then to the PDoT and PDoF for authorisation.

This arrangement means that there are three departments involved in release of funds for the management and payment of the fleet. An arrangement that not only leads to many delays in transactions taking place, but also can result in each department blaming the other for non-delivery. This lengthy process results in many vehicles continuing in service long after their economic life span or lying idle while awaiting authority for repairs. The fleet service management service provider, First Auto, is facilitating some of these services with a positive improvement being noted.

In some provinces the relationship between the departments is changing. For example, in Gauteng the PDoT is working closely with user departments in implementing new systems of monitoring the use of vehicles, and in Limpopo the full responsibility for transport management is expected to be delegated to the user departments from 1 April 2003. However, it is anticipated that the PDoT will continue to have a monitoring and policy formulation role to play.

When the fleet management is outsourced, such as in the Northern Cape, the PDoT remains responsible for managing and monitoring the contract, but the user departments are responsible for the financing of the hire of vehicles from the private company involved in the PPP.[7] The head of the user department, such as health, must account for all expenditure in terms of the Public Finance Management Act (PFMA).[8]

Each PDoT also signs a service level agreement with First Auto (the present fleet management service provider contracted to NDoT) for the services to be provided by them within their province. This includes coordinating payment to providers for fuel, repairs and maintenance of all government vehicles. First Auto maintains a large database on all government vehicles and the system has the potential to provide detailed information that can be used to calculate standard monthly transport management indicators – such as kilometres travelled, fuel utilisation, running cost per kilometre, availability, utilisation and needs satisfaction. In terms of the contract there are a number of other service options available to the provincial departments, such as valet services and the installation of vehicle tracking devices.

Provincial Department of Health Transport Management Case Studies

Case studies of fleet management for health were undertaken in Limpopo, Gauteng and Mpumalanga provinces between April and July 2002. The studies were undertaken through interviews with key officials in the Departments of Health and Transport in the three provinces. In each province one selected district or metro municipality and a health sub-district within the selected district or metro municipality, participated in the study. Policy and other documents, obtained from these departments or through the departmental websites, were analysed. Meetings were also held with the manager of the First Auto contract, the TransAid Worldwide[d] South African representative and NDoT. A workshop comprising representatives from the three provinces was held to identify some of the key root problems with transport management pertaining to policy, operational control, management information systems, fleet management and human resources.[9] A summary of the key issues identified in each of these components for each province is given in the Table 1. The asset register from First Auto for September 2002 was used for analysis as complete registers were not available from the provincial departments of health at the time of the study. A short summary highlighting some key points of interest in each province is also included.

Limpopo Department of Health and Welfare

In Limpopo, health services are combined with welfare into the Department of Health and Welfare (DoH&W). The transport management system in the department is below optimum. Health care workers experience difficulties in accessing transport. There are no clear departmental policies for management of the fleet, including vehicle replacement and allocation of new vehicles for expansion of services, such as community outreach services. The problems are being addressed and during 2002, TransAid Worldwide provided management training for all transport officers in the department and new management systems are being developed. Also the PDoT is expected to decentralise the management of the government owned vehicles to the DoH&W from 1 April 2003.

The fleet is ageing (Table 1 and Figure 1). Of the 1 528 vehicles on the Asset Register for the DoH&W obtained from First Auto, only 173 (11%) are less than five years old. An increasing number of health officials are joining the subsidised car scheme with 626 at present owning such vehicles, the majority qualifying to join Scheme A. No analysis has been done as to which officials have subsidised vehicles or the health service function for which they are being used. In Greater Tzaneen Health Sub-District it was noted that none of the five Community Liaison Officers who are responsible for coordinating

d TransAid Worldwide is a not-for-profit organisation committed to improving transport management systems in developing countries. The organisation trained transport officers in departments of health in seven of the nine provinces in South Africa between 1996 and 2001.

FUNCTION	LIMPOPO	MPUMALANGA	GAUTENG
Asset Register: *(Full list of vehicles available for service)*	Total government vehicles = 1528* Under 5 yrs = 173 (11%) 6 to 10 Yrs = 1125 (74%) Over 10 yrs = 230 (15%) Total subsidised vehicles = 626	Total government vehicles = 643* Under 5 yrs = 186 (29%) 6 to 10 Yrs = 322 (50%) Over 10 yrs = 135 (21%) Total subsidised vehicles = 200	Total government vehicles = 884* Under 5 yrs = 228 (26%) 6 to 10 Yrs = 425 (48%) Over 10 yrs = 231 (26%) Total subsidised vehicles = not available
Policy: *(Rules guidelines written and unwritten)*	• Asset register not available at Head Office • Policy outdated – no update since 1996 • Policy requires top management approval	• Asset register available at Head Office • Policy in place and adhered to at all levels • EMS under Transport Division not Health – outsourced • De-concentrated to three district offices – operating from hospitals • Budgets held at district offices	• Asset register available at Head Office • Policy in place and regularly updated • Strong management with good top management support • De-concentrated to three regional offices – each with own management
Operational Control: *(Internal control procedures for misuse, optimal utilisation and to ensure availability)*	• Poor planning and control at Head Office; this is generally better at institution and district level • Disciplinary procedures poor • Poorly trained – but being addressed by TransAid	• Trips well planned and controlled through trip authorities • Monitoring system being installed in all new vehicles • Transport officers well trained • EMS – three control centres • Good disciplinary system in place and used	• Trips well planned and monitored through issue of trip authorities • Emergency trips require director's signature • No keeping vehicles at home • Transport officer follows up traffic offences • Asset register checked against physical presence of vehicles
Management Information System: *(A tool to collect relevant data for analysis and corrective action)*	• Log sheets accumulated in Head Office Dept of Transport – do not want these • No feedback on indicators given to institutions or districts/sub-districts • First Auto – used for fuel, maintenance and repairs. Payments in arrears. • In some areas – lack of capacity to cope with repairs and problems experienced with use of electronic fuelling • No vehicle replacements	• Only 50% return of monthly forms from institutions and districts • Monitoring of fleet therefore difficult • Indicators used at local level for fleet management • Replacement of vehicles are budgeted for • Management of 48 ambulances is outsourced – but contract will not be renewed due to the high expense	• Regional offices receive monthly reports on indicators – forwarded to head office quarterly • First Auto and SQL systems integrated – used daily to identify over fills • Government Garage working closely with user departments – introducing a computerised system for trip authorities

FUNCTION	LIMPOPO	MPUMALANGA	GAUTENG
Fleet Management: *(Management of vehicles from purchase to disposal)*	• Poor communication within the department leads to fragmented management • Poor communication between Dept of Health and Dept of Transport • Delays experienced with Government Garage with repairs, licensing and fuel cards	• First Auto system used for monitoring and improving availability – tracking system supports this system • Problems experienced with electronic fuelling system • Private companies paid within 36 hrs of completing repairs	• First Auto card system used – for planned maintenance and repairs • System working well

* Asset Register from First Auto Data Base was used in the analysis as a full Asset Register was not available from all three provinces at the time of the study

the primary health services within a defined local area had joined the scheme and all relied on government transport to visit clinics and the community. The reasons for this were not clear.

There are however islands of excellence in health transport management within the province, for example:

- The transport manager at Polokwane Hospital has developed an effective system to manage his fleet, adheres to the policy and, although having old vehicles, achieves a high level of functionality.
- The Greater Tzaneen Health Sub-District management team communicates regularly with the local government garage officials to ensure a high level of availability.

The running cost of the fleet (fuel, oil, repairs and servicing) in Limpopo DoH&W is approximately R37 million per year.[e] This is 1.3%[f] of the annual budget for the PDoH&W. This excludes the cost of new or replacement vehicles purchased during the year and the subsidised car scheme.

Gauteng Department of Health

The management system in Gauteng is largely computerised. The provincial Department of Transport is supportive of the user departments and provides regular training on the new electronic systems being introduced. Health care providers experience few problems with transport.

The fleet is ageing. Of the 884 vehicles on the First Auto Asset Register for the PDoH, 228 (26%) are less than 5 years old. Officials have joined the subsidised car scheme, which is strictly controlled and mostly limited to Scheme B, which is less popular with the officials.

The running cost of the fleet is approximately R12 million per annum,[e] which is 0.17%[10] of the annual departmental budget. This excludes the cost of new or replacement vehicles purchased during the year and the subsidised car scheme.

Mpumalanga Department of Health

In Mpumalanga transport management systems are in place and there are generally few complaints from health care workers. The department has recently purchased 200 new vehicles. All new vehicles are being fitted with a tracking system, Digicare, which is an option within the First Auto contract at an approximate cost of R10 000 per vehicle. This system monitors the movement of vehicles in motion and acts as a monitoring system as well as a security device in case of hi-jacking or other such incidents.

e First Auto (Pty) Ltd. Expenditure reports for 6 months between April 2002 and September 2002 and doubled for projected annual expenditure.
f Limpopo Budget Hearings, Presentation to National Health Portfolio Committee, 14 May 2002, Total health budget = R2.9 billion for 2002/2003.

Vehicles have been pooled at the district offices. According to a clinic sister this has led to some delays in the transfer of patients from the clinic to hospital and limits their ability to run community outreach programmes to the community. Previously, a vehicle was stationed at her clinic for transfer of patients and for outreach programmes.

Like the other provinces, the fleet is ageing. Of the 643 vehicles on the First Auto Asset Register, 186 (29%) are less than 5 years old. Similarly, many officials have taken advantage of subsidised vehicle schemes, mostly qualifying for Scheme A, which takes pressure off the pool vehicles. For example at the Barberton Hospital, the superintendent, matron and administrator each have subsidised cars, which are used for attending regional and head office meetings. There are a total of 200 subsidised vehicles in the Mpumalanga provincial Department of Health.

The cost of running the fleet is approximately R22 million per annum,[e] which is 1.3%[g] of the annual departmental budget. This excludes the capital value of the vehicles, the cost of new or replacement vehicles purchased during the year and the cost to the department of the subsidised car scheme.

Poor road infrastructure, in parts of the province and the ageing fleet means that repair costs are higher than maintenance costs.

Local Government

In municipalities fleets are small and in the smaller ones, vehicles are pooled to provide services for all departments. In the metros and larger municipalities there is a degree of de-concentration of management to departments. Few problems are experienced with service delivery. The geographical area served by the metro or municipality is relatively smaller and the health services provided by local government are limited to non-hospital primary health care and some environmental health services.

In The Greater Tzaneen Local Municipality in Limpopo, transport for health services is drawn from the pool of vehicles garaged at the municipal offices. The local municipality is responsible for one PHC clinic and some environmental health services. Transport management or provision is not a problem. There is no sharing of transport resources with the provincial services.

g Mpumalanga Dept of Health, budget report to the Provincial Health, Social Services, Population and Development Portfolio Committee, 4 June 2002. Total budget for health = R1.6 billion for 2002/2003.

In Tshwane Metro, transport is managed as a subsection of Support Services within the health department. The Tshwane Corporation, through a service level agreement between the Tshwane Corporation and the Health Department, allocates fifteen vehicles to Health. The Health Department is responsible for all costs associated with transport, including budgeting for new or replacement vehicles. All vehicles over 10 years are subject to annual assessment for possible replacement. Transport is only used for health service delivery, such as patient transfers and delivery of medicines and other medical sundries. In some areas of the Metro, patient transport services have been outsourced to local community organisations. Staff members have access to a vehicle subsidy scheme or are reimbursed for use of public or private transport when on official business, such as attending meetings. No disciplinary problems are experienced with use of transport. Monitoring and control of the fleet is done through a simple paper based system from which all the standard transport indicators can be calculated.

Major Issues

Fleet size and age

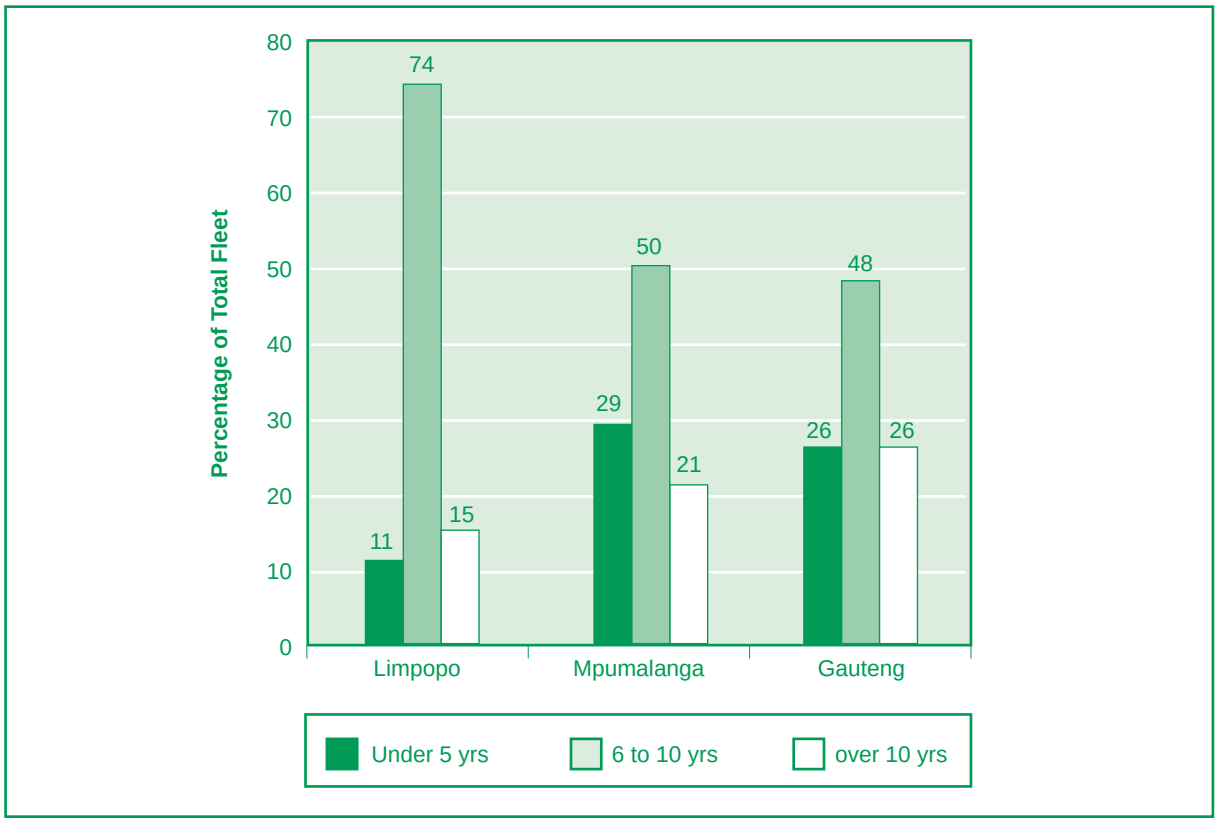
There is no standard method for determining the ideal vehicle mix and number for a health district. A six-step method that includes an analysis of the present fleet and a need analysis for transport is outlined in the Transaid Transport Management Manual. The method is more subjective than objective and dependent on the health managers' own interpretation of what is required.

As expected the most urban and wealthy province (Gauteng) appears to experience fewer problems with transport for health service delivery. The rural provinces (Mpumalanga and Limpopo) struggle with insufficient and unsuitable vehicles. Whether this is a genuine lack of vehicles or indicates that vehicles are being used for non-health service delivery purposes, or mismanagement of the fleet is not clear.

The three provincial case studies all show an ageing fleet, despite Mpumalanga reporting the recent purchase of 200 new vehicles. The majority of vehicles in the three provinces are between 6 and 10 years old – see Figure 1.

Of particular concern is Limpopo. Very few new vehicles have been purchased in recent years. The reasons for this are not known, but may in part be compensated for by the high number of subsidised cars within the department.

Figure 1: Fleet age in Limpopo, Mpumalanga and Gauteng Provinces



Subsidised Vehicles

The number of officials taking advantage of the subsidised car scheme has increased since the introduction of the current scheme in April 2001. Theoretically the scheme improves the availability of transport for service delivery and reduces the size of the government fleet. However, as mentioned previously, there are a number of inherent problems with the scheme and it is at present being revised.

The use of the subsidised car scheme as an alternative to government vehicles needs further research as to its effectiveness for health service delivery and the cost to the department. The scheme is a policy of the NDoT who view its success at a macro level, with little apparent assessment of the effects of these policy decisions on service delivery.

Relationship between National and Provincial Departments of Transport and the User Departments

The relationship between these departments has been problematic. Control has been centralised to the Department of Transport with the user departments having little or no autonomy. The multiple levels through which even the simplest requests must pass for processing have led to long delays. This

includes obtaining permission to carry out repairs, renewing licences and fuel cards for vehicles and the replacement of vehicles. From health service delivery level the request passes to the health sub-district office, to the regional office and then to the PDoH, who then refers the request to PDoT and/or PDoF. First Auto are required to coordinate the arrangements for repairs and payments, which brings a fourth stakeholder into the equation.

The net result is that many vehicles remain idle for long periods of time and compromise the service. Many health workers are acutely aware of the problems that arise through lack of transport being available for service delivery. Because provincial staff are not at the coalface of service delivery they experience less pressure to ensure prompt service delivery and it may be that the people making the decisions regarding transport are too far removed from the point of delivery.

This relationship is further complicated by the centralised policy direction from the NDoT, which can impact directly on the services rendered by one of the provincial user departments. For example, the decision to privatise the emergency services in Limpopo Province were taken by the NDoT while the responsibility for financing and implementation rests with the Limpopo DoH&W. The central pressure to implement policies that are politically driven may not necessarily be in the best interest of service delivery.

There is a move for the provincial Departments of Transport to work more closely with their user departments (such as in Gauteng) and to decentralise the management of transport to the user departments (as in Limpopo). This will facilitate the ability of the Head of Department to account for all transport related expenditures as required by the Public Finance Management Act, as the PDoH will have increased management control over the transport.

First Auto is contracted through the NDoT and PDoTs, but serves the user departments, with whom they have no contractual arrangement. Until recently contact between First Auto and user departments was discouraged by the DoT. User departments can, however, now negotiate services from First Auto, such as the Digitec tracking system being installed in Health vehicles in Mpumalanga.[h]

As part of the RT46 contract with the NDoT,[c] First Auto has become pro-active in engaging with user departments and has been responsible in some provinces for setting up regular meetings between the user departments and DoT. User departments have had increasing freedom to contact First Auto for assistance with resolving problems of non or late payment of accounts. This new arrangement has a positive effect on the ability of the department to manage their fleet and for improving service delivery. However, there are

h The tracking system used by First Auto has the potential to provide detailed information on all government vehicles and can be used to calculate the standard transport management indicators – such as kilometres travelled, fuel utilisation, running costs, availability and utilisation.

still problems such as the delay in relaying information on redeployment of vehicles within the department to update the transport asset register. Since First Auto captures all financial transactions on each vehicle according to cost centres, the incorrect allocation of a vehicle in the system can result in the incorrect cost centre being debited for the cost of running a particular vehicle.

Personnel

Any system is only as good as the people who are running it. The islands of excellence, which were observed, seem to exist because the person in charge is a 'champion' for an effective transport management system. The Trans Aid Transport Management manual devotes a chapter to issues of personnel. The importance of organisational structures, clear job descriptions and clear lines of communication are stressed. Feedback and proper evaluation of the system, the organisation and the fleet management is important. Where this is done the number of complaints with regard to lack of transport is notably fewer, even where the vehicles are old.

Organogram

The rank of transport managers at provincial level varies from being a senior clerk to an assistant director. At institutional or district level, the transport manager may be a senior driver who may not be fully literate, as found particularly in the more rural areas. In some places the management of transport is an additional responsibility for an administrative officer. This may be appropriate in a small facility with few vehicles, but at higher level within the system, such as regional or provincial, a dedicated official, with clear job description and scope of responsibility is required. This issue is being addressed in some provinces, such as Mpumalanga and Limpopo, where new organograms that include Transport Officers are waiting approval. A possible career path for Transport Officers is being developed, which will probably encourage those who have been trained to remain in the public service.

Top management in some provinces appear to pay little attention to transport. However, the importance of top management in support of transport management cannot be over emphasised. Where this is strong, vehicles will be more readily available for essential health service delivery. Transport issues should be a standing item on the agenda of management meetings at all levels of the system, with improved understanding of the indicators used for transport management. Recently the Provincial Transport Manager in Limpopo has been submitting a quarterly report to top management, but it

is too soon to know the role this report plays in management decisions.

Training

TransAid Worldwide provided training in transport management for health services in seven of the nine provinces between 1996 and 2000. More recently training has been focused in Limpopo Province, one of the provinces not included in the first round. First Auto, in terms of their contract, is committed to training of provincial transport officers from all government sectors. In addition the provincial departments of health have their own training sections. There appears to be little or no coordination between these three training programmes, nor linking these with the Skills Development Plan within the department.

TransAid is assisting to develop training programmes that provide an internationally recognised qualification in transport management. This is designed to encourage a career path in transport within the department. The process is frustrated by the fact that this qualification is not accredited in South Africa. All provinces, except Limpopo and Western Cape, are participating in this programme.[j]

Management Information System

There are seven recognised standard key performance indicators for fleet management.[9] These are:

1 Kilometres travelled – total kilometres in a month
2 Fuel utilisation – kilometres per litre of fuel used
3 Running cost per kilometre – includes fuel, maintenance, repairs, tyres etc.
4 Availability – how much time a vehicle is ready for use and how much time it is in the garage for repair or maintenance
5 Utilisation – of the days that a vehicle is available, how many days it is actually used
6 Needs satisfaction – the number of trips authorised that were actually met with the available vehicles
7 Safety record – a measure of the number of accidents and reported incidents.

These indicators can be calculated from information available at institution and district level; i.e. at the operational level. They can be used locally for transport management and passed up the levels to the provincial transport

j Personal communication. Ms Pumza Tuswa, South African TransAid Worldwide representative.

managers. How this information is used varies between institutions and levels of the system. It appears not to be used at top management level within all the provincial Departments of Health. Some of these indicators can also be calculated from data collected and collated by First Auto, and greater use of this facility could be made to save duplication. Indicators of particular use to management are:

- Running costs per kilometre
- Availability and utilisation.

A low availability indicates that vehicles are not being used for service delivery through either being in a garage for repair or not having a current license or some other system failure. An extended period of low availability requires investigation by management.

Transport management indicators should be related to health service delivery, the core business of the department. A review of the allocation of vehicles in one rural health district according to its main use each day (including weekends and holidays) showed that on only 26% of the days were vehicles used for direct patient care, such as transfer of patients, mobile clinic services, school health services, clinic and community visits and supervision. Vehicles remained idle, on stand-by or awaiting repair for 45% of the days and were used for administrative purposes or attending meetings for 26% of the days.[4] Clear guidelines for prioritising use of transport within the health district are required to ensure that health and patient care functions are given precedence over meetings and administrative functions. A health professional should be involved in the daily allocation of vehicles in support of the guidelines.

Conclusions

Support services, such as transport, are essential for delivery of cost effective, efficient health services. Attention needs to be given to strengthening the management, monitoring and evaluation of these services. At present, transport in the provincial public sector is managed through a centralised, bureaucratic system with decisions for purchase, allocation and management of vehicles being made by people who are distant from the point of service delivery and who appear to have little understanding of the area in which the vehicles will be used. This is particularly true in rural areas.

In local and district municipalities, the management system is much closer to the point of service delivery and can therefore be more responsive to and understanding of the local needs.

Recommendations

The recommendations below are drawn from the three provincial case studies outlined above and from a workshop of representatives from the Limpopo, Mpumalanga, Gauteng and Northern Cape provincial Departments of Health (Transport Section), the Gauteng provincial Department of Transport, a health service manager from a rural health sub-district, NGOs involved in transport management and First Auto.

1 Transport management for health services should be decentralised to the health district level. The local health management team are conscious of the need for reliable transport for service delivery. The centralised management system is not in the interests of service delivery – those making the decisions are too remote from the coalface of service delivery. In local government, the system is different and decisions and control are based locally. By drawing on local and international experience, models for transport management for health services at a district level can be developed. Local knowledge within each health district is vital for determining the best system for each district. This will require commitment to research and using this to develop a new policy approach for transport management at the district level.

2 The effect on health service delivery of the current policy direction of NDoT requires investigation to establish their effect on health service delivery. The current policies of outsourcing and the use of subsidised car schemes may not be in the best interest of health services.

3 Human resource development for transport managers and officers is required for all levels of the system. The important role of people in managing the systems needs to be recognised and a clear policy on such things as minimum qualifications, rank levels and training requirements developed. Support needs to be given to the development of a recognised qualification in transport management, such as the Vocational Qualification in Transport Management.

4 Management information systems for transport are available and should be used for management decisions. Inclusion of one or two of these indicators in the National Essential Data Set would bring prominence to this. These indicators could further be linked to the District Health Information System.

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