



FINAL REPORT

EVALUATION OF THE TRANSAID TRANSPORT MANAGEMENT PROJECT

WITH

DEPARTMENT OF HEALTH, RSA

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1 Executive summary

A Save the Children/Transaid transport management programme has been supporting the health systems of 8 provinces in South Africa since 1995. The programme has increased the recognition of the critical value of good transport management in the support of effective health service delivery. Key management controls have been introduced to improve the efficiency of transport and establish greater management controls on vehicles.

A considerable emphasis on performance indicators with regular monitoring has given provincial health departments a clear sense of the cost of health transport.

Through intensive and field based training, the Transaid programme has improved the confidence and abilities of transport officers within provincial health departments. Their role has become enhanced through this investment. Senior managers within provincial departments are more sensitive to the importance of good transport management both in terms of cost effectiveness and more secure health delivery. The Transaid programme has provided a highly effective mentoring approach which is now sustained by committed transport managers in the provinces.

Out of this training, has come an acceptance of the need for a distinct career structure in transport management within the health sector. Provinces such as Limpopo and the

Free State are currently establishing a transport management structure which will provide improved motivation for transport officers.

In North-West province the Transaid programme has seen a cut in the number of vehicles used by the Health Department from 2,300 vehicles to 1,000. This reduced fleet is able to support the same level of service delivery and has delivered a massive saving in costs to the provincial Department. The Transaid emphasis on cost effectiveness and emphatic provincial transport management has removed old and redundant vehicles from a number of fleets left by old administrations from the Apartheid era. Obsolete vehicles were costing too much money and it was rational to remove them from the fleet.

Across the provinces, vehicle availability is high, but utilisation remains relatively low. There are two main reasons for this. Firstly, some provinces still have too many old vehicles and could make cuts. Secondly, increasing staff shortages are compromising health service goals and are also reducing the pressure on transport.

Transport is no longer seen as a major constraint within the provinces in expanding health care. However, the Department of Transport is still seen as a significant constraint in optimising the management of transport within the health departments (and probably all departments) particularly in terms of cost reductions. Transaid has provided transport staff in the provinces with tools, skills, knowledge and a strong set of ideals to address health delivery problems.

The programme has also been sensitive to the continuing inequities faced in the provincial provision of health care. Those provinces which inherited a number of homelands, such as the Eastern Cape, have been given more attention by Transaid.

The Transaid programme has been able to point out the variations across the provinces where some districts have pockets of high availability of transport with low utilisation and vice-versa.

DFID have been sceptical of the "champions" approach used by Transaid. There is a good body of evidence to support this approach though. The quality of the transport systems and its corollary of superb management information has been the hallmark of the work in North-West undertaken by David Mamatela there. It is no wonder that the transport fleet has been cut by 60% and is still delivering the same level of availability. This alone could justify DFID's investment of 1.5 million pounds in Transaid. The Limpopo provincial managers have also been highly effective proselytizers and have used Transaid's precepts in an almost evangelical way. Their enthusiasm has been infectious. It has given a considerable boost to the profile of transport managers within the province. The same could be said of the Free State, and the new Education MEC, (formerly the Health MEC), is likely to insist that Transaid's systems are introduced into the Education Dept. as well. Transaid believe they have a powerful "product" to market and their field experience gives great credence to this belief. They also have some willing and influential 'disciples' in the field.

The Transaid programme has been an extremely effective developer of management capacity in the 8 provinces. It has boosted the morale of transport staff. They are particularly appreciative of Transaid's efforts to develop a new professional qualification in public sector transport management. The new qualification, which will be ready by early next year, will be based on Transaid's own training modules. It will be a lasting legacy of Transaid's involvement in South Africa.

Issues which will have to be addressed before the end of the DFID funded programme will be the need to review the cost effectiveness of the outsourcing of transport in Eastern Cape and Northern Cape. An analysis of the increasing use of subsidised vehicles would also be valuable as too many assumptions are being made about the efficacy of this approach. More advocacy work will be required with the Department of Transport in establishing more devolution of transport management to the service providing departments, of which health and education are the biggest users of transport.

Finally, the DFID-Transaid partnership has been a highly devolved one. It has shown that a long term relationship with an NGO with a special niche in development can achieve significant and sustainable gains in health delivery. It is doubtful whether DFID could have made these improvements through a purely bi-lateral relationship with the South African Government. It was Save the Children's and Transaid's well tested field model in Ghana which provided the intellectual and managerial foundation for the South Africa programme. The programme has been carefully managed with an effective and knowledgeable Project Manager in South Africa, and the judicious use of consultants in the transport industry. That approach is also a model of good practice. Certainly, DFID should be making use of the Transaid model wherever it is working in health systems support in Africa. The project has also renewed faith in the value of training as a powerful development investment.

2 Narrative report

2.1 Evaluation approach

I spent ten days in South Africa visiting 5 provinces – North –West, Free State, Kwa-Zulu Natal, Eastern Cape and Limpopo. Apart from a brief meeting with DFID in Pretoria, the rest of the consultancy period was spent in the field with Department of Health staff in the provinces. Meetings were made with senior managers in charge of corporate services, transport managers and officers, as well as transport users, including community services managers, emergency health managers and nursing officers. Field trips were made to provincial health departments, hospitals, commercial farms, district health offices and health centres. Two lengthy meetings were undertaken with Transaid staff in Durban towards the end of the consultancy period.

During the DFID briefing, the Senior Health and HIV adviser, Tim Martineau requested me to concentrate on the main conceptual issues in the Transaid programme rather than examine detailed aspects on the implementation of the programme. It was at this stage that I learnt that the Transaid intervention was no longer part of an overall programme of

health systems support by DFID. A policy decision had been taken to reduce the level of funding in middle income countries such as South Africa.

In view of this decision, it was essential to understand what the lessons of value could be for DFID in their programmes in sub-Saharan African countries where they were involved in health systems support. The level of resources in the South Africa public health system is without parallel on the continent. Nevertheless, conclusive evidence of effective transport management systems must surely be of interest to DFID in their desire to see more efficacious health delivery in the poorer countries of the continent. DFID have become rather detached in the latter years of the Transaid programme. For such a relatively modest investment, there are some powerful lessons for DFID to use in their health work on the continent.

2.1.2 The core aspects of the evaluation considered the following policy areas:

- Identify and highlight the outstanding problems and issues which can still be addressed during the final stages of the projects.
- Summarise and analyse the views of the stakeholder groups on the process of implementation, achievement of outputs and impact of the project.
- Verify through observations the completion or attainment of project outputs and their impact on transport related health delivery systems
- Quantify these observations where possible.

2.2 Impact and the stakeholders' views

Empowerment has become a vitiated word in development analysis. However, in South Africa the word empowerment has a different resonance, reflecting a clear sense that the majority of people during the Apartheid dispensation were disempowered.

Virtually every transport officer and senior transport manager I interviewed were conclusive in their appreciation of Transaid's training. The Transaid programme had empowered them and had given them the tools to become competent transport managers. This sentiment is not quantifiable, but there was a palpable sense of confidence building through Transaid's investment in transport managers. Generally, they felt they had more status within the overall health system and a greater say in how transport was managed for health service delivery. They also had the ability to say 'NO', particularly when transport requests were not sent in sufficient advance; or when a persistent abuser of transport had to be stopped from destroying the assets of the department. This confidence has also forced the users of transport to be more specific about the need to make journeys.

Transport officers also realised the need for being objective in assessing health priorities. This objectivity is prized by the officers, who have resisted unfair pressure effectively from transport users. In the words of one officer - "You cannot afford to have friends as a transport manager" was a very appropriate motto for good transport management.

The systems introduced through the training had provided a reliable framework in regards to the management of performance indicators of transport. The systems were

being used uniformly in the 5 provinces I visited, which was impressive evidence of the effectiveness and intensity of the Transaid training.

Many transport officers talked of a before and after effect in regards to the training. The prime issue had been the introduction of key performance indicators. These were:

- Kilometres travelled – total kilometres in a month
- Fuel utilisation – kilometres per litre of fuel used
- Running cost per kilometre – including fuel, tyres, maintenance
- Availability – how much time is a vehicle available for use?
- Utilisation – how many days is the vehicle being used if it is available?
- Needs satisfaction – number of authorized trips which were met.

The Community Health Manager in Pietermaritzburg informed that these systems had not existed before Transaid's involvement. The introduction of these indicators had given the transport officers a greater control of managing transport. They could establish the availability of the vehicles, compare this with utilisation rates and work out an exact cost per kilometre. The indicators had also given the managers a highly effective tool in fraud control. Route mileages had been worked out and were well known. Despite the robustness of these systems, vehicle fraud is a ubiquitous element in transport use, particularly in the area of unauthorised mileage. Moreover, all transport officers were critical about the torpid disciplinary process within the public sector in South Africa.

In the North –West, where the fleet has been reduced from 2,300 to 1,000 vehicles in the project's lifetime, the Transaid emphasis on cost effectiveness and emphatic provincial transport management has removed old and redundant vehicles from a number of fleets left by old administrations from the Apartheid era. This has been a very impressive example of the soundness of the provincial-Transaid alliance.

Generally, vehicle availability was high in all the provinces I visited. Examples of this were for the month of August 2004:

- **NW Province** - Ventersdorp District – availability – 81%; utilisation - 55%; needs satisfaction -93%
- Klerksdorp District – availability -91%; utilisation -56%;needs satisfaction -90%
- **Limpopo Province** –Head Office. - availability- 78%; utilisation – 51%; needs satisfaction 95%.
- Capricorn District – availability – 75%; utilization – 55%; needs satisfaction – 94%
- **Free State**- Head Office – availability –97%; utilisation – 68%; needs satisfaction – 100%.

It is perhaps important to stress that these figures are for one month only, and some provinces would show different trends over a longer period. Figures were given over a two month period in the North-West which did show a uniform picture of availability.

From the monthly figures, they showed that vehicle availability is high, but utilisation is generally low. Needs satisfaction is impressive which gives a strong indication that the

process of trip requests, trip authorities are managed well by the transport managers who are then confident about releasing transport. There is also much more rigour, thanks to Transaid training, of vehicle co-ordination. More shared journeys are being made in all of the provinces and districts as a result of better advanced planning for transport. The main reason for the low utilisation in most of the provinces was recurring staff shortages. (It should also be noted that the utilisation figures take all days of the month in to account and so departmental vehicles not used over weekends will inevitably show lower scores for utilisation – in such cases the target for this KPI is reduced to a maximum of 70%).

In Potchefstroom, I was told by the human resources manager, that the District only had 30% of its staff complement. In Free State, at Botshabelo, the nursing officer talked about the haemorrhaging of professional staff to the UK and Saudi Arabia. Other staff shortages will occur with the likely impact of high HIV rates affecting service provision. Staff shortages were an increasing constraint on improving health delivery; it was rarely mentioned that transport was a major constraint.

In fact, it was a general recognition of the Transaid investment that the vast majority of transport users – Community Service teams, mobile clinic staff, hospital staff, supervisory staff in all 5 Provinces were categorical that transport was not a major constraint in their work.

Perhaps the most important service Transaid have provided in the empowerment of transport officers is the development of a new national vocational qualification in public sector transport management. The Transaid qualification has been undoubtedly appreciated but it lacks any formal status within public sector management. The new certificate will be recognised by the South African Government. It will provide an endorsement of professional acknowledgment of transport management in the public sector. It will provide a formal qualification which transport officers will need in order to raise their career prospects. It is a good example of how Transaid has listened to its main stakeholders, who stressed the need for a South African certificate. The certificate will be an enduring legacy of Transaid's capacity building work.

2.3 Project outputs

Transaid have undertaken extensive training in the last two years with considerable concentration on their basic transport management training in Limpopo, Free State and Kwa-Zulu Natal. 95% of the transport officers I had met in these provinces had undertaken the Transaid course and were conversant with the Transaid transport management manual and systems.

The training has been met with real enthusiasm in Limpopo, Kwa-Zulu-Natal and in the Free State – three of the provinces which came into the Transaid programme at a later stage. Transaid's approach to training has bordered on the obsessive, but this is why it has been most productive. There is almost a "mantra" like quality to the training, as transport officers constantly repeat one of the core beliefs – "treat transport as if it were your own vehicle"

They have also met their target in training a group of assessors (5 in each province) who can now undertake assessment work of transport officers in regards to vocational training and career progression. This assessment work cannot be started until the vocational qualification in transport is fully approved. The assessor training has been invaluable to the managers in the provinces as they have been able to share information on their main concerns.

Transaid is close to completing a lengthy process of creating a new and officially recognised National Certificate in Road Transport Management in the Public Sector. This is likely to be approved by SAQA by the end of the year. An official learnership in recognition of the certificate is then likely to be approved by the Department of Labour by March 2005 at the latest. The delay in registering this qualification is mostly due to the fact that as early as 2000, when Transaid first approached TETA, the latter did not have the structures and systems to undertake the development of new qualifications.

It is not only this qualification which has suffered the delays, but also other qualifications in transport and logistics. The qualification would have waited in the queue of other TETA priorities. These problems have been rectified and the delays are not substantial. All the Human Resource Managers I spoke to were confident that their departmental budgets would have the capacity to place a significant number of transport staff on the certificate course (which would be expected to be of 6 months duration, part-time).

With the possible exception of Eastern Cape, there is an acknowledged confidence within the senior transport management of KwaZulu Natal, Free State, North-West and Limpopo, that they have sufficiently trained transport staff to sustain further transport management training without Transaid's continuing assistance. This is despite a relatively high turn-over in transport staff, and in fact, in all cadres of staff within the health system.

Transaid's engagement over nearly 10 years has undoubtedly transformed the Department of Health's attitude to transport management in the provinces I visited. Transport as an essential resource is taken more seriously by key decision makers. Limpopo is about to appoint 4 managers at provincial level to oversee various aspects of transport management – subsidised cars, acquisition, disposal, fleet maintenance. There is a developing career structure in transport management within many provinces, such as Kwa-Zulu Natal, which has already appointed a Director of Transport and has added 2 Deputy Directors to its staff.

Moreover, the transport providers feel more of an integral part of the health system. In Eastern Cape they had the flexibility to respond with transport in 24 hours of a cholera outbreak on any day of the week. Transport officials are involved in health planning at an earlier stage. This was particularly important in working on immunization campaigns. Eastern Cape transport managers believe in sharing the same common health goals – to increase immunization coverage from 62 % to 85 %; to increase TB surveillance up to 80%.

All provinces accepted the challenges of the HIV pandemic. HIV staff are now one of the biggest users of health transport. Their work was a clear priority for all the transport officers I met.

2.4 Outstanding problems

Despite the recognised and beneficial impact of the Transaid programme, there are a number of concerns which certainly need to be addressed, some quite urgently. Although, Transaid has been successful in establishing uniform management systems in transport across 8 of the 9 South African provinces, there is a very worrying level of divergence in regards to transport maintenance and vehicle purchasing. One hindering effect on transport management is undoubtedly the provincial Department of Transport, who have a constraining influence on more effective transport use. With the exception of Limpopo and the Free State, all the other provinces I visited depended for their vehicle maintenance and vehicle purchases on the Department of Transport and the Government Garage, which cannot always provide the necessary service to the health departments. However, the provinces are engaged in a regular dialogue with the Department of Transport to deal with these problems.

Thus service departments have only partial control of their resources. The perceived weakness of the Transaid programme is that it has only really worked with health departments and there has been insufficient engagement with the transport department. Pumza Tuswa, the Transaid Project Manager was adamant though that Transaid had certainly tried to interest the national department of transport in its ideas and process. They were met with apathy and disinterest though. However, this challenge needs to be dealt with and Transaid must be providing more evidence and supplementary information about the benefits of their systems at a national level with the Department of Transport. One policy objective for the provincial health departments must be the devolution of transport management to the service users and Transaid should be supporting these efforts.

There was some optimism shown about Transaid's influence on the Department of Transport in their 2001 review, but I saw little evidence for this in 2004. There were constant recriminations expressed about how poor maintenance was, and how slow and often inappropriate vehicle purchases were. Government garages were seen as dilatory in their rate of work.

The fondness of the South African Government for public-private partnerships is having a potentially insidious effect on transport management. Both Northern Cape and Eastern Cape Provinces have taken a radical departure and are now involved in a leasing arrangement with Fleet Africa, a black empowerment enterprise, but which is linked up with one of the main car hire companies.

It is most unfortunate that Transaid was not brought in to advise on the scheme at a provincial level. The scheme provides new vehicles which are expected to last 3 years. The current cost of the scheme is a minimum of 600,000 USD a month for Eastern Cape's Health Department. Every department in the provincial government is part of the

same scheme and the arrangement was negotiated by the Department of Transport with minimal consultation with the service departments. All maintenance is outsourced too.

The weaknesses of the arrangement are already showing after 15 months. Fleet Africa's leasing agreement sees an additional charge of 94c per kilometre when a vehicle goes over the 2,000 km per month limit.

The fashion for leasing arrangements may be a very costly option for the provincial health departments. A recent Treasury policy document on the Strategic Sourcing Initiative may be very persuasive in allowing provinces to outsource all of their transport. It is probable that a political desire to see more black empowerment enterprises involved in critical provincial contracts is part of this shift in policy.

It is probably an expensive option though. A publicly owned, but well maintained and managed fleet is likely to be a more cost effective option for provincial departments. The Head of Corporate Services in Eastern Cape has requested that Transaid review the leasing arrangement. This review could also include Northern Cape too. This review would also be appreciated by the Head of Corporate Services in Limpopo, who said that he was under pressure from his Minister to investigate a leasing arrangement. He is sceptical about the benefits of such schemes and needs more compelling evidence to deflect this political pressure. There is a need for Transaid to undertake this work before the end of the year and the repercussions of its review in Eastern Cape could be of profound importance to the other provinces.

This review should be seen as a national evaluation. There is a need to examine the procurement of transport across all the provinces – including motorcycles, subsidized cars, leasing arrangements and fleet purchases.

There remain significant problems of resource inequity across the provinces – between provinces and between districts within provinces. Transaid have been well aware of the continuing inequities faced in the provincial provision of health care. Those provinces which inherited a number of homelands, such as the Eastern Cape have been given more attention by Transaid. It will be important that Transaid continues to concentrate its attention on these provinces, where the legacies of Apartheid continue to deprive rural populations, in particular, of quality health care. The programme has been able to point out the variations across the provinces where some districts have pockets of high availability of transport with low utilisation and vice-versa. More national level lobbying and provincial advocacy will be required to redress some of these imbalances.

2.5 Main recommendations

- Transaid need to hire a consultant (probably from the private sector in the UK or South Africa) to evaluate the Eastern Cape's leasing programme. This should be undertaken as a matter of urgency. A similar analysis would be valuable in the Northern Cape too. The Health Systems Trust would like to link up with Transaid to undertake the exercise in Northern Cape. At the same time, a second consultant should be brought in to analyse the benefits of subsidised car

schemes. Transaid undertook a similar assignment in 2001 at the request of DFID in two provinces –Gauteng and Mpumalanga, but it would be valuable to repeat the exercise probably in the Eastern Cape too.

- More lobbying is required at the national level with the Department of Transport on the cost benefits of the Transaid approach and the need for more radical devolution of transport responsibilities, including maintenance and vehicle replacement. Emergency Service transport has to be better integrated into the overall health transport system.
- Transaid need to revive their advocacy in 2005 with MECs and provincial health directors in order to enhance the profile of transport management within health delivery. Despite undoubted progress in this area, battles are still to be won. In the North-West, senior management appears to be still unaware of the successes of transport management. Moreover, there was no mention of improved transport management in the Department's national strategic goals.
- More advocacy work is required in all the provinces with the MPs who oversee the health sector. An approach could start with the Health and Social Welfare Committee in Kwa-Zulu Natal who would be open to a better understanding of transport issues.
- Driver safety is a perennial issue. Transaid have already trained some driver instructors at a course run by David Doig of TNT in Zimbabwe in 2003. More needs to be done and I would suggest that two driver training courses are run in 2005 concentrating on improving the skill and safety of emergency service drivers who are mainly driving off-road. The highest road accidents are recorded with these drivers in all the provinces.
- Limpopo should be the first province which tries out the new Certificate in Transport Management. Transaid should assist in this process and should also evaluate in the middle of 2005 the impact of their assessor training.
- Transaid should review the use of motorcycles as pioneered by the Eastern Cape in the more remote areas of O.R.Tambo District. This should be done as an integral part of reviewing the provision of transport in Eastern Cape. It may be a useful and cost effective model of community transport which could be marketed to the other provinces, and dispel some of the professional snobbery expressed by health workers in regards to motorcycles.
- It would be invaluable if Transaid could make some contact with the Western Cape Department of Health in 2005 and examine how they have managed transport in the health sector. The Province is the only one which has not taken part in the provincial scheme in South Africa. It would be an interesting comparison to see how Western Cape's transport performance measures up to the other provinces.
- After such a long period in South Africa, Transaid should do a comprehensive analysis of their health systems work and ensure that the work is widely disseminated in health policy journals. This should also be complemented by the transport managers themselves disseminating the lessons learned from the scheme in South African health journals and bulletins.
- DFID should take note of the achievements of the programme, and take note of the transport systems which Transaid have introduced. These lessons learned should be extended to all DFID health systems programmes in Africa. Furthermore, both Transaid and DFID should make the main principles of the

programme available to other SADC countries as well as the SADC Health Secretariat.

- There is a need for a regular forum for the senior managers in the provincial Departments of Health – an opportunity where they could meet senior Department of Transport officials. This would be welcomed by the stakeholders I interviewed. It would provide an opportunity to share problems and determine solutions in areas such as emergency service management, community transport, and vehicle leasing. Transaid should facilitate the establishment of a forum which could meet every 6 months.

2.6 Conclusions

Although the DFID-Transaid programme had no really clear exit strategy, 2005 will mark the end of DFID funding. The programme has met most of its goals. Even without DFID funding, it would be important for Transaid to monitor the sustainability of its capacity building and systems investment to ensure that they are robust in light of shifting policies in South Africa, and a continuing high turnover of staff in the health sector.

One potential threat is the continuing desire in some provinces to use former drivers as transport officers. This may debase management capacity in the long run and threatens Transaid's achievements. It is an area of work where Transaid need to do more lobbying with senior managers at the provincial level. The new transport qualification will stipulate minimum educational qualifications and some relevant experience. It will help to sustain the improving capacity in transport management.

The achievements of this programme cannot be overstressed. In my discussions with the Head of Corporate Services for Limpopo, he expressed pride that the Department of Health had reduced infant mortality from 72 per thousand in 1994 to 37 per thousand in the province in 2003. He said that better transport management had played an important contribution in that achievement and that Transaid had played a vital role in improving the management of transport in Limpopo. He said that the Premier had given an Excellent Service Award to the Department in recognition of how it had managed its support services.

Vehicle fleets are colossal in South Africa in comparison to the rest of the continent. This is equally true of budgets. In 1990, Save the Children discovered that The Gambia was spending 40% of its national health budget on poorly maintained transport. These ratios are not comparable in South Africa. The health budget in Limpopo is 2.9 billion Rand. Recurring transport costs amount to 53 million Rand, a very respectable percentage. The joint Health and Social Welfare fleet in Limpopo is close to 3,000 vehicles, including subsidized cars. This fleet would probably amount to the combined fleet of Mozambique, Malawi, Swaziland, Zambia and Lesotho.

The greatest benefit from Transaid has been the general removal of transport as the major constraint in health delivery. This is not because of South Africa's largesse. Eastern Cape has pledged to reduce its transport fleet by 20% over the next 3-5 years. The Free State has the same ambition. The systems and attitudes and ideologies introduced by Transaid have been understood, have worked and have been appreciated.

Even programmes outside of the orbit of Transaid have shown an interest in the investment. The Dept. of Agriculture in Mpumalanga is now introducing these systems. This is why it is important that DFID understands and acknowledges this development success and makes use of the experience.

Finally, the programme has virtually banished the insouciant attitude towards transport as a sector with the Department of Health. In Kwa-Zulu Natal, it was not uncommon for the switchboard operator or a cleaner to have some responsibility for the management of transport. Transport offices in the province were sometimes adjacent to the mortuary in a hospital. Transport has gained more respect and with it has developed a growing corps of professionally minded transport officers who have brought in much needed discipline into a vital area of health management.

Annexe 1

People interviewed (all positions are within the Department of Health unless stated otherwise)

London

Chris Saunders- Executive Director - Transaid

Pretoria

Tim Martineau – Senior Health and HIV Adviser -DFID

Debbie Bester – Programme Officer – DFID

North-West Province

Klersksdorp - David Mamatela – Deputy Director of Transport; Ms. M. Grobbleaar, Corporate Services Manager.

Potchefstroom District – Isabel Jansen – Human Resources Manager; Anna Mohutsioa- Community Services Manager; Mr. Ledwaba – Transport Officer.

Ventersdorp District – Ms. V.Peens – Hospital Services Manager; Godfrey Nong – Transport Officer.

Eastern Cape

Bisho – Joe Mjoli– Acting Director, Fleet Office and Asset Management; Odwa K.K Matshaya – Fleet Manager; M.K. Mkhusele Badiwe- Fleet Manager, Emergency Services; Mrs. Mandisa Stuurman – Head of Human Resources, Emergency Services

East London – Mr. L.S.Dwaba – Head of Institution, Cecilia Makiwane Hospital- East London Complex; Nomasango Ntswana – Transport Officer.
Ranger Developments

Nkonkobe – L. Mcata – Transport Officer

Amahlathi– Mzamo Fourteen – Transport Officer; Ms. N. Ndabula – District Manager

Kwa-Zulu Natal

Petermaritzburg – **Dr. Z. Mkhize, MEC for Health**; Mr. M.J.Zwane Provincial Transport Manager; T.R. Bilibana- District Transport Officer –Ugu District; J.Mazibuko– Transport Officer – Sisonke District; D.Mtshai- District Transport Officer –Uthungulu DC 28;S.A.S. Mhlanga – District Transport Officer – Ladysmith; N.P. Zondi – District Transport Officer – Zululand District 26; M.H.Xaba – Transport Officer – Natalia Transport; T.T. Hlongwa- Transport Manager-Fraud and Investigations- ; Linda Vorster – Deputy Director ,Transport, H.V. Gumede – Transport Officer; S.T.S. Khumalo – District Transport Officer – Amajuba District.

Dr. Wendy Hall – Health Systems Trust – Researcher

Nana Bonga – Community Health Programme Manager
Priscilla McKay – ANC MP. Member of Provincial Health and Social Services Committee
-KZN

Durban – Mike Mkhize – District Transport Officer- Etheke District; Nassen Khan - Head of Therapeutic Services; Vincent Sabela – Transport Asst. – Etheke District; Sosiba Thokozani – Transport Officer – Umkhanyakube District; Leon White – TETA-Skills Development Manager
Pumza Tuswa – Transaid – Project Manager RSA
Songo Nyikana – Transaid - Admin. Asst.
Trevor Shezi – Ulwazi Training and Development – ETD Specialist
Richard Hanson – Transaid – Programme Manager (London)

Free State

Bloemfontein – Mohutsiwa Tlhogo – Senior Manager,Transport and Logistics; Thabang Makhetha- Transport Manager; Riette Mathee – Subsidised Vehicles Manager;Bertram Safers – Transport Inspector; Veronica Cowley – Financial Control Officer; Guze Marcus- Subsidised and GMS Users Officer; Mr. T. Baleni – Senior Manager - Corporate Services; Mokoai Maleke – District Transport Control Officer – Thabomofutsanyana District; Sello Masama – District Transport Control Officer- Xhariep District; July Joseph Malinga – District Transport Control Officer.

Edenburg – Ms. N.S. Samusho – Chief Professional Nurse; Mr. N. Engelbrecht – Transport Officer – Trompsburg; Marise Strauss Mobile Clinic Nurse.

Botshabela – Ms. T.R. Rakikhomo – Auxiliary Nurse; Elsie Lekoetge – Nursing Officer; Alta Mathee Principal PHC Mobile;

Limpopo

Polokwane– Mr. A.N. Tshikovhi – Head of Corporate Services; Alfred Rahlogo, - Transport Manager; Mr. Edward Lamola – Head of Transport and Logistics; Mrs. Thema – Head of Human Resources;

Waterberg – Sarah Ledwaba – HRD; Mary Baloyi – Transport Officer.

Capricorn – S.J.Maluleke – District Transport Officer Mopani District; Matatiele Matemane- Transport Officer – Mopani District; E.M. Koekemoer – Transport Officer – Louis Trichardt Hospital;T.F. Mundalamo – District Transport Officer Vhembe District; S.J. Nchabeleng –Transport Officer – WF Noebel Hospital; P.A.H. Du Toit – Transport Officer – Capricorn District;G.T. Hunglwane – Transport Officer – Helen Frans Hospital;M.S.Ledwaba – District Transport Officer – Sekhukhune District; S.M. Moshobane – Transport Officer – Sekhukhune District.

Annexe 2

Documents

- Kwa-Zulu - 5 speeches in 2004 by Dr. Zweli Mkhize, MEC for Health
- North –West Province - July/August 2004 Vehicle Performance Reports
- National Treasury 2004 – Strategic Sourcing Initiative – Vehicles Project
- Eastern Cape – 2001,2004 Policy speeches by the MEC for Health, Dr.Bevan Goqwana; 2002 Review by MEC.
- Transport for Health Care Delivery – Wendy Hall,Dawie Du Plessis and David McCoy - Health Systems Trust – 2003.
- Strategic Priorities for the National Health System – 2004 –2009. Department of Health, Pretoria.
- National Health Act of 2003
- Eastern Cape – Circular 80 of 2004 on Control measures relating to the Acquisition and Utilisation of Government transport; vehicle check form.
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