



## Transport Study for the Government of Swaziland Ministry of Health

<b>Project Location:</b>	Swaziland
<b>Project Start Date:</b>	February 1995
<b>Project Duration:</b>	3 weeks

### Introduction:

In 1994, The Ministry of Health (MoH) was facing increased financial pressure as a result of the changing economic circumstances within Swaziland. Following the democratic elections in 1994, a new minister for Health was appointed who was interested in bringing about the reform of the health system and opening areas up to the private sector. The Minister was also very keen to extend private sector involvement to other aspects of the health delivery system including transport.

Transaid requested TNT Express (UK) Ltd to provide a person that would be involved in a consultancy role. Paul Slee (Printline Centre Manager for TNT) spent three weeks in Swaziland where he conducted a study that aimed to examine areas of the present health delivery system that can be most appropriately contracted out to the private transport sector within Swaziland.

The study focused on two major elements-

- Patient transport between the various levels of the referral system including specialist out of country movements
- Commodity distribution between the three central stores and the fifty service delivery points

The aspects of these two elements that were examined included-

- The distribution and deployment of vehicles
- Participation of Non-Government Organisations (NGOs)
- Industry and Private Sector involvement
- Management, maintenance and financing
- Options for privatisation

To meet these objectives, a study was undertaken over a period of three weeks in Swaziland. Observations were carried out to assess the present level of Ministerial control of both patient transportation and medical commodity distribution. Investigations into the private sector capabilities for both of these activities were also pursued.

### Methodology:

After a series of meetings and observations, Paul Slee proposed the following methodology:

To improve the current patient transportation facility, three possible solutions were identified from an analysis of service requirements.

The options for change are as follows-

- Retention of ambulances under Ministerial control
- Contractual tendering of services
- Leasing of ambulances to the service provider

If the current management and operation of ambulances is to be retained by the Ministry of Health, several changes will need to be implemented to improve the service:

- Re-allocation of vehicles-
  - MoH ambulances would be based at health centre locations to provide a service to the cluster of clinics that the health centre manages and also to provide transportation for patient transfers from the health centre to the main hospitals
  - At least 2 ambulances based at locations
- New management input-
  - This appointee would manage the ambulance crews and monitor vehicle utilisation on a daily basis, reporting directly to the Transport Officer or Administrator of that region
- Tighter controls and monitoring-
  - The appointee will implement tighter controls on vehicle usage and create an auditable reporting system whereby information is instantly available to monitor the performance of the service
- Charges in maintenance-
  - To reduce vehicle downtime, maintenance should be decentralised away from Central Transport Administrations (CTAs)
- Driver accountability-
  - With the installation of a middle management structure in the regional control of vehicles, disciplinary procedures and performance incentives for ambulance crews should be introduced
- A national standard of training-
  - An outside body should be employed to provide all crews with a standard of training that will be externally recognised at national level

TNT recommended the introduction of Ministry controlled ambulances in the rural areas, along with the introduction of private sector ambulances in urban areas. This proposal allows the MoH to retain control over their fleet of ambulances whilst gaining much needed experience and service from the private sector in areas where it is most vulnerable and inefficient.

### Outcomes:

An extensive report was produced that examines the present patient transportation system and the present supply chain for medical commodity distribution. This report also identifies the areas of the present health delivery system that can be most appropriately

contracted out to the private sector within Swaziland. Additionally, it contains a number of conclusions and recommendations that will help to improve health delivery in Swaziland.

#### Conclusion:

A number of conclusions and recommendations have been drawn from this project-

- Differing levels of ambulance activity are required to provide a comprehensive service to the citizens of Swaziland.
- Provision of a rural service and a comprehensive urban service are required to meet the present needs.
- The Ministry of Health still requires retaining operation of a section of the ambulance service and this is best facilitated in the provision of a health centre based rural service.
- An improved Ministerial service will provide the clusters of clinics with a much needed service.
- Due to the geographical layout of the country, an urban corridor exists between two major towns. As this corridor is highly concentrated in many industrial and economic activities as well as population, there is a requirement for a higher level of ambulance service to cater for the demand in this area.
- NGOs and private ambulance companies can operate an efficient service within this urban corridor, using their experience and competent skills to provide a better standard of care and a level of service that currently does not exist.
- In accordance with the Terms of Reference, medical commodity distribution within the current health system has been examined.
- Several concerns have been highlighted particularly with the operation and management of goods in the CMS. As this centre is the focal point of the supply chain, then these concerns would effect any operation concerning distribution of commodities to the various health facilities.
- Private sector intervention is the only efficient way forward to improve the service from the CMS to the health facilities. A third party contract for distribution could be undertaken by several transport operators who have the capacity to fulfil such a logistical role.
- A step must be taken backwards before work begins on negotiating such a contract, as the current system is not yet ready for this intervention.
- A transport operator could not consider becoming involved in any proposal before the operation and management of the CMS is seriously examined and put in order.
- No other area concerned with the distribution of medical related products would be large enough for the private sector to be concerned with and be economically viable for them to pursue.

**Tools Utilised:** A Study undertaken on behalf of Save the Children by TNT Express (UK) Limited- Transport Study for the Government of Swaziland Ministry of Health February 1995 (Paul Slee).

**Partners:** TNT Express (UK) Limited, Save the Children, Kingdom of Swaziland Ministry of Health.

#### About Transaid:

Transaid is an international UK development charity that aims to reduce poverty and improve livelihoods across Africa and the developing world through creating better transport. Transaid was founded by Save the Children and the Chartered Institute of Logistics and Transport. Our Patron is HRH The Princess Royal. Transaid specializes in the following:

- Building the capacity of public health authorities to provide effective, safe and cost efficient transport management systems to promote equitable access to primary health care services.
- Developing and improving logistics and supply chain systems to enhance the delivery of medicines, equipment and relief services to vulnerable communities.
- Promoting effective partnerships to support and enhance community participation in developing sustainable transport solutions in rural areas.
- Developing and delivering transport and logistics training and qualifications for public and private sector operators.

Transaid has the capacity and reach to lead projects throughout the developing world, but is equally capable of providing niche technical assistance to large scale health systems strengthening projects. Transaid maintains strong relationships with a number of leading international organizations including donor agencies such as DfID, DANIDA and USAID, and implementing organizations such as Health Partners International, Options Consulting, John Snow Inc. and Management Sciences for Health.

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