

Ghanaian Ministry of Health Transport Improvement Initiative- Maintenance Management Workshops

Project Location: Kumasi, Wa, Accra, Western Region,

Tamala, Koforidua, Tema, Brong Ahafo, Ho, Bolga, Cape Coast, Mambrobi, KATH, H.Q Accra.

Ghana.

Project Start Date: 15th February 1995

Project Duration: 1 month

Introduction:

In order to improve the service of transport for the Ministry of Health in Ghana, Transaid supported the implementation of a Transport Management System (TMS) and a workshop-based training initiative. The first objective of this project was to increase awareness amongst senior Ministry of Health officials of the benefits to be gained from a fully implemented motor vehicle policy of Planned Preventative Maintenance (PPM). This is a scheduled service visit carried out by an agent to ensure that equipment is operating correctly to avoid breakdowns. The second objective was to demonstrate to Transport Officers and Workshop Supervisors the precise means of initiating and operating such a policy. The final objective of the project was to instruct motor vehicle tradesmen in inspection techniques and related workshop-orientated procedures.

The project focused on workshop training sessions for three authority levels within the Ministry of Health transport hierarchy that aimed to achieve the three objectives. It aimed to decrease the number of breakdowns, which would therefore reduce cost and improve reliability and safety of the overall service of the Ghanaian Ministry of Health's transport.

Methodology:

Transaid was requested by the Ghanaian Ministry of Health to provide workshop training sessions for three categories of officials from the Ministry of Health, including Transport Officers.

The Transport Officers and Workshop Supervisors sessions covered the following areas:

- Maintenance management
- PPM planning and record keeping
- Servicing/rationalised schedules
- Overview of drivers pre and post journey checks
- Overview of PPM and periodic inspections
- Budgeting for maintenance and spares scaling
- Third party repair facilities-
 - Audits and evaluation
 - Customer/supplier relationships
- In-house maintenance facilities-
 - Management/scheduling

Job card costing labour/spares

The Artisans' sessions covered the following areas:

- Why PPM
- PPM inspection:
 - o Techniques of inspection and examination
 - o Identification of defects
 - Assessment of work to be done
 - Terminology
 - o Report writing
 - Workshop procedures
 - o Care of tools and equipment
- Workshop record keeping:
 - O Job card costing, labour, spares and material
 - Work orders
 - Workshop job book
 - o Parts manuals and parts numbers
 - o Identification of parts
- Servicing procedures:
 - o Schedules/factory recommendations
 - o Identification of lubrication points
 - o Identification of lubricants
 - Special servicing
 - o Movement of oils between components
 - o Care of oils (in-situ)
 - Tyre servicing

Part of the workshop visit and assessment consisted of a detailed audit of the premises, procedures and facilities of a commercial garage. This aimed to give the participants practical experience in third party audit and an opportunity to observe the application of many of the elements of the course material. Emphasis was placed on third party repairers and the importance of establishing a national basis for comparison to assist in selection. Their pros and cons were discussed and the steps to be taken to ensure work quality and cost control were clearly explained.

Artisans were encouraged in the workshop to experience hands-on vehicle inspection and defect reporting. They also translated the reports into detailed instructions for compliance by vehicle tradesmen.

One day was devoted to detailing the proposed workshop procedures, discussing the documents involved and the importance and purpose of cost reporting and accountability. Methods of maintenance scheduling were compared together the specimen worksheets for a three-tiered service programme.

The final day was occupied by a detailed housekeeping and safety resume, including an explanation of the nature and function of lubricants, bearings and seals and the construction, selection and care of tyres.

Outcomes:

Despite a wide variation of different individual abilities, there was a unanimously high level of interest and enthusiasm among the participants with a frequently expressed hope that further such courses could follow.

Upon conducting these workshops, it was unexpectedly found that morale and self esteem was low, particularly among the tradesmen. Therefore it was recommended that every opportunity be taken to reduce this by such means as can be provided (e.g. training at dealerships, feed-back and discussion of workshop-derived cost information, protective clothing, inter-Regional meetings, upgrading of facilities and decoration in the workshops and backing by Headquarters in cases of local differences in the interpretation of their roles in the transport management).

The principles and practices involved were discussed in the context of the Ministry of Health transport management policy as defined in the Transport Management Handbook and a maintenance procedure and documentation evolved to suit. This lies outside the Terms of Reference and is proposed only as a basis of discussion within the Ministry of Health transport management.

Conclusion:

The project has met, and in some cases exceeded, the original terms of reference. Preventative maintenance is now understood and in place, drivers/mechanics are integrated into Ministry objectives, all levels are aware of vehicle costs, breakdowns have been reduced, reduced misuse/abuse of official vehicles, good quality of training provided for all levels, improved effective vehicle lifespan, clearly defined transport structure, a clear policy has been developed and transport officers are in place at all levels. However, there are a number of lessons that have been learned through this project, namely that the process of change requires support at all levels before it can be effective and time must be taken to explain the need for change. Also, the training and implementation programme must be tailored to suit local differences and be flexible, as this is necessary to ensure ownership by those involved and the donor community should be kept informed of policy discussions and given a chance to make an input. However, the health care priorities and needs of the Ministry must take precedence.

Tools Utilised: Transport Management Handbook, Republic of Ghana Ministry of Health Transport Improvement Initiative Maintenance Management Workshops Final Report

Partners: Ministry of Education Non Formal Education Division (NFED)- assistance in the form of vehicles and tools and for the participation in practical demonstrations of Mr George Noi-Lartey, the NFED Transport Officer. 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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