TRANSPORT POLICY

GHANA HEALTH SERVICE

-final draft-

August 2003
Revised November 2016
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</tr>
<tr>
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<td>Budget Management Centre</td>
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<td>CHPS</td>
<td>Community Based Health Planning and Services</td>
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<td>CR</td>
<td>Central Region</td>
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<tr>
<td>DDG</td>
<td>Deputy Director General</td>
</tr>
<tr>
<td>DG</td>
<td>Director General</td>
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<tr>
<td>ER</td>
<td>Eastern Region</td>
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<td>GHS</td>
<td>Ghana Health Service</td>
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<td>PPM</td>
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<tr>
<td>PPME</td>
<td>Policy, Planning, Monitoring and Evaluation</td>
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<td>Regional Director of Health Services</td>
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<td>RHD</td>
<td>Regional Health Directorate</td>
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<td>T.O</td>
<td>Transport Officer</td>
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<td>TMI</td>
<td>Transport Management Initiative</td>
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<td>Transport Management System</td>
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FOREWORD

Transport is a crucial component of service delivery in the Ghana Health Service (GHS\(^1\)). It is used to convey logistics, run administrative errands, provide outreach services and carry out patient referrals. As a result, the Service commits a substantial amount of money for the provision of its transportation needs such as procuring new vehicles, running and maintenance, transport logistics, human resources, etc. In addition, the donor community provides substantial funds for the acquisition of new vehicles to support the delivery of health services in the GHS.

This current and envisaged level of expenditure requires careful supervision and management to ensure that such expensive resources are utilized most efficiently and effectively to achieve value for money and organizational objectives.

It has therefore become necessary that a formal Transport Policy be adopted to provide clear guidelines on the acquisition, operation, management, disposal and replacement as well as maintenance and information management of all transport resources in the GHS. This policy document has also become relevant as a result of the implementation of Act 525, which has brought into being the GHS.

In developing this policy document, due cognizance has been given to the overarching transport policy guidelines of the Ministry of Health (MOH) and other governmental policies and regulations that impact on it.

It is our aspiration that the policy components in this document will help rationalize and maximize the use of all transport resources in the GHS.

All BMCs and indeed entire staff of the GHS are enjoined to abide by the content of this Policy Document.

DR. ANTHONY NSIAH-ASARE
DIRECTOR GENERAL
GHANA HEALTH SERVICE

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\(^1\) GHS and Service are used interchangeably in this document to denote the same thing
ACKNOWLEDGMENT

The Service wishes to acknowledge the immense contribution of members of the Groups who worked tirelessly to develop this Policy Document. The Groups were as follows:

**Operational/Technical Group**

1. Ebo Hammond- Deputy Director, Transport-Transport, GHS  
2. Hassan Ligbi- Fleet Engineer, GHS  
3. Emmanuel Ampadu- Senior Transport Manager, HQ-GHS  
4. Patrick Flagbe- Senior Transport Manager, Western Region, GHS  
5. John Achana- Workshop Manager, Central Mechanical Workshop, Tema  
6. Stephen Duku- Policy Planning, Monitoring and Evaluation Division, GHS  
7. Prince Asante- Senior Health Services Administrator, HASS-GHS

A larger operational group comprising all Regional Transport Managers and Regional Deputy Directors of Health Administration and Support Services also reviewed the basic draft of the special technical group to further fine-tune it.

The operational group worked under the oversight responsibility of Mr. Kofi Opoku, Director, Health Administration and Support Services (HASS).

**Strategic Group**

Special thanks to his group which consisted of Directors, Deputy Directors, Hospital and District Directors, among others of the Service who were served with soft copies of the first draft for review of the basic draft to be in consonance with the strategic objectives of the Service. The output of this Group served as the Second Draft.

**Executive Group**

Special gratitude goes to all Directors and Senior Management Executives of the Service whose invaluable critique helped to provide this excellent Transport Policy for the Service.

Special appreciation goes to Miss Felicia Kusorgbor and Mrs Cynthia Bilson Oware for offering excellent secretarial services throughout the entire policy development process.

Finally, special thanks go to all those who in diverse ways contributed towards the successful re-development of this Policy, particularly, the initiators of the Transport Management Initiative.
THE TRANSPORT POLICY DEVELOPMENT PROCESS

This Policy was developed through an intensive and extensive teamwork and consensus building. Its development was phased into three stages, all managed by different teams namely, Operational (Technical), Strategic and Executive Groups.

First Phase (Operational/Technical Group)
This Group consisted of selected key transport and management staff, which developed the first draft.

Second Phase (Strategic Group)
This Group consisted of key Senior Management Executives particularly in the regions who reviewed and fine-tuned the basic draft to be in consonance with the strategic objectives of the Service. The output of this Group was the Second Draft

Third Phase (Executive Group)
This Group consisted of all Directors and selected Senior Management Executives of the Service who attended the Senior Managers Meeting on 28th October 2016. This Group helped build consensus on the Second Draft Policy Framework. The output of this Group was the Third Draft.

Approval By The Director General (GHS)
The Final Draft (Third Draft) was subsequently approved (accented) by the Director General on ??? for adoption and implementation.
1 INTRODUCTION

1.1 Background
The GHS, as a corporate body is charged with the implementation of approved national policies for health delivery in Ghana. The Service provides preventive, curative and restorative care; and also undertakes health promotion activities across the country.

The public and community health orientation of the Service means that there is great need for spatial mobility to rural and remote areas of the country to deliver basic health care. The transport infrastructure (road network, public transport system, etc) of the country, especially, in the rural area even though has improved over the last decade; there are still formidable challenges with access to health services.

The organization and provision of transport and related resources by the Service is therefore to ensure uninterrupted and reliable delivery of health services to underserved populations. Transport, as an essential health tool for service delivery, continues to play a critical role in the activities of the Service.

Over the past decade, a number of significant developments (national and health sector) have occurred; it was therefore imperative that the policy, which was developed in 2003, was reviewed to continue to make it relevant to prevailing circumstances.

1.1.1 Mission of the Service
The Mission is to provide and prudently manage comprehensive and accessible quality health services, with emphasis on primary health care, in accordance with approved national policies.

1.1.2 Vision of the Service
“A healthy population with universal access to quality health services”

1.1.3 Strategic Objectives of the Service
Specifically, the GHS has the following corporate strategic objectives:

i. Bridge equity gaps in access to health care and nutrition services and ensure suitable financing arrangement that protect the poor
ii. Strengthen governance and improve the efficiency and effectiveness of the health systems
iii. Improved access to quality maternal, neonatal, child and adolescent health services
iv. Intensify prevention and control of communicable and non-communicable diseases and promote healthy lifestyles
v. Improve institutional care, including mental health services delivery

1.1.4 Strategic Position of Transport In the Service
Transport exists primarily to provide spatial mobility for staff to deliver health services to the population. It also ensures effective and efficient positioning of health logistics for service delivery. It is envisioned that the provision of transport and its effective management will help employees of the Service provide health care to populations through comfortable, safe and secure means. It also contributes towards the achievement of the other strategic objectives of the Service.

1.1.5 Mission of Transport in the Service
The primary mission is to ensure availability and reliability of transport as an essential logistic for health service delivery; and to do this in the most cost-effective and safe manner.

1.1.6 Vision of Transport in the Service
The vision is to enhance geographic access to quality health services delivery through excellence in transport management.

1.1.7 Strategic Intent of Transport Management in the Service
The strategic intent is not just to provide vehicles and operate them, but to ensure that high availability and reliability of transport resources contribute towards improved health outputs.

1.1.8 Core Value of Transport Management in the Service
Value transport as a vital health tool for effective health services delivery

1.1.9 Guiding Principles of Transport Management and Operations
The following shall be the principles for operational management of transport-
   i. Safety and security of life
   ii. Professionalism
   iii. Efficiency

1.1.10 Transport Strategic Objectives
The strategic objectives are to:
   i. Ensure access to the population by health staff
   ii. Reduce fleet running cost of vehicles to improve health service delivery
   iii. Contribute to quality of care by the timely positioning of health resources
   iv. Ensure the provision of the right mix of vehicular resources; deployed particularly to support priority health interventions To ensure efficiency and
effectiveness of transport operations through monitoring, support visits and supervision

1.1.11 **Roles of Transport as a Resource In the Service**
The general roles of transport in the Service are outlined as follows:

i. Support Primary Health Care (PHC) services (immunization, health education, disease surveillance, outreach services, etc)

ii. Patient transportation, Monitoring and supervision

iii. Haulage of medical supplies and other logistics

iv. Specialist Outreach Services

v. General administrative assignments and duties

1.1.12 **Purpose and Scope of the Policy**

1.1.12.1 **Purpose**
This document sets out the broad guidelines and operational management framework for transport in the Service. It has been developed as part of the continuing process of strengthening the Service’s operational systems to ensure effectiveness and efficiency in its activities.

It sets out the focus and objectives of transport in the Service and defines the roles and responsibilities of managers, operators and users of this resource at various levels of the organisation.

1.1.12.2 **Scope**

This Policy is intended to cover road and inland water transportation within the GHS. It also covers the use of vehicles\(^2\) owned by the GHS and those hired\(^3\) from Hiring Companies or sourced from MDAs.

It also applies to employees and other users of GHS vehicles.

1.1.13 **Objectives of the Policy**
The following are the main broad objectives of this Policy:

- To provide a general framework for the management of all transport resources in the Service
- To guide and serve as a reference document on transport management in the Service
- To rationalize the use and management of all transport resources

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\(^2\) Vehicle here comprises all types and modes of transport unless otherwise specified

\(^3\) This shall be in addition to the operational policies of the organization or lessor.
➢ To contribute towards the achievement of organizational objectives

This revised Policy has been developed based on a strategic review of the current transport management situation and projected future needs of the Service.

1.1.14 The Transport Management System of the GHS
The Policy covers six major components of transport management as identified by the Transport Management Department. These are Policy Framework, Operational Management, Fleet Management Information Management, People Management and Health Safety Management.

1.1.14.1 Policy Framework
It is the broad framework that sets out the rules within which all transport resources are managed in the Service.

1.1.14.2 Operational Management
This component refers to the day-to-day management of all transport resources.

1.1.14.3 Fleet Management
This relates to the planning, specifications, procurement, maintenance and repairs, disposal and replacement of fleet.

1.1.14.4 Information Management
It refers to the systematic collection, processing and use of data and information by management for effective decision making.

1.1.14.5 People Management
This involves the attraction, deployment, capacity improvement and motivation of the right calibre of transport personnel to meet organizational objectives.

1.1.14.6 Health and Safety Management
This comprises all efforts at operating the fleet and related transport resources to ensure protection of life and property.

2 POLICY COMPONENTS
The major components of the transport policy are outlined under the following sections:

2.1 Procurement of Vehicles
2.1.1 **Vehicle Specifications**
The Health Administration and Support Services (HASS), represented by The Transport Management Department (TMD) shall be responsible for the development of standards and specifications for the procurement of all vehicles in the Service. These specifications may be reviewed as and when necessary depending on the change in operational and other requirements.

2.1.2 **New Vehicles**
All vehicles procured for the Service shall be new and in current production. The following factors shall be considered during the procurement of new vehicles:
- Purpose for which vehicle is required
- Specific operational conditions and requirements
- Existence of a Local Dealership
- Legal requirements of the country
- Availability of technical consumables and spare parts
- Previous experience with respect to vehicle operational performance

The procurement method used for vehicle acquisition of vehicles shall be in accordance with relevant provisions in the public procurement law or any other relevant laws applicable.

The Service shall explore innovative ways in acquiring vehicles such as hire-purchase, leasing, hiring, among others; subject to any regulatory compliance in force.

2.1.3 **Used Vehicles**
The Service (at all levels) shall not procure used vehicles. Where a special condition warrants such procurement, the Director General’s express written permission shall be required.

2.1.4 **Project Vehicles**
Project vehicles here refer to those procured for consultants working on specific projects of the Service. These vehicles may revert to the Service after the completion of the Project or as determined by the project financiers.

2.1.5 **Donated Vehicles**
All vehicle donations shall comply with the vehicle standards and specifications of the Service. The donation of vehicles to the Service shall comply with the prevailing policy on donated items.

2.1.6 **Motorcycles**
Motorcycles procured should be environmentally friendly and of off-road type. In view of that, four—stroke engines will be the preferred engine specification for motorcycle procurement. Each motorcycle procured shall be supplied with two crush helmets.
2.1.7 **Back-up Spares**
Suppliers of new vehicles shall assure the Service of the provision of back-up spare parts for at least the period of warranty.

2.2 **Allocation of Transport and Related Resources**

2.2.1 **General Allocation Criteria**
Allocation of vehicles (all modes) at all levels of the Service shall be guided by the following criteria:
   
i. Institutions with a good transport management system in place
   ii. Institutions without vehicles
   iii. Deprived regions and districts
   iv. Deprived specialties
   v. Fleet Age (replacement burden)
   vi. Number of health facilities
   vii. Land size and population of area
   viii. Level and trend of running cost of existing vehicle(s)
   ix. New or priority programmes and projects
   x. Any other overwhelming national priorities

2.2.2 **Allocation of Motorcycles**
To ensure operational efficiency, motorcycles procured may be assigned to an individual rider. Such a rider shall be the primary rider. However, other GHS-trained riders may have access to the use of the motorcycle for service delivery. Direct responsibility shall however, rest with the rider in charge of the motorcycle at the time of any incident.

Heads of health facilities are to ensure that a rider is trained by the Service before being allocated with a GHS motorcycle.

2.2.3 **Allocation of Bicycles**
Bicycles shall primarily be allocated to the sub-district to support service delivery at the community level.

2.2.4 **Allocation to Vehicle Pools**
All vehicles (with the exception of duty-post vehicles) shall be allocated to vehicle pools to enhance vehicle availability and operational efficiency.

Cross-country vehicles shall not be used as duty-post vehicles.
2.2.5 **Duty-Post Vehicle for Senior Management Executives**
The DG, DDG, HQ and Regional Directors will be allocated saloon vehicles as duty-post vehicles to facilitate the performance of their official duties.

Other Senior Officers who by the nature of their work require transport may be allocated an appropriate vehicle for the performance of their official duties. In the case where a vehicle has been assigned to any individual or programme, others\(^4\) shall have access to its use when the need arises.

2.3 **Vehicle Replacement**

2.3.1 **General Replacement Criteria**
It is noted that a blanket replacement of all vehicles after the recommended replacement period is not feasible due to financial constraints and other conditions. It is however, useful for vehicle fleet management purposes such as procurement, maintenance and disposal planning. The following are some of the main factors to be taken into consideration in the identification and selection of vehicles for replacement:

i. Age
ii. Manufacturer’s recommendation
iii. The technical condition and frequency of breakdowns
iv. Operational cost
v. Capital cost of new vehicle
vi. Book value
vii. Change in operation
viii. Legislation
ix. Residual value
x. Corporate image

2.3.2 **Replacement of Four-Wheeled Vehicles**
Generally, four-wheeled vehicles may be replaced between 7 - 8 years or 250,000km, whichever comes first.

2.3.3 **Motorcycle Replacement**
Motorcycles may be replaced after 5 years or 80,000km, whichever comes first, dependent on adherence of a zero-breakdown modular maintenance system.

2.3.4 **Bicycle Replacement**
Bicycles may to be replaced after 2 years.

In spite of the above replacement factors and ranges, it is acknowledged that the intensity of use, local conditions, and specific operational conditions may result in the

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\(^4\) Others include other officers and programmes/projects
early or late replacement of a vehicle, which must be taken into consideration during assessment for replacement.

2.3.5 **Planning and Budgeting for Vehicle Replacement**
The Heads of GHS Facilities and Institutions should plan and budget for vehicle (all modes) replacement. The TMD shall collate these vehicle replacement requirements for national planning and budget.

2.4 **Vehicle Use**

2.4.1 **Vehicle Movement Planning/Scheduling**
All BMCs shall have a vehicle movement plan/schedule. The most suitable available vehicle that meets the needs of the trip shall be allocated. BMC Heads or Designated Officers shall have the responsibility to assign priorities in the case of limited vehicular resources.

2.4.2 **Route Planning**
Routing of journeys shall be guided by the principle of shortest, safest and legally approved route.

2.4.3 **Programme Vehicles and Motorcycles**
These are vehicles procured to support specific programme or project activities of the Service. They shall be part of the transport resources of the Service and be used to support other priority health-related services or any other approved use. Their use and scheduling shall be authorized by the Head of Institution or Designated Officer.

2.4.4 **Public Transport**
Public transport\(^5\) must be used where it provides an economic, safe and practical alternative especially, in long distance travel, and the cost involved must be borne by the Service. An incentive\(^6\) for using public transport shall be determined and paid.

2.4.5 **Personal Use of Official Vehicle**
Staff may be allocated the use of an official vehicle for social or personal activities such as funerals, marriage ceremonies, child out-dooring, etc. depending on the availability of transport. This must however, be authorized by the Head of Institution or Designated Officer.

Staff shall however, be responsible for the provision of required fuel and lubricants for the particular trip; he/she shall also be responsible for maintenance or servicing where the vehicle covers more than 40% of stipulated service mileage. Cost of repair of any damage on the vehicle or lost item during the period of private use shall be borne by the user.

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\(^5\) Denotes all types of public transport modes. Eg. Air, Rail, Road, Water, etc

\(^6\) Extra amount of money shall be paid to cover miscellaneous expenses such as local commuting, etc
2.4.6 Official Use of Personal Vehicle
Officers shall be re-imbursed for using personal vehicles for official activities. However, this must be prior authorized by the Head of Institution or Designated Officer. The fuel required shall be determined by the Transport Office. Where there is no fuel for the approved trip, the fuel used shall be refunded. Alternatively, kilometric allowance may be granted according to prevailing government rates or as established by the Service.

The Service may however, be responsible for the provision of required fuel and lubricants for the particular trip; it may also be responsible for maintenance or servicing where the personal vehicle covers more than 40% of stipulated service mileage.

Cost of repair of any damage on the vehicle or lost item during the period of private use shall be borne by the user organization.

2.4.7 Use of Service Vehicles by Other Organisations
This is where organisations request the use of the Service’s vehicles for their programmes and activities. Special arrangements shall be made for the recovery of maintenance and repair cost in addition to fuelling of the Service’s vehicles by such organisations. This shall particularly refer to prolonged and extensive (more than one week and or covering at least 30% of the stipulated servicing mileage) use.

A formal agreement between the Service and the particular organisation shall be signed. Such an Agreement shall include the responsibilities of both parties. However, the agreement and use of the vehicle(s) shall conform to the provisions of the Service’s Transport Policy in force.

No Service vehicle shall be used for partisan political activities; or any activity that is deemed inimical to the objects and purposes of the Service.

2.4.8 Transporting of Staff
The Service shall not bear the responsibility for transporting of staff to and from work except in exceptional circumstances authorized by the Head of Institution or Designated Officer. Where it is adjudged necessary to provide mass transportation for staff due to the distance from residence and/or working hours, such task may be outsourced to local transport operators using prevailing procurement regulations.

However, the final decision shall be dependent on the comparative economic advantage of in-house provision as against outsourcing.
2.4.9 Unauthorized Passengers and Cargo
Proper authorization must be given before a passenger\(^7\) or unofficial cargo is allowed on board a GHS vehicle. The Officer assigned the use of the vehicle shall be held responsible for ensuring that unauthorized passengers and cargo are not carried.

Staff must seek expressed approval from the Head of BMC or Designated Officer on behalf of their family members who want to be transported before being allowed onboard a GHS vehicle. In all cases, an Indemnity Form shall be signed and kept on file.

All such authorized passengers or cargo travel or are conveyed on the Service’s vehicles at own risk. No fare shall be charged for transporting such a passenger or cargo.

A Service vehicle may pick any identified staff on a service delivery mission and alighted at any convenient destination.

2.4.10 Hiring of Vehicles
The GHS shall hire vehicles from other public transport operating organizations for its activities whenever necessary and if it is deemed cost effective.

2.4.11 Fuel Control and Issuing
There shall be authorization and strict procedure for the control and issuing of fuel (coupons and cash). In the case of coupons (which are value books), the bulk may be kept at the Accounts Office, and shall be issued to the transport office when requested for official use. This is essential to assure accountability, transparency and an effective audit trail.

2.4.12 Vehicle/Passenger\(^8\) Safety
2.4.12.1 Safety Equipment
All vehicles are to carry a stocked First Aid Box, a Fire Extinguisher and Warning Triangle and other requisite emergency vehicle tools. The Transport Officer is to carry out periodic checks of the equipment.

The Service shall ensure that all vehicles that breakdown in the course of a journey are towed to safety immediately.

2.4.12.2 Seat Belts
All vehicles shall be fitted with seat belts, and used at all times by drivers and passengers.

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\(^7\) Passenger here means not part of the official journey.

\(^8\) Passenger here means occupants of the vehicle.
2.4.12.3 Crush Helmets
All motorcycles and bicycles shall be provided with two Crush helmets (motorcycles) and one helmet (bicycles) each and reflective clothing; and must be used at all times by riders (including pillions for motorcycles).

2.4.12.4 Drink-Driving and Use of Intoxicants
Driving a vehicle under the influence of intoxicants constitutes a serious offence in the GHS. Offenders shall be subject to any Institutional and legal disciplinary measures in force.

2.4.12.5 Over-Loading
Over-loading of a vehicle with passengers and/or cargo is prohibited. Manufacturers’ specifications and regulations as well as prevailing national laws on loading shall be observed at all times.

2.4.12.6 Speed Limits
This Policy recognizes the danger posed to passengers, pedestrians and property in speeding; in view of this, all drivers shall observe the following speed limits:
- Station Wagon - 100km/hour
- Saloon Car - 80km/hour
- Pick-up - 90km/hour
- Truck/Tanker - 70km/hour
- Bus - 70km/hour
- Motorcycle - 50km/hour
- Ambulance - necessary but safe speed
It must however, be noted that the prevailing traffic regulations and traffic conditions supersede these guidelines.

Reckless and careless driving shall also constitute a punishable offence.

2.4.12.7 Smoking in a Vehicle
Smoking is strictly prohibited in any GHS vehicle; for both driver and passengers. It also applies to the Service’s motorcycle riders.

2.4.12.8 Use of Mobile Phones
Use of mobile phones while driving or riding is prohibited.

2.4.12.9 Use of Ambulance
Ambulances shall be used only for the conveyance of patients. The use of ambulances to convey corpses or cargo is strictly prohibited. As much as possible,

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9 Passengers here means occupants of the vehicle
10 Passengers here means occupants of the vehicle
ambulances allocated to facilities shall serve particular catchment areas; and other emergency calls outside its area where necessary. Its operations shall also conform to any prevailing ambulance regulations.

2.4.12.10 Use of Special Purpose Vehicles
Special purpose vehicles are vehicles that are specially designed or bespoke mobility tool for a specific transport need or activity; eg., Cold Van, Tractor or Motorcycle Ambulance, etc., shall be used strictly for the purpose for which they were purchased.

2.5 Vehicle Control

2.5.1 Role of Institutional Heads
Where vehicles are allocated to an Institution, their (vehicle) control (use and operation) shall be the responsibility of the Head of the Institution.

2.5.2 Permit for Driving Official Vehicles

2.5.2.1 Professional Drivers of the Service
All professional drivers of the Service shall be permitted to drive official vehicles based on the weight category of the vehicle that their licence permits them to drive. However, all professional and officer drivers whose licence expires shall not be permitted to drive any of the Service’s vehicles.

All vehicle movements by drivers shall be authorized.

2.5.3 Officers of the Service
All other Officers of the Service, with a valid driving licence shall require a special Driving Permit before being allowed to drive a vehicle of the Service or be allocated a vehicle. The Service shall establish a Screening and Testing System for granting such permits.

These Permits shall be for a particular duration and renewable. Such Permits shall be signed by the Head of Institution or Designated Officer.

However, assignment of any vehicle shall be based on weight category of the licence held.

2.5.3.1 Publication of Annual List of Authorized Drivers (Professional and Officers)
There shall be an annual publication of authorized drivers and type of vehicles approved for each to drive. The published list shall include separately, officers and professional drivers of the Service. The list shall be approved and published by the Regional Director (Regions) and Director General (HQ); or their delegated officers. Any driver (professional or officer) whose name is not on the authorized drivers list shall not drive any GHS vehicle. He/she shall be liable for any damage to the vehicle.
road or other infractions. The necessary legal and/or disciplinary measures shall apply for such resulting infractions.

2.5.4 **Overnight Parking and Vehicle Security**
Vehicles shall be parked and secured at GHS-approved or agreed parking places. Officers shall ensure the safety and security of all GHS vehicles assigned to them, during working and after working hours. The safety and security of all vehicles out-of-station or assigned to senior officers shall be the responsibility of the senior officer using that particular vehicle.

All non-allocated (pooled vehicles) vehicles shall be parked at approved places after close of work or when they are not in use. In the absence of specifically directed places, other parking places with adequate security such as GHS Facilities, Police Station, and Other Government yards.

2.5.5 **Vehicle Identification**
All vehicles must have the GHS logo pasted or embossed, preferably on both front doors for easy identification. The GHS logo shall still be pasted even where there is a donor sticker on the vehicle.

Posting of professional association logos, political, religious and other insignia on GHS vehicles is prohibited.

2.5.6 **Use of Logbooks**
All vehicles shall carry GHS logbooks to capture their operational utilization. Drivers and Officers shall ensure that they are filled to capture all relevant information on vehicle use such as kilometric coverage, fuel added, destination, etc.

2.5.7 **Registration of Service Vehicles**
All Service vehicles shall be registered in Government Registration Numbers; and shall be subject to any prevailing government regulations on vehicle registration. This however shall be subject to any memorandum of understanding signed between the vehicle donor and the Service where the vehicle is not purchased by government.

2.6 **Insurance (General)**
2.6.1 **Vehicle Insurance**
All vehicles of the Service must be insured. The minimum insurance may be Third Party. However, the Workman’s Compensation Scheme, managed by the appropriate government organization must be pursued in the case of accident; and must cover all authorized passengers on board the Service’s vehicles. This must be supplementary to any payment by the Insurance Company.
2.6.2  **Personal Accident Insurance**  
The Service may consider and procure, where appropriate, a Group Personal Accident Insurance for all staff whom, by the nature of their work must frequently travel.

2.7  **Roadworthiness Certificate**  
All GHS vehicles, including Motorcycles, must have a valid roadworthiness certificate. Acquisition of this certificate also applies to all modes needing such certification by law.

The Heads of Institutions are to ensure that insurance and roadworthiness certificates of vehicles are promptly renewed.

2.8  **Fleet Performance Measurement and Information Management**  
2.8.1  **Transport Records**  
All Institutions shall keep the necessary records on all transport activities. Reports on these activities shall be submitted to the appropriate level as and when required.

2.8.2  **Transport Key Performance Indicators**  
The basic Transport Key Performance Indicators (TKPIs) adopted shall include but not limited to the following:
- Kilometres Travelled
- Fuel Utilization (Fuel Efficiency)
- Average Fleet Running Cost per Kilometre
- Maintenance Cost/Km
- Vehicle Availability
- Vehicle Utilization
- Needs Satisfaction (Performance)
- Any other relevant TKPIs adopted as and when necessary.

2.9  **Vehicle Maintenance**  
2.9.1  **General Maintenance Arrangement**  
The first point of call for servicing and repairs of any GHS vehicle (post warranty) is an in-house workshop, where available. It is the responsibility of all Institutions to ensure that all vehicles belonging to the Service are roadworthy.

There shall be a maintenance management system in place at all levels of the Service. Maintenance and repairs of vehicles shall be authorized by the Head of Institution or Designated Officer. Major repair works such as engine overhauls/replacement, transmission overhauls/replacement and vehicle cannibalization, etc shall be
approved by the Regional Director (Region) and Divisional Director (HQ) responsible for transport.

2.9.2 Maintenance Regime (General)
Planned Preventive Maintenance (PPM) shall be the adopted maintenance policy. Time and Distance covered shall be the basis in maintenance planning. The Maintenance Plan shall be strictly adhered to and enforced by the Head of Institution.

Where a vehicle is due for servicing but for financial or other constraints, it is not serviced, such vehicle shall be parked until the servicing is carried out.

2.9.3 Expenditure Priority
Priority shall be given to expenditure on routine service schedules, preventive maintenance and repairs to newer vehicles.

2.9.4 GHS Vehicle Maintenance Facilities
Every Region shall have a Vehicle Maintenance Facility. The role of GHS vehicle maintenance facilities is to ensure that vehicle availability and reliability are assured and maximized.

They shall be resourced to carry out these functions effectively and are expected to undertake minor repairs and routine maintenance of the Service’s vehicles. The Service’s vehicles shall visit these facilities for preventive maintenance.

2.9.5 Vehicle Maintenance Records
Comprehensive vehicle maintenance records shall be kept and used in assessing vehicle operational performance. They shall also be used to serve as guide for preparing the yearly maintenance budget.

2.9.6 Spares Parts and Technical Consumables
All regions shall operate a Spare Parts Revolving Fund. The procurement, storage and use of spare parts shall follow the Service’s stores and accounting regulations.

2.9.7 Use of Third Party Garages
The Service may identify and enter into agreement with recognized Private Garages to undertake major repair works in accordance with the prevailing procurement regulations. The selection of such garages shall be done taking into consideration warranty requirements and the terms of contract.
2.10 Vehicle Disposal Management

2.10.1 Vehicle Disposal
Identification of vehicles for disposal shall be guided by the general policy criteria governing vehicle replacement as outlined in 2.3.1 (General Replacement Criteria) above. The procedure for disposal shall follow the prevailing regulations for disposal of government assets (plant and vehicles).

Where appropriate, the right type of disposal method, which yields the maximum value for money and fair to all stakeholders, shall be employed.

All vehicles earmarked for disposal must however, receive prior approval from the DG before the exercise is conducted.

2.11 Driver Recruitment and Training

2.11.1 Driver Employment
It is essential that all drivers recruited by GHS possess the requisite skills, education and experience for the job. All drivers shall possess a relevant professional driving licence (at least Licence C or that which can permit him to drive a standard 4x4 pick-up); with at least 5 years driving experience. The minimum educational level shall be Senior Secondary School Certificate or its equivalence.

2.11.2 Driver Deployment
Only Directors\textsuperscript{11} and above may be chauffeur driven. All other drivers shall be deployed to the transport pool or assigned to specific vehicles that serve a division, department, unit or programme.

2.11.3 Training of Transport Staff
All institutions must ensure that transport personnel undergo structured training programme and periodic in-service training.

2.12 Accident Reporting and Management

2.12.1 Reporting Requirement
All accidents and incidents (theft, fire, etc.) involving GHS vehicles and the public shall be promptly reported to the Police and the nearest GHS Transport Office by the driver/rider/officer responsible for the vehicle as soon as possible, for the necessary accident management procedures to be initiated. Officers in charge of vehicles involved in an accident shall submit a written report on circumstances leading to the accident.

\textsuperscript{11} This refers to DG, DDG, HQ and Regional Directors
2.12.2 **Accident Investigation**
All accidents shall be investigated by an ad-hoc/standing accident committee. The institutional inquiry shall be independent of the Police investigation. The driver/officer may not be exonerated if he/she is found to have flouted institutional regulations on the use of the vehicle.

2.13 **BOATS**

2.13.1 **Specifications**
All boats procured or built shall be appropriate for the particular river body to be operated on and must meet the service delivery objectives. The appropriate bodies or agencies must always be contacted for technical advice where appropriate.

2.13.2 **Allocation of Boats**
Boats may be provided for major riverine regions/areas to facilitate access to communities isolated by water bodies.

2.13.3 **Navigational Aids and Equipment**
Basic navigational aids and equipment must be provided on all boats procured.

2.13.4 **Outboard Motors**
Replacement of outboard motors may be according to manufacturer’s own recommendation or operational condition. Where possible, each boat must have two outboard motors.

2.13.5 **Piloting of Boats**
All boats shall be piloted by a GHS-trained or approved coxswain/boatswain, with the support of a navigator where needed.

2.13.6 **Safety and Health**
Adequate provision of mandatory and conventional emergency and life-saving gadgets must be provided for all boats.

To ensure continuous safety for boat service staff, a boat survey shall be conducted periodically to ascertain their river-worthiness.

Loading of boats must comply with approved safety procedures.

Where staff must use a public or private boat, lifejackets and other safety gadgets must be provided and used.
2.13.7 Identification of Boats
Boats and other water transport modes must be identified by a special christening (name) and if need be, a particular number. These identification marks must be visible (above the permissible waterline). They must also have the GHS logo embossed on the fore and aft part of the starboard and portside of the boat.

The use of any other insignia such as political party logos, religious symbols and any other non-approved insignia are prohibited.

2.13.8 Communication on Boats
All GHS boats must have effective means of communication to link staff with their respective base stations, regions or headquarters. Where possible, mobile phones should be used for such communication instead.

2.13.9 Insurance for Boats
All boats must be insured with a recognized Insurance Company. The insurance cover shall include the Crew, Service Staff and any authorized passenger\(^{12}\).

2.13.10 Registration of Boats
All boats shall be registered with the appropriate body or port of operation.

2.13.11 Operational Management of Boats
Without prejudice to this policy, the operational management of boats shall conform to the overarching policy framework on the management of transport resources in the Service, and any other national navigational rules in force.

2.13.12 Maintenance of Boats
Maintenance of outboard engines shall follow the zero-breakdown maintenance system of the motorcycles and any other prescribed maintenance procedure.

Periodic maintenance of the hull (cleaning, washing, corking and painting, among others) shall be strictly carried out as part of PPM.

2.14 Air Transport
Currently, the GHS has no aircraft in its fleet of transport and depends on the military and other commercial air transport operators for its air transport needs in which case the rules and regulations covering their use shall prevail. However, GHS staff on board such aircraft on official duty shall be covered by the Workman Compensation Scheme and any other insurance cover by the airline operator.

When the Service acquires its own aircraft; the appropriate policies shall be developed to guide their operations.

\(^{12}\) Passenger here means patient or authorized person not part of the Service Staff or Crew
3 ORGANISATIONAL RESPONSIBILITY FOR TRANSPORT

3.1 District Health Directorate
All District Health Directorates (DHDs) shall establish a Transport Office. The District Director of the DHD shall have the overall accountability for the performance of the following duties in his/her district to:

i. Implement the transport policy
ii. Keep an up-to-date inventory and full vehicle records
iii. Schedule vehicle use
iv. Issue and control fuel
v. Ensure the safe and legal operation of vehicles
vi. Produce budgets and plans for vehicles.
vii. Plan and ensure strict adherence to maintenance schedule.
viii. Identify training needs and facilitate training
ix. Monitor vehicle performance and provide summary records to the Regional Administration (details in Operational Manual)
x. Supervise and control drivers
xi. Conduct vehicle parade

There shall be appointed a Transport Officer for the DHD, Hospitals and Institutions in the district to perform the above duties for the respective Institutions.

3.2 Regional Health Directorate
All Regional Health Directorates shall establish a Transport Office. The Regional Director shall have the overall accountability for the performance of the following duties in his/her Region duties stated in section 3.1:

i. Keep the Regional Transport Inventory
ii. Prepare vehicle replacement plans for submission to HQ
iii. Prepare regional transport budget
iv. Ensure the safe and legal operation of vehicles
v. Advise on the allocation of vehicles
vi. Manage vehicle maintenance arrangements (in-house and third party).
 vii. Co-ordinate the regional distribution of stores.
 viii. Arrange training in line with national policies.
 ix. Provide assistance to RHDs/Institutions on transport related matters
 x. Collate district vehicle performance statistics and consolidate into a regional report
 xi. Manage the vehicle disposal system
 xii. Ensure that maintenance systems are in place and strictly adhered to
 xiii. Ensure compliance with the transport policy at all levels
 xiv. Conduct periodic vehicle parade
 xv. Oversee the general management and operations of the Regional Workshop
xvi. Liaise with other transport organizations
xvii. Conduct periodic transport audit
xviii. Any other transport duties assigned

The operational definition for region includes the HQ which shall also have its own Transport Office; and an appointed Transport Manager to implement the above duties.

3.3 National
The HQ shall perform the following duties and responsibilities:

i. Develop vehicle specifications for procurement of all vehicles
ii. Facilitate the development and review of the Transport Policy
iii. Keep a National Fleet Inventory
iv. Advise on the Allocation of new vehicles
v. Prepare Procurement Plans for transport acquisition
vi. Prepare vehicle replacement plans
vii. Provide a center of expertise to monitor performance of in-house and external workshops
viii. Ensure the safe and legal operation of vehicles
ix. Establish spare parts control system
x. Produce periodic Transport Management Reports
xi. Advise on vehicle needs
xii. Set performance standards for vehicles
xiii. Provide technical support to the regions
xiv. Ensure compliance with the transport policy at all levels
xv. Monitor and evaluate transport operations and performance
xvi. Develop and co-ordinate training requirements and programmes
xvii. Liaise with relevant transport stakeholders
xviii. Facilitate the establishment of Accident/Incident Committees
xix. Manage the vehicle disposal system
xx. Ensure that maintenance systems are in place and strictly adhered to
xxi. Conduct periodic transport audit
xxii. Any other transport duties that may arise

3.4 General Staff Responsibility
All personnel of the GHS shall ensure that the use and operation of vehicles enhance their longevity and safety and contribute to the achievement of organizational objectives.

4 MODEL TRANSPORT PORTFOLIO
A transport portfolio provides the ideal mix of vehicles (Makes, types, modes, others) required for the effective delivery of organizational services. It also informs the
planning of transport procurement and the maintenance of a balanced, effective and efficient vehicle mix. Though this portfolio of vehicles is seen as a minimum requirement, it is appreciated that amendments or variations could be made over time due to expansion or contraction of services (e.g. outsourcing of activities, downscaling of services, creation of new offices, etc.)

It has been developed based on the following factors among others:

- Current organizational size
- Activities carried out
- Opportunities for vehicle pooling
- Rationalization of vehicle use

### 4.1 Headquarters

<table>
<thead>
<tr>
<th>No of Vehicles</th>
<th>Type of Vehicle</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>Station Wagon</td>
<td>1 per division; 1 each for DG and DDG; 1 each for key national health programmes; 6 for Central Pool</td>
</tr>
<tr>
<td>77</td>
<td>Double Cabin Pick-up</td>
<td>2 pick-ups per department; 2 for ODG; 5 pick-ups for Central Pool; 2 pickups each for key programmes</td>
</tr>
<tr>
<td>1</td>
<td>Bus Mini (18 Seater)</td>
<td>Staff official transportation</td>
</tr>
<tr>
<td>1</td>
<td>Medium Bus (35 Seater)</td>
<td>Staff official transportation</td>
</tr>
<tr>
<td>12</td>
<td>Saloon Cars</td>
<td>1 each for divisional and regional directors; DG, DDG</td>
</tr>
<tr>
<td>1</td>
<td>7-Tonne Truck</td>
<td>Distribution of general health commodities</td>
</tr>
<tr>
<td>1</td>
<td>Communication Van</td>
<td>For Health Promotion</td>
</tr>
<tr>
<td>2</td>
<td>Vaccine Van</td>
<td>National Distribution of vaccines</td>
</tr>
<tr>
<td>45</td>
<td>Motorcycles</td>
<td>1 bike for drivers of divisional directors, ODG and DDG; 1 bike for each division and key programme; 1 bike each for central pool drivers; 1 for Central Dispatch Office; 2 for Central Pool</td>
</tr>
</tbody>
</table>

### 4.2 Regional Health Directorate

<table>
<thead>
<tr>
<th>No of Vehicles</th>
<th>Type of Vehicle</th>
<th>Remarks</th>
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</thead>
<tbody>
<tr>
<td>No of Vehicles</td>
<td>Type of Vehicle</td>
<td>Remarks</td>
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<tr>
<td>----------------</td>
<td>---------------------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>2</td>
<td>Station Wagon</td>
<td>Regional monitoring and cross-country travelling</td>
</tr>
<tr>
<td>12</td>
<td>Double Cabin Pick-up</td>
<td>2 pickups per department; 2 pickups for ORD; 4 pickups for RHD Pool; for general pool</td>
</tr>
<tr>
<td>1</td>
<td>Saloon Car</td>
<td>For Regional Director</td>
</tr>
<tr>
<td>1</td>
<td>Medium Bus (35 Seater)</td>
<td>Staff official transportation</td>
</tr>
<tr>
<td>1</td>
<td>Water Tanker</td>
<td>Water distribution</td>
</tr>
<tr>
<td>1</td>
<td>Store Truck 3 Tonne (Van)</td>
<td>Distribution of vaccines and health commodities</td>
</tr>
<tr>
<td>1</td>
<td>Store Truck 7 Tonne</td>
<td>Distribution of health commodities</td>
</tr>
<tr>
<td>1</td>
<td>Communication Van</td>
<td>Health promotion</td>
</tr>
<tr>
<td>6</td>
<td>Motorcycle</td>
<td>1 bike per department; 1 bike per RD; 1 per pool driver</td>
</tr>
<tr>
<td>2</td>
<td>Bicycle</td>
<td>Community volunteer work, others</td>
</tr>
</tbody>
</table>

### 4.3 Regional Hospital

<table>
<thead>
<tr>
<th>No of Vehicles</th>
<th>Type of Vehicle</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mini Bus (18 Seater)</td>
<td>Staff official transportation</td>
</tr>
<tr>
<td>4</td>
<td>Double Cabin Pick-up</td>
<td>Hospital Pool; for general use</td>
</tr>
<tr>
<td>5</td>
<td>Motorcycle</td>
<td>General administrative and messengerial assignments</td>
</tr>
<tr>
<td>2</td>
<td>Bicycle</td>
<td>Inter-departmental and minor administrative errands</td>
</tr>
</tbody>
</table>

### 4.4 District Health Directorate

<table>
<thead>
<tr>
<th>No of Vehicles</th>
<th>Type of Vehicle</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Double Cabin Pick-up</td>
<td>District monitoring and supervision; general official use</td>
</tr>
<tr>
<td>5</td>
<td>Motorcycle</td>
<td>District monitoring and supervision; disease surveillance</td>
</tr>
<tr>
<td>3</td>
<td>Bicycle</td>
<td>minor administrative errands</td>
</tr>
</tbody>
</table>

### 4.5 District Hospital

<table>
<thead>
<tr>
<th>No of Vehicles</th>
<th>Type of Vehicle</th>
<th>Remarks</th>
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<td>Type of Vehicle</td>
<td>Remarks</td>
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<td>---------------</td>
<td>----------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>2</td>
<td>Double Cabin Pick-up</td>
<td>District monitoring and supervision; general official use</td>
</tr>
<tr>
<td>1</td>
<td>Mini Bus (18 Seater)</td>
<td>Hospital Pool; for general staff transport requiring higher occupancy</td>
</tr>
<tr>
<td>2</td>
<td>Motorcycle</td>
<td>General administrative and messengerial assignments</td>
</tr>
<tr>
<td>2</td>
<td>Bicycle</td>
<td>Inter-departmental and minor administrative errands</td>
</tr>
</tbody>
</table>

### 4.6 Polyclinic

<table>
<thead>
<tr>
<th>No of Vehicles</th>
<th>Type of Vehicle</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Double Cabin Pick-up</td>
<td>Polyclinic pool; general official use; break-bulk haulage</td>
</tr>
<tr>
<td>1</td>
<td>Mini Bus (18 Seater)</td>
<td>Polyclinic Pool; for general staff transport requiring higher occupancy</td>
</tr>
<tr>
<td>2</td>
<td>Motorcycle</td>
<td>General administrative and messengerial assignments</td>
</tr>
<tr>
<td>1</td>
<td>Bicycle</td>
<td>minor administrative errands</td>
</tr>
</tbody>
</table>

### 4.7 Sub-District Health Management Team/Health Centre

<table>
<thead>
<tr>
<th>No of Vehicles</th>
<th>Type of Vehicle</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pick-up</td>
<td>general official use; break-bulk haulage</td>
</tr>
<tr>
<td>2</td>
<td>Motorcycle</td>
<td>Disease surveillance; General administrative and messengerial assignments</td>
</tr>
<tr>
<td>2</td>
<td>Bicycle</td>
<td>Community volunteering, minor administrative errands</td>
</tr>
</tbody>
</table>

### 4.8 CHPS Zone/Compound

<table>
<thead>
<tr>
<th>No of Vehicles</th>
<th>Type of Vehicle</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Motorcycle</td>
<td>Disease surveillance; General administrative and messengerial assignments</td>
</tr>
<tr>
<td>5</td>
<td>Bicycle</td>
<td>Community volunteering, minor administrative errands</td>
</tr>
</tbody>
</table>
Exceptions on the above will be justified on an individual basis backed by quantifiable evidence of need.

Other transport modes such as tractors, tillers, tricycles, etc., may be added whenever possible to address special mobility needs.

The above Model is to serve as a minimum requirement or resources needed to support the Service to achieve its set objectives. It is appreciated that as the Service expands through establishment of more health facilities, eruption of epidemics and pandemics, more transport may be required which should be assessed and advised by the Transport Department. Conversely where departments, projects and offices are scrapped, the necessary new transport requirement must be reviewed accordingly.

5 CONCLUSION

5.1 Adherence to Policy
This Transport Policy document provides a framework for management and operation of transport resources in the Ghana Health Service. Its main objective is to ensure availability and reliability of transport resources to support health service delivery across the country at a minimum cost.

It is important that all members of staff and users of GHS vehicles observe the policy components in this document.

5.2 Amendment to Policy
When necessary some components in the Policy may be amended in light of prevailing conditions. This may be done through administrative instructions until such time that all amendments are incorporated into a revised policy.

5.3 Revision of Policy
To ensure the continuous relevance of this policy document to prevailing situations, it may be revised every five years to incorporate all amendments.

5.4 Standard Transport Operating Procedures (STOPs)
To ensure adequate understanding and the effective implementation of this policy, a separate Standard Transport Operating Procedures (STOPs) document shall be developed to guide managers, officers and transport cadres.

5.5 Ultimate Decision making and Adjudication on Policy
Within the context of this Policy, the DG is the final decision-making authority in the case of determining the essence and interpretation of the components.