Republic of The Gambia

Maintenance Policy

EXECUTIVE SUMMARY

The maintenance policy will ensure that a comprehensive approach is adopted towards the management of health assets. It will also provide the stage for better strategic planning, budgeting and implementation of a maintenance regime suited to the needs and circumstances of an expanding health delivery system.

The main objectives of the policy are:

- to develop an efficient and effective maintenance regime for all health assets;
- to develop capacity especially in the areas of management and supervision of maintenance;
- to create the enabling environment for the gradual handing over of the maintenance and upkeep of primary health and health related facilities to the local authorities;
- to increase the awareness of the various stakeholders on the benefits of timely maintenance.

The policy proposes the following approach towards the attainment of these objectives:

Capacity building – this is so as to ensure the availability of an adequately trained and motivated staff equipped with sufficient resources to undertake and supervise maintenance

Maximise resources for maintenance – the steps to be taken towards this aim include a rationalisation of available resources and the launching of a campaign for an increase in the resources allocated to maintenance

Assets management – this will include the implementation of planned and preventive maintenance programmes and plans for the replacement of assets at the end of their useful life

Monitoring the performance of the maintenance system – this will ensure that there are proper checks and balances in the system

Maintenance information, education and communication – the need to sensitise users as well as policy makers is manifested by the high percentage of breakdowns due to improper use and the meagre resources and poor attention accorded to maintenance.

The policy will also take cognisance of other policies and trends within the health sector. The two most prominent and pressing issues are government's decentralisation policy and the move by the Department of State for Health and Social Welfare towards contracting out the management and maintenance of some of its assets. To this end, the policy places much emphasis on the establishment of maintenance teams within each division. The ultimate aim being to decentralise the management and supervision of maintenance to divisional level and also to pave the way towards the eventual handing over of these functions to divisional authorities. The move towards contracting out maintenance has created the need not only to train staff in contract

management but also to establish clear guidelines and operating procedures with respect to contracts and the relationship between the Department of State and the contracted parties.

The short term strategy would be to carry out maintenance using a combination of the public and private sector. The process of decentralisation should be gradual. The first step would be to decentralise maintenance activities within the Department of State for Health in anticipation of the transfer of these functions to the Local Authorities.

The long term strategy would be for the complete transfer of the primary and secondary health assets to divisional authorities. With hospitals maintaining or even increasing their autonomy, the Department of State's role would be greatly diminished in the area of maintenance management and execution. Maintenance functions will be limited to the maintenance of Medical and Health Headquarters, offices at central level and the vehicles allocated to these offices. It is recommended that the maintenance of these be contracted out.

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1.0 INTRODUCTION

1.1 A POLICY FRAMEWORK

The purpose of this document is to provide a policy framework for the proper management and upkeep of health assets. The policy also aims at ensuring that the maintenance of these assets is carried out in a safe, timely and cost-effective manner. The ultimate objective being the enhancement and improvement of the quality and efficiency of the Health Delivery System.

The document outlines the objectives of the maintenance policy and proposes a number of key strategies for their achievement. A major constraint to carrying out timely and proper maintenance is the limitation on and lack of easy access to funds. It is within this context that measures to improve the cost-effective use of available resources and ensure the efficient management of health assets are proposed.

The document is set out in eight chapters:

1. **INTRODUCTION**
   This chapter discusses the policy framework and gives an overview of the physical features, population and economic situation of the country, the health delivery system and maintenance within the health sector. The need for a maintenance policy and the implications of other policies is also discussed.

2. **MAINTENANCE POLICY**
   This section outlines the vision, objectives and global issues of the policy.

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   This deals specifically with the transport fleet. The latter includes vehicles, motorcycles and river ambulances. The discussion includes a review of the current situation, the goal of the policy, the objectives and strategies.

4. **PLANT AND EQUIPMENT**
   This chapter discusses the Plant and Equipment Fleet. The latter includes generators, bio-medical, laboratory and hospital equipment. The discussion includes a review of the current situation, the goal of the policy, the objectives and strategies.

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   This section specifically covers Infrastructure. The latter includes buildings, boreholes and wells. The discussion includes a review of the current situation, the goal of the policy, the objectives and strategies.

6. INSTITUTIONAL FRAMEWORK
This section deals with the proposed set up designed to ensure that the desired goals and objectives are met and that the policy is implemented.

7. FINANCING MAINTENANCE
This chapter deals with the issue of maintenance finance.

8. PRIVATE SECTOR MAINTENANCE
This chapter deals with the issue of out-contracted maintenance works and makes recommendations on the methods to be adopted for the award, supervision and monitoring of these works.

The step subsequent to the formulation of the policy is the development of an action plan for its implementation. The action plan, which will cover the period 2001-2005, will translate the strategies into activities to be undertaken. The latter will be supported by a budget and a plan, which will reflect the time frame for implementation. The action plan will also set out monitoring and evaluation indicators to enable close monitoring of the implementation process. The maintenance action plan will form the second document and will be bound together with this document into a single volume.

1.2 NATIONAL PROFILE

1.2.1 Physical Features

The Gambia is located on the West Coast of Africa and is surrounded on the Eastern, Northern and Southern sides by Senegal and on the Western side by the Atlantic Ocean. The country has an area of 10,689 square kilometres and extends 400 kilometres inland from the Atlantic Ocean. Its width varies from 24 kilometres to 28 kilometres in some areas. The land is generally flat and low lying with the highest point being approximately 50 metres above sea level.

The climate of The Gambia is Sahelian and comprises two distinct seasons – the dry or harmattan season and the wet or rainy season. The dry season extends from November to May and the wet season from June to October.

1.2.2 Population

The country's population is estimated at about 1.2 million. It is one of the most densely populated countries in Africa with a population density of 97 persons per sq. km. Estimates show that the population will reach 1.7 million by the year 2015. This rapid growth is attributed to a high birth rate and the high influx of aliens from neighbouring countries. A high percentage of the country's populace live in the urban areas. Youths constitute the majority with 45% being under 15 years and 18% being between the ages of 15 and 24

years. The 65 years and above age group account for only 3.4% of the population.

1.2.3 Economic Overview

The Gambia's economy is mainly dependent on agriculture with groundnuts being the chief export product. The industry contributes about 24% of the Gross Domestic Product (GDP) and provides employment for about 52% of the nation's work force.

The Industrial sector is relatively small but is growing albeit slowly. It accounts for about 8% of GDP and its activities are limited to light industries such as brewing, tanning, food processing, cement bagging, manufacture of soap, plastics and bricks. The sector provides employment for approximately 3% of the labour force.

Tourism has developed into an important source of income for the country. The industry contributes about 10% of GDP and provides employment for about 2% of the labour force mainly on a seasonal basis.

The service sector has emerged in recent years as an important factor in the economic landscape of the country. The transit and re-export trade is now a major contributor to national revenue.

The Gambian economy experienced a major downturn in the late seventies to mid-eighties. The GDP declined during this period, the government deficit increased and the foreign debt escalated. To redress these problems, the government embarked on the Economic Recovery Programme (ERP) in the mid-eighties. This was followed by the Programme for Sustained Development which sought to consolidate the gains made under the ERP.

The Gambia is one of the least developed countries in the world with a GDP of US$337. Recent surveys show that the percentage of the population below the poverty line has increased from 33% in 1993 to 69%.

1.3 OVERVIEW OF THE HEALTH DELIVERY SYSTEM

Health Care in The Gambia is currently delivered through 3 referral hospitals, 6 major health centres, 12 minor health centres, 19 dispensaries, 177 outreach stations and 396 health posts. The system is designed around a three-tier level of care namely primary, secondary and tertiary.

The primary level or Village Health Services (VHS) comprises Primary Health Care villages, key villages and outreach or trekking stations. It forms the first point of entry into the health care system and serves 72% of the designated catchment population. Primary Health Care (PHC) villages are situated in all settlements with 400 or more inhabitants. Each village is provided with a trained Village Health Worker (VHW) and Traditional Birth Attendant (TBA) who operate from the village health post. The Village Health Worker (VHW)

is responsible for maintaining the supply of essential drugs, providing outpatient care, making home visits and conducting outreach education. The Traditional Birth Attendant (TBA) conducts deliveries, makes home visits and identifies and refers at-risk mothers. A key village is one within a group of 4 to 5 PHC villages. Most key villages are served by a Community Health Nurse (CHN) who in turn supervises and trains the VHWs and TBAs in the PHC villages. The outreach or trekking stations are operated periodically in the key villages by staff from nearby secondary health facilities. The CHNs work under the supervision of the outreach staff and Divisional Health Team (DHT).

The secondary level comprises dispensaries, minor and major health centres. There are 6 major health centres with two located in Western Division and one within each of the other divisions. The staff includes doctors, registered nurses and enrolled nurses. There exist 12 minor health centres with 4 located in Western Division and 2 in each of the other divisions. There are 19 dispensaries located in the country. The minor health centres and dispensaries are staffed with all categories of nurses.

Tertiary level services are provided through three hospitals – Royal Victoria Hospital located in Banjul, Bansang Hospital in Central River Division and Farafenni Hospital in North Bank Division. The construction of a new hospital in Bwiam is underway and the contract for the design and supervision of a hospital in Serrekunda has been signed. The hospitals are staffed with specialists, doctors, dentists, pharmacists, registered nurses, enrolled nurses, technicians, etc. All three are designed to serve as referral hospitals although RVH serves as the ultimate referral point within the country. Cases that cannot be treated at RVH are referred overseas.

The administration of the health delivery system falls under the purview of the Department of State for Health and Social Welfare. The Permanent Secretary is the administrative head and the Directorates of Health Services, Planning and Information and Support Services fall directly under him. Primary and secondary level health services fall under the Directorate of Health Services whilst tertiary level services are headed by a Chief Executive who works under the direction of a Hospital Board. The Director of Health Services is a member of all Hospital Boards. Divisional Health Teams are responsible for the day-to-day supervision, administration and management of the primary and secondary level health care system. They constitute six in number to cover each of the six geographical health divisions.

1.4 OVERVIEW OF MAINTENANCE WITHIN THE HEALTH SECTOR

The Directorate of Support Services is responsible for and controls the budget for the maintenance and upkeep of the primary and secondary level health and health related facilities as well as the transport allocated to these facilities. The functions of the director are carried out by the Deputy Permanent Secretary. The two units responsible for carrying out maintenance are the Transport Unit and the Maintenance Unit. Tertiary level facilities have their own buildings

and equipment maintenance teams. Maintenance of their transport fleet is at most times carried out at one of the three mechanical workshops under the Directorate of Support Services.

The maintenance of the 135 vehicles, 194 motorcycles, 4 river ambulances, 36 generators, 11 boreholes and 36 wells used by primary and secondary level health facilities, divisional health teams, central level, medical and health headquarters and the maintenance teams falls under the purview of the transport unit. The unit is headed by the Transport Manager assisted by a team of 29 personnel trained in various disciplines. Some maintenance activities are contracted out to the private sector. The budget for maintenance was D643,500 for the year 2000. Maintenance is mostly carried out at one of the three mechanical workshops. The main one is located at Kanifing with the other two located at Bansang and Mansakonko. Some maintenance activities are contracted out to the private sector. Spare parts and consumables are purchased as the need arises. Hospitals control their own transport fleet and budget for maintenance. The maintenance of their fleet is often carried out using the transport unit's personnel and facilities. No charges are levied on the hospitals for the use of the latter's resources.

The maintenance of the 6 major health centres, 12 minor health centres, 19 dispensaries, 177 outreach stations, 396 village health posts, 2 nurse's training schools, staff houses, offices, medical and health headquarters, solar, cold chain and biomedical equipment comes under the maintenance unit. The unit is headed by a Senior Works Superintendent assisted by a 22 man team of carpenters, plumbers, painters, refridgeration and solar technicians. The budgetary allocation for the maintenance of buildings and equipment was D800,000.00 (Eight Hundred Thousand Dalasis) for the year 2000. The central maintenance workshop is based in Kanifing. A container currently doubles as a workshop and office for the maintenance team. A sizeable amount of maintenance work is contracted out. The rehabilitation of health facilities envisaged under the Participatory Health Population and Nutrition Project will be done by contract. The administration of the contracts for the construction and supervision of these works will be undertaken by GAMWORKS Agency. Hospitals are responsible for their building and equipment maintenance. The maintenance unit at RVH undertakes some construction work and supervises and administers contracts let out to private entities.

1.5 THE NEED FOR A MAINTENANCE POLICY

The maintenance and management of health assets has not been given the attention and commitment necessary to ensure that investments made in terms of plant, equipment, transport and infrastructure are protected. Policy makers do not seem to appreciate the role maintenance has to play in ensuring an effective and efficient health care system and in improving the quality of care afforded to Gambians. The Health Policy places much emphasis on the need to pay more attention to the maintenance of health assets. However, the move towards a better management of these assets has been painfully slow.

The resources allocated for maintenance are grossly inadequate and little progress has been made towards mobilising additional resources. Infact, the budget allocated for maintenance for the year 2000 was significantly reduced from the previous year. The technical know-how to address maintenance problems is not fully developed and consequently the system is unable to adequately respond to the demands of the health sector. The dispersed nature of the health facilities renders their management a task which requires ample resources and proper planning. Maintenance workshops are not fully equipped and lack the tools necessary to deal with some basic maintenance problems. The bureaucracy and delays involved in the procurement of essential spares and consumables often has a crippling effect on the maintenance system.

The response to maintenance problems is normally on a breakdown basis. There is little room to plan and budget for maintenance, as the frequency of occurrence of emergency situations would derail any well-conceived plan.

The above constraints have led to a situation whereby equipment and infrastructure have deteriorated to a state of disrepair and vehicles that have gone beyond their useful life are still being maintained.

The current state of the nation's health assets reflects a dire need for a more serious and organised approach towards their management. The adoption of such an approach will provide the opportunity for better planning, budgeting and implementation of a maintenance regime which will cater to the needs of the health system. It will also provide a sound basis for the monitoring and evaluation of the system through the establishment of pre-determined targets and performance indicators.

1.6 IMPACT OF OTHER POLICIES

1.6.1 Health Policy 1994 – 2000

The National Health Policy provides a comprehensive framework for co-ordinating all health development in the years 1994 – 2000. It ensures that health development is properly planned, comprehensive and integrated.

The policy proposes two major thrusts for future health development:

- Consolidation of existing services to ensure optimum functionality in improving quality of care, effectiveness and efficiency;

- Selective expansion of services to ensure better coverage and access.

The approaches proposed for the consolidation of existing services are:

- the creation of 6 divisional health teams with a view to further decentralising health services;

- strengthening/capacity building at the primary level to ensure the functionality of all existing primary health care villages;

- strengthening the secondary level to ensure the full operationality of all major health centres and the refurbishing and equipping of minor health centres and dispensaries;

- strengthening the tertiary level by refurbishing, equipping and ensuring full functionality of the two referral hospitals.

The approaches proposed for service expansion include:

- the introduction of primary health care services in all villages with a population of 400 or more;

- increasing the number of basic health care facilities by upgrading selected trekking stations to dispensaries;

- upgrading Farafenni major health centre to a referral hospital.

The policy identified one of the constraints to service delivery as being the inadequate capacity of maintenance teams and difficulties in establishing guidelines for timely preventive and breakdown maintenance. This has led to the deterioration of the majority of health facilities, staff houses and equipment. Another constraint is the lack of a reliable transport fleet and difficulties in obtaining spare parts and consumables.

The health policy recognises that a strong health delivery infrastructure and an adequately resourced and reliable transport system are essential for effective service delivery. To this end, it identified the need to develop a maintenance strategy that will include:

- the development of an inventory system to include the proper inventorisation of all equipment including furniture and buildings; this will enhance accountability and the proper handling and management of government property;

- the institution of a preventive maintenance scheme;

- the provision of a well equipped maintenance staff that is capable of responding to the requirements of routine maintenance;

- proper deployment and utilisation of the maintenance staff given the wide dispersion of health facilities and their needs.

The above strategies will be encompassed within the proposed maintenance policy. The adoption of a sound policy towards the management of health

assets, maximising the resources available for maintenance, capacity building, monitoring the performance of the maintenance system and sensitising policy makers, health care providers and users and the public on the importance of maintenance are crucial to the achievement of the objectives of the health policy. As the health sector grows, as outlined in the health policy, the need for a more efficient utilisation of the limited resources available for maintenance becomes more urgent. The maintenance policy will take cognisance of the needs of an expanding health delivery system and will propose the placing of the necessary instruments to ensure the efficient management and maintenance of its assets.

1.6.2 Local Government Legislative Framework

The Government of The Gambia has adopted a policy towards the decentralisation of most of the functions currently carried out by Central Government to Local Authorities. In keeping with this policy, the Local Government Act, 1999 was enacted to establish and regulate a decentralised local government system for The Gambia and to make provision for the functions, powers and duties of local authorities and for matters connected therewith.

The intention here is to examine the key areas of interest to the health sector and the implications of the bill on the proposed maintenance policy.

Under the local government bill, The Gambia is divided into 7 local government areas namely Central River, Lower River, North Bank, Upper River and Western Divisions as well as the City of Banjul and Kanifing Municipality. A chairperson, to be elected by the eligible citizenry of the area, will be the political head of each local government area. Each area will have a council which will be constituted and have powers and functions vested upon it by the Act.

Under section 52 (1) of the Act, a Council shall, within its area of jurisdiction:

(a) exercise all political and executive powers and functions;

(b) provide services as it deems fit;

(c) promote on a sound basis community development and self help;

(d) have power to perform such functions as are calculated to facilitate or are conducive or incidental to the discharge of any of its functions;

(e) protect the constitution and other laws of The Gambia and promote democratic governance;

(f) ensure implementation and compliance with Government policy.

The bill proposes that the devolution of functions and authority from Central Government to Councils be effected gradually over a period not exceeding fifteen years and such devolution should take into account the capacity of the latter to perform the devolved functions. The bill further goes on to state that the devolution must be accompanied with the provision of adequate human, financial and material resources to enable the Councils exercise the powers, functions, services and responsibilities vested upon it.

The bill again states that, subject to national policy guidelines and such regulations as the Secretary of State for the time being responsible for the administration of the Public Health Act may prescribe, every council will be responsible for the promotion and preservation of health within its area of jurisdiction. This includes responsibility for:

a) major health centres, sub-dispensaries and all primary health care services;

b) maternal and child welfare services;

c) the supply of pharmaceutical products and vaccines to health services;

d) the control of diseases;

e) general hygiene and sanitation;

f) the registration and enforcement of the registration of births, marriages and deaths;

g) establishing, acquiring, erecting, maintaining, promoting, assisting or controlling, with the participation of the citizens, ambulance services and mortuaries;

h) hospitals including such facilities for employees and staff;

i) establishing a Department of Health Services to which will be transferred the existing Divisional Health Teams;

j) planning and implementing any programme or project for the development of infrastructure, improvement of social services, development of human and financial resources and for the general upliftment of the community.

In addition, the Councils will have autonomy over their financial matters subject of course to the provisions of the Act.

The bill provides a list of functions, services and policies for which Central Government will continue to be responsible. Those related to the health sector are the Health Policy and Referral Hospital Services. These two areas will not come under the jurisdiction of the Councils.

Central Government will be represented at each local government area by an Area Administrator, who will be a senior civil servant appointed by the President. The administrator will be responsible amongst other things for monitoring the activities of the local authority and is mandated to draw the attention of any relevant line Department of State to the diversion from or non-compliance with Central Government policy by any Council within his/her area of jurisdiction.

The bill also makes provision for any Secretary of State who has reasonable grounds to believe that any functions, power or responsibility transferred to a Council is not being effectively discharged or exercised to, after investigation and in consultation with the Secretary of State for Local Government, submit to the President proposals for addressing the situation which may include the exercise by his/her department whether temporary or otherwise of that function, power or responsibility as the case may be.

It is obvious from the foregoing that the responsibility for the delivery of primary and secondary health care will ultimately belong to the Councils. It is envisaged that the Department of State for Health's role in the future will mainly be the formulation of health and health related policies and the monitoring of the functions of tertiary level health care facilities. Under the local government bill, the role of monitoring and co-ordinating Government initiatives and policies will be assumed by the Department of State for Local Government. The Department of State for Health will necessarily have to rely on the Area Administrators to draw its attention to any divergence from or non-compliance with Central Government policy by any Council. Even where the Department of State for Health has reason to believe that any council is not performing satisfactorily; the former may only seek recourse by referring the matter to the President who will not make any decision without first obtaining the views of the Council involved.

The current health policy has brought about the decentralisation of primary and secondary level services with the introduction of six divisional health teams. The teams are located in Western Division, North Bank Division East, North Bank Division West, Lower River, Central River and Upper River Divisions. These divisions are at variance with those identified in the Local Government Bill. The Department of State for Health will have to re-organise the health divisions to correspond with local government reform. The health policy recognises that for decentralisation to be effective control over operational budgets, the accounting system and staff development must be delegated to the Divisional Health Teams. The success of the process also hinges on the provision of the required resources such as office space, housing, manpower, transportation, adequate furniture and other logistics. The implementation of this policy will pave the way towards the gradual transfer of these functions to Councils.

The maintenance policy will take cognisance of Government's decentralisation policy and will reinforce the steps already taken by the health policy towards this end. It therefore proposes the creation of divisional

maintenance teams designed to operate at divisional level. The long term objectives of the decentralisation of the maintenance system are :

i. the devolution of power and authority to the divisional level;

ii. the planning, budgeting and execution of maintenance within the divisions;

iii. the control of human, financial and material resources at divisional level.

Due to limited capacity in the provincial divisions and the need to gradually build up their capacity and resource base, a strategy for gradual decentralisation will be recommended in the policy.

2.0 MAINTENANCE POLICY

2.1 VISION OF THE POLICY

To improve the efficiency of the health delivery system and quality of health care delivered to Gambians through the provision of a well maintained, reliable and economical transport, plant and equipment fleet as well as creating a safe, well maintained and conducive environment for the workers and users of health and health related facilities.

2.2 GOALS

The goals of the policy are:

- to have a reliable and economical transport, plant and equipment fleet;
- to have well maintained, functional and safe health facilities.

2.3 AIMS AND OBJECTIVES

The maintenance policy will allow for the adoption of a comprehensive approach towards the management of health assets. It will provide the stage for better strategic planning, budgeting and implementation of a maintenance regime suited to the needs and circumstances of the health delivery system. It will also provide a basis for the monitoring and evaluation of the maintenance system through the establishment of well-defined targets and performance indicators.

The policy will aim at ensuring that maintenance is carried out in a timely and cost effective manner thus reducing the incidence of emergency situations. It will also ensure that appropriate and applicable standards and performance criteria are set for all new buildings, equipment and transport bearing in mind the implications on and ease of maintenance. Much emphasis will be paid on the performance of the maintenance system and to this end the institution of a computerised maintenance information system capable of providing necessary information and feedback will be crucial to the success of the monitoring mechanism. The policy will also focus on the development of the capacity to undertake and supervise maintenance.

The policy will also seek to educate and sensitise users, operators, health workers and the public on the proper use of health assets and the importance of their respective roles on the operation and maintenance of these assets. It will also encourage better donor co-ordination to avoid duplication and wastage of resources as well as the provision of resources ill suited to the needs, conditions and circumstances prevailing in The Gambia.

The policy will afford the Department of State for Health and Social Welfare the opportunity to inculcate within itself a sound culture towards maintenance thereby leading the way towards instilling this value in all levels of government and the nation at large. It would also inspire other key sectors like Education, Agriculture and Works to develop and implement their own policies. The adoption of a national and co-ordinated approach towards maintenance would not only prolong the lives of the nation's assets but would no doubt save the country millions of dalasis in the long run.

The broad objectives of the policy are:

- to develop an efficient and effective maintenance regime for health assets
- to increase the capacity of maintenance teams
- to develop standard procedures for maintenance execution
- to create and maintain a computerised maintenance management information system
- to create the enabling environment for the gradual hand-over of primary and secondary level health assets to divisional authorities
- to encourage the establishment of and adherence to standard specifications for health assets.

2.4 MAIN POLICY ISSUES

The following approaches will be adopted in order to achieve the above objectives:

2.4.1 Capacity Building

The attainment of the objectives of the policy will depend largely on the availability of adequately trained and motivated staff equipped with the right resources to undertake and supervise maintenance. A comprehensive plan for the training, recruitment and retention of maintenance staff will be developed. This will go in tandem with the provision of the necessary facilities and logistical support.

2.4.2 Maximise Resources for Maintenance

The achievement of policy objectives will require a rationalisation of the resources available for maintenance, tapping new sources of finance, encouraging local councils and the private sector to fund maintenance, strengthening partnerships with non-governmental organisations in support of maintenance and ensuring that donor assistance matches priorities.

2.4.3 Fleet Management

The institution of a planned and preventive maintenance programme, the establishment of procurement guidelines and operating procedures, the setting of applicable technical standards and performance criteria and the provision of a fleet replacement plan will be the key strategies for the attainment of policy objectives.

2.4.4 Estate Management

The adoption of a sound policy towards the management and maintenance of health and health related facilities is crucial to the attainment of the objectives of the policy. The approaches which will be used include the development of methods of design, specifications and construction that will ensure minimal maintenance, specifying minimum standards for materials and workmanship for the different categories of buildings, making sure that new designs meet the functional requirements for facilities and ensuring that timely maintenance is carried out.

2.4.5 Monitoring the Performance of the Maintenance System

The establishment of a mechanism designed to monitor the performance of the maintenance system is of crucial importance. The setting up of a computerised maintenance system, carrying out periodic inspections and technical audits of the works will ensure that the system works effectively and efficiently.

2.4.6 Maintenance Information, Education and Communication

The deterioration and malfunctioning of health assets is mostly attributed to improper use. It is therefore necessary to sensitise and educate the users on the proper use and operation of these assets and the role maintenance plays in prolonging the lives of these assets. Policy makers will also be sensitised on the importance of maintenance.

3.0 TRANSPORT

3.1 CURRENT SITUATION

The maintenance and operation of the transport fleet falls under the purview of the Transport Unit. Currently the unit is responsible for:

- the repair and maintenance of the transport fleet which includes vehicles, ambulances, motorcycles and river ambulances;
- the repair and maintenance of generators and other facilities like fuel storage and dispensation machines;
- the operation of vehicles for the transportation of drugs and other health materials and equipment and for the transfer of health personnel at the end or beginning of assignments;
- the repair and maintenance of 11 boreholes, 36 wells and their pumps.

Maintenance is mostly carried out at one of the three mechanical workshops located in Kanifing, Mansakonko and Bansang. The one in Kanifing houses the main workshop, stores and offices. It is responsible for vehicles based in Western Division, North Bank Division West and those assigned to central level. Major repairs requiring machine shop facilities or overhauls are referred to this workshop from the other two satellite workshops. Mansakonko serves Lower River Division and North Bank Division East and takes care of minor repairs and regular servicing of vehicles. Complex jobs are referred to either Bansang or Kanifing depending on the complexity of the job. Bansang caters for the needs of Central River and Upper River Divisions. The workshop undertakes some major repairs in addition to carrying out regular servicing of vehicles and minor repairs. Jobs which are beyond the available capacity are referred to Kanifing.

A sizeable amount of maintenance work is contracted out. This normally happens where the capacity for such works does not exist in-house. Typical examples are panel beating, generator repairs and fuel equipment testing and repairs. The maintenance of motorcycles benefits from assistance from the non-profit organisation Riders for Health.

3.1.1 Budget

The amount budgeted for the year 2000 for vehicle maintenance was D643,500. The latter is exclusive of the sums allocated for vehicles assigned to tertiary level facilities. The budget falls far short of the standard of 5% of investment value (approximately D2 million). There is no budgetary provision for the replacement of the transport fleet.

3.1.2 Human Resources

The year 2000 budgetary estimates provides for 29 maintenance personnel. These numbers are grossly inadequate to deal with the volume of work. Infact an additional 10 people from other areas have been co-opted to work on maintenance activities. The burden on this limited core of staff is heavy with the result that they work extended hours and are invariably unable to take their annual leave entitlements. The majority of the maintenance staff have not been trained to the required level of technical competence with most of them being semi-literate. There is an absence of personnel for such skills like welding and panel beating.

3.1.3 Material Resources

The vehicle fleet includes 135 vehicles of which 36 are ambulances. The fleet consists of Toyota models (about 52%), Nissan (17%), Landrover (15%), Mitsubishi (7%). The average age of the fleet is 5 years with about 11% beyond economic repair and 38% running with problems. Only 39% are considered completely road-worthy.

There are 194 motorcycles, 60% of which are Yamaha and 35% Honda. The average age of the fleet is about 3.3 years. Approximately 58% of the motorcycles are in good condition, 23% are awaiting replacement, 7% are running with problems and 12% are parked.

There were originally four river ambulances but none of these are presently operational.

There is hardly any stock of spare parts and consumables. These are normally purchased as the need arises.

3.1.4 Facilities

3.1.4.1 Kanifing

This facility has a service yard of approximately 5000m^2 and a covered area of 200m^2. The available service area is significantly reduced by the large number of scrapped vehicles lying around. There is an existing service pit but this area is currently used as a store. The piping for the compressed air system is non-functional thus eliminating the possibility of using air tools and spray painting. There is a shortage of tools and equipment with some hand tools either missing or worn out. There is a lack of adequate office space with some staff having to make do with improvised shelter in the form of old caravans. The fuel dispensation machines are old and raise problems of accuracy in dispensing fuel.

3.1.4.2 Mansakonko

There is a covered workshop area of about 50m^2. There is a need to extend this area. The available tools and equipment are inadequate for the purposes of the workshop.

3.1.4.3 Bansang

The workshop has a covered area of about 100m^2. There is a general shortage of tools and equipment within the facility.

3.1.5 Weaknesses within the current system

- Insufficient budgetary provisions for spare parts and consumables
- Too much bureaucracy in decisions concerning the procurement of spare parts
- Unfavourable conditions of service and work environment(training,salary and career development) making it difficult to hire and retain trained personnel
- Limited training opportunities with limited possibilities for growth
- Inadequate repair facilities, tools and equipment leading to sub-standard repairs
- Inconsistent fleet replacement plans leading to the need to keep vehicles operating beyond their optimal life
- Weak management information system for monitoring, control and decision making
- Inadequate technical and planning skills
- Insufficient authority delegated to the divisional health teams

3.2 GOAL

The goal of the transport maintenance policy is:

- **to ensure maximum availability and reliability of vehicles.**

3.3 POLICY ISSUES

3.3.1 Capacity Building

The current expansion of the health care delivery system will naturally be accompanied with an increase in the demand for reliable transport and efficient maintenance services. This situation underscores the need to develop capacity to keep pace with the volume and intensity of transport operations and related maintenance activities. The process will involve developing an appropriate structure capable of effectively planning, executing and monitoring the transport maintenance system.

3.3.1.1

3.3.1.2

3.3.1.3 Objectives

- to develop the capacity of the transport maintenance system in terms of human and material resources;
- to put in place the necessary institutional arrangements.

3.3.1.4 Strategies

- Co-ordination of the activities of recruitment, training and rewarding in order to maintain the right quality and quantity of staff;
- Institutional Strengthening by improving and expanding facilities and logistical support;
- Decentralisation of the operation and management of maintenance activities.

3.3.2 Maintenance Resources

One of the constraints to maintenance planning and execution is the chronic shortage of maintenance resources such as spare parts and consumables. Although the main problem is the limited financial resources, inadequate planning is also a factor.

3.3.1.1 Objectives

- to optimise maintenance resources;
- to mobilise additional resources for maintenance.

3.3.1.2 Strategies

- Institute effective budgeting and proper planning of procurement of resources;
- Identify and exploit new sources for financing maintenance;

- Encourage government and donors to increase allocations;
- Reduce bureaucracy in the disbursement and procurement process;
- Improve efficiency in the use of resources.

3.3.2 Fleet Management

The absence of a systematic fleet replacement plan to ensure timely decommissioning and replacement of old vehicles, results in costly maintenance and high incidences of breakdowns. The resulting disruption of services exerts pressure on the road-worthy vehicles thus frustrating the preventive maintenance program

3.3.3.1 Objective

- to co-ordinate the procurement, operation, maintenance and replacement of vehicles in order to ensure a healthy fleet at all times.

3.3.3.2 Strategies

- Institution of a good maintenance system;
- Co-ordination of future purchases and services;
- Institution of a quality assurance system;
- Provision of relevant training for operators on the proper and safe operation of transport.

3.3.4 Monitoring the Performance of the Maintenance System

An important element of any successful system is the effectiveness of the mechanism for monitoring and evaluation. This is particularly true for transport maintenance in view of the resources used and the critical role of transport in the health delivery system. The present maintenance system does not have a formal control system that measures performance against stated targets and thus renders corrective decision making difficult. The design of such a control system will necessarily incorporate an effective information system.

3.3.4.1. Objective

- to develop a maintenance control system that will enable evaluation of performance with regards to stated objectives**.**

3.3.4.2. Strategies

- Creation and maintenance of an information system which will facilitate the collection, processing and distribution of relevant information to key people in the maintenance system;

- Introduction of proper standards of performance for both efficiency and effectiveness measures.

3.3.5 Maintenance Information, Education and Communication

The apathy towards maintenance is a common phenomenon in the Gambia. The problem is largely due to the lack of sufficient awareness about its critical importance not only in ensuring high availability and utilisation of transport but also in ensuring efficiency in resource utilisation. There is therefore the need to change attitudes towards maintenance within the health sector from that of a secondary issue to that of a necessary tool for effective and efficient resource utilisation.

3.3.5.1. Objective

- to create awareness on the need for and benefits of timely maintenance.

3.3.5.2. Strategies

- Sensitisation of maintenance personnel, users, policy and decision makers on the importance of maintenance in the delivery of health care;

- Educate users on their important role and its impact on every facet of the maintenance and life of vehicles and motor-cycles;

- Sensitisation of donors on the new approach to maintenance and the need for greater support.

4. PLANT AND EQUIPMENT

4.1 CURRENT SITUATION

Responsibility for the maintenance of the Plant and Equipment allocated to primary and secondary level facilities is currently divided between the Transport and Maintenance Units. The former is responsible for the operation and repair of generators whilst the latter is responsible for the repair of cold chain, solar and bio-medical equipment. The hospitals have their own Plant and Equipment maintenance teams.

4.1.1 Budget

The budgetary allocation for the maintenance of Plant and Equipment has decreased significantly over recent years.

The amount budgeted for the repair of the generators allocated to secondary level facilities was only D142,000 for the year 2000. The amounts allocated for equipment maintenance for the year 2000 are as follows:

- Primary and Secondary Health Facilities D30,000
- Royal Victoria Hospital D79,000
- Farafenni Hospital D110,000
- Bansang Hospital D75,000

The amounts provided for maintenance, especially for primary and secondary health facilities, are small in comparison to the capital cost of the plant and equipment. There is no budgetary provision for the replacement or purchasing of new equipment.

4.1.2 Human Resources

The Transport Unit staff includes 5 generator operators. Two are based in Kanifing, 1 at Mansakonko and 2 at Bansang. The RVH maintenance team includes 8 generator operators, Farafenni has provision for 1 operator whilst Bansang has none. Major repairs such as the overhaul of generators, de-carbonisation etc. are contracted out.

Equipment maintenance for primary and secondary level facilities is normally carried out by the 4 electricians assigned to the Maintenance Unit. RVH has a Hospital Engineer, in addition to electricians and other technicians, for carrying out equipment maintenance. There are no trained technicians to deal with the repair of the bio-medical equipment for primary and secondary health facilities. RVH currently has two bio-medical technicians trained overseas to

technician level. There is presently no trained Gambian Hospital Engineer within the health care system but one Gambian is currently undergoing training in the UK to degree level. He is due back in June. The two engineers at RVH and Bansang hospitals are expatriates. Two Gambian engineers previously trained by Government in this field have been lost to the private sector.

4.1.3 Material Resources

There are 36 generators, mobile blood units, solar and cold chain equipment installed at the various primary and secondary health facilities. The more sophisticated bio-medical and hospital equipment are found in the hospitals although some major health centres have equipment to cater for straightforward operations. Hospitals are also equipped with generators .

There is a lack of adequate spares to undertake repairs in general. There is no stock of spare parts for the repair and maintenance of bio-medical equipment.

4.1.4 Facilities

3.3...1.1.1.1.1 Kanifing

The central maintenance workshop for primary and secondary facilities is based here. A new building approximately $80m^2$ in area is currently under construction and will replace the container currently being used as a workshop. The building will house the Building and Equipment Units. The latter is without equipment or maintenance tools.

3.3...1.1.1.1.2 RVH

The workshop and the spare parts store are located within the hospital. There is a general shortage of repair tools, equipment, adequate work space and storage facilities.

3.3...1.1.1.1.3 Bansang Hospital

The maintenance unit is based within the hospital premises. The efficiency of the unit is hampered by lack of adequate work areas, repair tools, office space and storage.

3.3...1.1.1.1.4 Farafenni Hospital

A maintenance workshop has yet to be established. The necessary structures for such a workshop are not in place.

4.1.5 Weaknesses within the current system

- Insufficient budgetary provisions for maintenance particularly at the secondary level
- Lack of adequate maintenance facilities and logistical support
- Too much bureaucracy in decisions concerning the procurement of spare parts
- High attrition rate amongst overseas trained and/or certified technicians which has led to capacity constraints
- Lack of an adequate training budget
- Limited career prospects for staff
- Inadequate technical and planning skills amongst technicians
- Lack of a planned and preventive maintenance programme
- Lack of resources for replacement of old plant and equipment
- Weak management information system for monitoring, control and decision making
- Poor co-ordination with donors which has often led to donated equipment being under-utilised or abandoned altogether
- Lack of adequate incentives to retain highly trained staff

4.2 GOAL

The goal of the Plant and Equipment maintenance policy is:

- **to ensure that safe and reliable Plant and Equipment are available on a regular basis.**

4.3 POLICY ISSUES

4.3.1 Capacity Building

The current expansion of the health delivery system ushers in the need to put in place the right structures for the maintenance and upkeep of these facilities. The completion of a modern hospital in Farafenni equipped with highly sophisticated equipment and the on-going and planned construction of new hospitals at Bwiam and Serrekunda bring home the necessity to urgently provide the right calibre of staff equipped with adequate resources to deal with

the changing technologies and maintenance requirements of medical equipment.

4.3.1.1 Objectives

- to develop capacity in terms of both human and material resources;
- to put in place the necessary institutional arrangements.

4.3.1.2 Strategies

- Co-ordination of the recruitment, training and renumeration of staff in order to be able to maintain the right calibre and quantity;
- Institutional strengthening by improving and increasing facilities and logistical support;
- Decentralisation of the operation and management of maintenance activities.

4.3.2 Maximise Resources for Maintenance

The expansion of the health care system has not been accompanied by a corresponding increase in the budgets for maintenance. The need is therefore apparent for a rationalisation of the meagre resources available for maintenance and a more concerted effort towards mobilising additional resources.

4.3.2.1 Objectives

- to ensure efficient use of maintenance resources;
- to mobilise additional resources for maintenance.

4.3.2.2 Strategies

- Institute effective budgeting and planning of procurement of resources;
- Identify and exploit new sources for financing maintenance;
- Encourage government and donors to increase allocations;
- Reduce bureaucracy in the disbursement and procurement process;

- Ensure that donor assistance matches needs.

4.3.3 Plant and Equipment Management

The proper management of plant and equipment is critical if they are to serve their intended purpose. The maintenance of these assets in accordance with the relevant Manufacturer's instructions and the acquisition of Plant and Equipment suited to the operating conditions in The Gambia will go a long way towards achieving a reliable equipment base.

4.3.3.1 Objective

- to co-ordinate the procurement, commissioning, testing, operation and maintenance of Plant and Equipment to ensure maximum reliability.

4.3.3.2 Strategies

- Institution of a good maintenance system;
- Co-ordination of future purchases;
- Institution of a quality assurance system;
- Institution of a training programme to promote safe and proper operation of plant and equipment.

4.3.4 Monitoring the Performance of the Maintenance System

The ability to measure the performance of any system is crucial to its success. The present system does not have a mechanism in place for the collection and processing of vital information thus making it possible to measure actual performance against intended targets. The design and implementation of such a system will necessarily include the setting up of an effective management information system.

4.3.4.1 Objectives

- to provide a mechanism for the planning, controlling, evaluating and monitoring of the maintenance system.

4.3.4.2 Strategies

- Creation and maintenance of an information system which will facilitate the collection, processing and dissemination of relevant information to key people in the maintenance system;

- Introduction of proper standards of performance for both efficiency and effectiveness measures.

4.3.5 Maintenance Information, Education and Communication

The lack of a culture for maintenance is inherent in all levels of government and society as a whole. Plant and Equipment are acquired without giving much thought or planning to their future maintenance needs. There is therefore an obvious need to change current attitudes towards maintenance.

4.3.5.1 Objective

- to increase awareness on the need for and benefits of timely maintenance.

4.3.5.2 Strategies

- Sensitisation of maintenance personnel, users, policy and decision makers on the importance of maintenance;

- Educate operators on their role and its impact on every facet of the operation and maintenance of the Plant and Equipment;

- Sensitise donors on the new approach to maintenance and the need for greater support.

4.0

5.0 5. INFRASTRUCTURE

5.1 CURRENT SITUATION

The execution of maintenance work in the health sector falls between two systems. At the tertiary level of health care, each hospital has its own maintenance team under the direct control of the Chief Executive. Due to the intensity of routine maintenance operations of the hospitals, the units have bigger budgets and a larger staff complement. The secondary facilities are maintained by the maintenance team located at Kanifing, with satellite activities at Essau and Bansang. A sizeable portion of maintenance work is contracted out to private entities.

5.1.1 Budget

The budget for the maintenance of health infrastructure has dwindled over the years due to the downturn in the economic situation of the country. Although tertiary facilities have their respective budget lines that are healthier than those for secondary facilities the maintenance needs of the health sector remain largely among the list of low priority activities. To further exacerbate the problem the health sector is currently undergoing a rapid expansion. New facilities are being built without any corresponding increase in the maintenance budget.

The current budgetary allocations for maintenance of health facilities stand at:

5.1...1.1.1 RVH	
D725,000.00	
Bansang	D 400,000.00
Farafenni	D 150,000.00
Primary and Secondary Facilities	D 800,000.00

5.1.2 Human Resources

Generally staffing to maintain health facilities are inadequate. The current expansion in the health sector has not been accompanied by recruitment of additional staff to meet maintenance needs. Maintenance attracts little attention from Government. Consequently the morale and productivity of those involved in its management and execution remain very low thus aggravating the problems of maintenance in the health sector. The Maintenance Teams' staffing is as follows;

- Secondary level facilities - 22 members of staff with 11 based in Kanifing, 4 in Western Division, 3 in Essau and 4 in Bansang
- Royal Victoria Hospital has a staff complement of 29
- Bansang has 4 members of staff

- Provision has been made for 9 maintenance staff for Farafenni Hospital

5.1.3 Material Resources

The health sector is expanding rapidly and there has been a significant increase in facilities which are distributed across the country on a poor road network. Generally health infrastructure is distributed as follows:

- Tertiary level facilities consist of RVH in Banjul, Bwiam in Western Division, Farafenni in North Bank Division and Bansang in Central River Division

- Secondary level facilities consist of 6 Major Health Centres, 12 Minor Health Centres and 19 Dispensaries

- Primary level facilities consist of 177 Outreach Stations and 396 Health Posts

- Academic Institutions which include the SEN School in Bansang and the CHN School in Mansakonko

- At Central level the facilities consist of the Medical and Health Headquarters, Staff Quarters and Divisional Offices, Maintenance Depots and Offices in Kanifing, Mansakonko and Bansang

5.1.4 Weaknesses in the current system

- Insufficient resources and the decline in budgetary provision

- Inflexible procurement system that does not allow any fast track procedures

- Inadequate technical skills, facilities and equipment to execute maintenance

- Lack of strategic planning towards maintenance execution

- Lack of adherence to norms and standards

- Lack of an inventory of facilities and their present condition.

5.2
5.3
5.4 5.2 GOAL

5.4...1.1.1.1 The goal of the infrastructure maintenance policy is:

- **to develop an effective maintenance regime for health infrastructure at an affordable cost.**

5.2 POLICY ISSUES

5.3.1 Capacity Building

The construction of 3 new hospitals and the planned construction of additional primary and secondary level facilities will result in an increase in the demand for maintenance services. The need therefore arises to increase the capacity and widen the scope of maintenance teams to enable them to deal with the demand.

5.3.1.1 Objectives

- to develop the capacity in terms of human and material resources;
- to put in place the necessary institutional arrangements.

5.3.1.2 Strategies

- Co-ordination of the activities of recruitment, training and rewarding in order to maintain the right calibre and quantity of staff;
- Institutional Strengthening by improving and increasing facilities and logistical support;
- Decentralisation of the operation and management of maintenance activities.

5.3.2 Maximise Resources for Maintenance

Maintenance resources are limited currently. In order to boost the resource base for maintenance the formulation of a new approach to resource mobilization will be necessary. To optimize the use of resources, proper planning and budgeting must be guaranteed. In short a maintenance action plan is necessary to sell to the donors and private sector. The Department of State for Finance must be lobbied to increase the maintenance resources for DoSH.

5.3.2.1 Objectives

- to ensure optimum use of maintenance resources;
- to mobilise additional resources for maintenance.

5.3.2.2 Strategies

- Institution of effective budgeting and proper planning of procurement of goods and services;
- Identification of new sources of financing maintenance;
- Encourage government and donors to increase allocations;
- Reduce bureaucracy in the disbursement and procurement process;
- Improve efficiency in the use of resources.

5.3.3 Management of Maintenance Infrastructure

With the expansion of the health sector, planned maintenance must be made a procedure and precedent to maintenance execution. The formulation of minimum standards for materials and workmanship as well as the setting up of proper procedures for out-contracted works will be crucial to the proper management of health infrastructure. The involvement of maintenance teams in the design and construction process of new facilities may augur well in the upkeep of such facilities.

5.3.3.1 Objective

- to co-ordinate the design, construction, renting, use and maintenance of health and health related facilities.

5.3.3.2 Strategies

- Institution of a good maintenance regime;
- Co-ordination of future designs and contracts;
- Institution of a quality assurance system;
- Provision of relevant training to users on proper use of facilities.

5.3.4 Monitoring the Performance of the Maintenance System

System checks and feedback are necessary for the proper execution of any maintenance structure. Information flow to and from the divisional health

teams and the hospital maintenance teams are extremely important. To achieve this an efficient information system should be in place to regulate and process the information flow.

5.3.4.1 Objectives

- to develop a control mechanism that will enable evaluation of performance;
- to ensure that quality workmanship and materials are provided.

5.3.4.2 Strategies

- Creation and maintenance of a management information system to facilitate the collection, processing and dissemination of information to key people in the maintenance system;
- Introduction of standards of performance and procedures for the purpose of measuring the efficiency and effectiveness of the maintenance system.

5.3.5 Maintenance Information, Education and Communication

The users of health and health related facilities need to be sensitised on maintenance. Breakdowns can be minimised if the users are more informed about the functions of the facilities. Furthermore some level of maintenance education must be inculcated into the health personnel as they are part of the routine maintenance team.

5.3.5.1 Objective

- to create awareness on the need for and benefits of timely maintenance.

5.3.5.2 Strategies

- Sensitisation of maintenance personnel, users, policy and decision makers on the importance of maintenance;
- Educate users on their important role and its impact on the use and maintenance of health and health related facilities;
- Sensitisation of donors on the new approach to maintenance and the need for increased support.

6. INSTITUTIONAL ARRANGEMENTS

The success of the maintenance policy hinges to a large extent on the establishment of a structure capable of ensuring that the policy goals and objectives are met. It is within this context that the following proposals are being made.

It is proposed that a Directorate of Maintenance Services be created within the Department of State for Health and Social Welfare. The Directorate will consist of three divisions namely Plant and Equipment, Transport and Infrastructure. Each division will be headed by a manager who will report to the director. The latter will in turn report to the Permanent Secretary. The Directorate should be staffed with the right calibre of personnel. It is especially important that the managers, in addition to having the necessary technical know-how, are capable of planning, budgeting and supervising maintenance. They should also be well versed in contract matters. Also crucial to the success of the maintenance system is the development of a technical and financial circuit of information. Managers should be computer literate and be capable of ensuring that the necessary information is collected, processed and disseminated within the right circles. The Director should be a technical person and should have the capacity to co-ordinate and monitor the activities of the three divisions.

It is also proposed that divisional maintenance teams are created in each division. These teams should have their headquarters in the same locations as the divisional health teams. Each divisional maintenance team is to have a divisional maintenance team leader or supervisor who will be responsible for supervising and reporting on the activities of the team. The team leader will report to the Director of Maintenance Services through the relevant line managers. The maintenance teams will also work hand in hand with the divisional health teams on maintenance issues. The staff of the divisional maintenance teams will be sourced from the existing staff compliment. It is envisaged that substantial re-training of the existing staff will be necessary in order to equip them with the relevant expertise to deal with their changing roles. It is envisaged that the maintenance teams will eventually be absorbed in the local authorities.

The Directorate will be responsible for the following:

- Planning and budgeting for maintenance
- Implementation of the maintenance policy
- Supervising and monitoring the activities of agencies or private entities contracted to manage and/or maintain health assets
- Supervising the activities of the divisional maintenance teams

- Monitoring and evaluation of the maintenance system
- Carrying out periodic inspections
- Controlling and managing the resources available for maintenance
- Data collection and processing
- Preparation of tender documents, tender evaluation, contract negotiation, award and administration
- Definition of technical and safety standards for Plant, Equipment, Transport and Infrastructure
- Preparation of job descriptions for staff within the directorate
- Preparation of a staff development plan
- Commissioning and installation of new equipment
- Providing feedback from the users of health facilities and maintenance teams to design teams
- Maintaining a computerised maintenance information system and ensuring the free flow of information to and from all levels of the health maintenance system.

It is also proposed that an Assets Management Committee be set up. The committee will comprise the following members:

- Director of Maintenance Services
- Transport Manager
- Plant and Equipment Manager
- Infrastructure Manager
- Representative of the Directorate of Health Services
- Representative of the Directorate of Planning
- Representative from Divisional Authorities

The committee will be responsible for:

- Ensuring implementation of the maintenance policy

- Reviewing contracts
- Monitoring and evaluating the performance of contracting entities
- Reviewing the performance of the maintenance system and making proposals for corrective action
- Liaising with the relevant government authority on the disposal of government assets
- Design review of major projects

The role of the directorate will change in the long term as the responsibility for maintenance and management of primary and secondary level health assets shifts to the local authorities whilst tertiary level facilities maintain their present semi-autonomous status.

7. FINANCING MAINTENANCE

The attainment of the objectives of the maintenance policy would require an adequate and dependable financial base. The Department of State for Health and Social Welfare must seek ways to:

- increase central government finance for recurrent expenditure;
- decentralise operational budgets to Divisions;
- encourage local government involvement;
- increase community participation;
- increase and co-ordinate donor support;

The current resource base for maintenance is low and continues to dwindle. Central Government is unable to cope with the maintenance needs of an expanding health delivery system. This has resulted in a serious backlog of maintenance, which continues to grow as the years roll by. It is proposed that donor assistance be sought for the funding of a maintenance project. It is imperative that for such a project to be effective and also in view of Government's decentralisation policy that the local governments be a major stakeholder in the project.

The main objectives of the project would be to:

- maintain and upgrade existing facilities and assets that are not within the intervention list of the current Health Sector Projects;
- set up the necessary institutional framework for an effective maintenance system;
- set up the necessary framework for the gradual handing over of maintenance activities to local governments;
- build the capacity of divisional maintenance teams;
- construct and equip divisional workshops;
- set up a computerised maintenance information system;
- strengthen local government capacity for maintenance and maintenance management;
- explore the feasibility of sustaining and improving maintenance finance within the context of local governments;

- provide technical assistance and training;

- carry out an in-depth survey of all assets and set up a comprehensive database reflecting the condition and value of all assets;

- prepare a priority list of maintenance needs and fund under the project.

It is recommended that the period of implementation of the maintenance be 5 years.

8. PRIVATE SECTOR MAINTENANCE

There is a growing trend in the Health Sector towards contracting out maintenance. Within the framework of the Participatory Health Population and Nutrition Project (PHPNP), the rehabilitation and upgrading of some health facilities will be contracted to GAMWORKS Agency. A proposal from Riders for Health for the management and maintenance of the Project's fleet of vehicles and motor cycles is also currently under consideration. With the adoption of this approach comes the need to put in place a structure capable of handling the role of monitoring the performance of contracting entities. The primary aim being to ensure that the latter fulfils its obligations to the client and to guarantee that value for money is obtained.

Consequently, there is a need to develop a training package for both management and maintenance staff which would cover contract negotiation, costing, tendering procedures, contract administration and contract supervision.

The creation and manning of a directorate of maintenance services will ensure that the right calibre of staff, with the requisite qualifications and experience, will be available to monitor and regulate the activities of contracted agencies. The contracting out of the management and maintenance of some of its assets does not necessarily mean that the Department of State for Health should take a back seat role or be indifferent to how these concerns manage their activities. On the contrary, it should continue to take an active role to ensure that the system is both efficient and effective. To this end, it should have in place a system and the necessary instruments to monitor and control the activities of contracted parties.

To ensure the success of contracted works it is important that proper guidelines governing the award of contracts are established. Ad-hoc arrangements should be eliminated. It is proposed that the following guiding principles be adopted:

- proper costing and quantification of the work to be done is carried out by qualified personnel;

- that the specifications and performance requirements are spelt out prior to contract award;

- for tendered works, clear instructions on the client's requirements must be supplied to all bidders;

- for negotiated contracts, the negotiation process includes people well versed in the art of negotiation and capable of seeking and ensuring the best interest of the client;

- for contracts where the powers of the Department of State are delegated to another agency or firm the terms of the agreement between the two parties should clearly spell out the responsibilities and obligations of both sides;

- the evaluation of tendered contracts be carried out by qualified staff;

- proper contracts be drawn up and signed with contractors; the contracts will clearly spell out the obligations of both parties and provide details of the type and standard of work or service to be provided;

- ensure contractors deliver projects on time by close monitoring of their programmes and the introduction of penalties for late delivery;

- maintenance staff should be capable of supervising works, ensuring quality and assessing progress;

- ensure that payments made to contractors are commensurate with work done;

- ensure that any advances made to a contractor is backed by a bank guarantee;

- contractors should be required to provide a performance bond to guarantee performance;

- ensure that the Department of State pays contractors and does so on time;

- prepare a short list of qualified contractors for maintenance work;

- institute penalties (like blacklisting) for non-performance;

- perform regular technical and financial audits to review the performance of contracting entities.