



Translating Knowledge into Policy and Practice on Transport Management in Zanzibar /

Transaid

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Transport Management training with the MoH in Zanzibar



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This project was funded by the Africa Community Access Programme (AFCAP) which promotes safe and sustainable access to markets, healthcare, education, employment and social and political networks for rural communities in Africa.

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This report summarises the assistance provided to the MoH in Zanzibar to improve Transport Management Systems in May and June 2014. The support was made possible by UKaid through the Africa Community Access Programme (AFCAP) which is managed by Crown Agents. AFCAP has been leading in the effort to develop a better evidence base for understanding the important role that transport plays in rural health service delivery. It has also been keen to ensure that research gets into practice and supported a successful conference on ambulances and emergency transport for health in Tanzania in March 2014 which shared leading research with a wide range of practitioners. Following the workshop AFCAP was able to support three important follow on activities which responded to issues raised by participants at the workshop and that would all help further AFCAP's mission of taking evidence and knowledge of what works into practice. This report focuses on the follow on activity which took place in collaboration with the MoH in Zanzibar. Responding to a capacity building request, 12 MoH participants received transport management training in May 2014. In addition a situational analysis was also conducted on both Pemba and Unguja islands and an action plan was collaboratively developed to address key challenges identified. The key recommendations were presented to the MoH Senior Management Team for discussion to seek their support. The recommendations were practical in nature. Key issues were discussed to seek consensus for adoption as policy guidelines. A detailed action plan was also developed. The overall aim of these activities was to build the capacity of the MoH in transport management and to provide them with the skills, tools and motivation to implement changes that will lead to a safer and more efficient fleet which in turn should lead to improved health outcomes..

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List of Abbreviations

AFCAP	Africa Community Access Programme
CHW	Community Health Worker
DfID	Department for International Development
DHMT	District Health Management Team
DMO	District Medical Officer
ETS	Emergency Transport Scheme
KPI	Key Performance Indicator
MoH	Ministry of Health (Zanzibar)
PHCU	Primary Health Care Unit
TMS	Transport Management System
VOR	Vehicle Off-Road
ZIHTLP	Zanzibar Integrated HIV/AIDS, TB and Leprosy Programme
ZMEP	Zanzibar Malaria Elimination Programme
ZMO	Zonal Medical Office

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Abstract/

The Africa Community Access Programme (AFCAP) which is funded by UKaid from the Department of International Development (DfID) and managed by Crown Agents AFCAP has been leading in the effort to develop a better evidence base for understanding the important role that transport plays in rural health service delivery. It has also been keen to ensure that research gets into practice and supported a successful conference on ambulances and emergency transport for health in Tanzania in March 2014 which shared leading research with a wide range of practitioners. Following the workshop AFCAP was able to support three important follow on activities which responded to issues raised by participants at the workshop and that would all help further AFCAP's mission of taking evidence and knowledge of what works into practice. This report focuses on the follow on activity which took place in collaboration with the MoH in Zanzibar. In late May and early June 2014 12 MoH participants received transport management training. In addition a situational analysis was also conducted on both Pemba and Unguja islands and an action plan was collaboratively developed to address challenges identified. The key recommendations were presented to the MoH Senior Management Team for discussion and to seek their support.. The overall aim of these activities was to build the capacity of the MoH in transport management and to provide them with the skills, tools and motivation to implement changes that will lead to a safer and more efficient fleet which in turn should lead to improved health outcomes. This training and technical assistance was made possible by AFCAP.

1. Executive Summary

AFCAP has been leading in the effort to develop a better evidence base for understanding the important role that transport plays in rural health service delivery. It has also been keen to ensure that research gets into practice and supported a successful conference on ambulances and emergency transport for health in Tanzania in March 2014 which shared leading research with a wide range of practitioners. Following the workshop AFCAP was able to support three important follow on activities which responded to issues raised by participants at the workshop and that would all help further AFCAP's mission of taking evidence and knowledge of what works into practice.

This report focuses on the follow on activity which took place in collaboration with the MoH in Zanzibar. This activity which took place in late May and early June 2014 saw 12 MoH participants receive transport management training and over ten drivers received training. The transport management training covered a range of modules which were agreed in advance with the MoH to ensure maximum relevance. The three day training saw a mixture of presentations, group activities, group discussions and practical training components. The variety of learning styles aimed to keep engagement high and to allow participant experiences to be shared.

A situational analysis was also conducted on both Pemba and Unguja islands and a number of MoH programmes and hospitals were visited to gather a detailed picture of transport processes and also to allow six of the participants to heavily support with the assessments through the practical application of the transport management training. An action plan was collaboratively developed and the key recommendations were presented to MoH Senior Management Team. The overall aim of these activities was to build the capacity of the MoH in transport management and to provide them with the skills, tools and motivation to implement changes that will lead to a safer and more efficient fleet which in turn should lead to improved health outcomes. This training and technical assistance was made possible by the Africa Community Access Programme (AFCAP) which is funded by UKaid from the Department of International Development (DfID) and managed by Crown Agents.

2. Background

Transport plays a significant part in rural health service delivery across sub-Saharan Africa. It is vital:

- to provide an effective supply chain of drugs and medical supplies to frequently remote and isolated locations
- to enable mobility of health workers to access their patients and facilitate important interaction with other elements of the health system
- to enable timely and affordable access to appropriate care in medical emergencies

AFCAP has been leading in the effort to develop a better evidence base for understanding the important role that transport plays in rural health service delivery, supporting the Linking Rural Communities with Access to Health Project which was delivered between 2012-2013. It has also been keen to ensure that research gets into practice and supported a successful conference on ambulances and emergency transport for health in Tanzania in March 2014 which shared leading research with a wide range of practitioners. To find out more about the workshop please follow this link to the Workshop Resources Page:

<http://www.transaid.org/resources/afcap-transaid-emergency-transport-workshop-march-2014>

Following the workshop AFCAP was able to support three important follow on activities. Each activity responded directly to key issues raised at the Tanzania workshop. All were driven by needs identified on the ground and through participants at the workshop, helping to ensure strong local buy in and support. They were all possible to implement within a two month timeframe with a full report to Crown Agents by mid June 2014. All three follow on activities will help further AFCAP's mission of taking evidence and knowledge of what works into practice.

This report focuses on a follow on activity which took place in collaboration with the MoH in Zanzibar. In 2013 the Ministry of Health in Zanzibar established a Transport Unit. There is recognition that considerable funds are being spent on transport, but currently little information on what the fleet costs to run, what the condition of the fleet is like, how maintenance is organised and how vehicles are planned and scheduled. There is scope for improved efficiency and safety in the way that transport is managed, which (based on evidence from other countries) would lead to cost savings and improved service delivery (many vehicles are used as ambulances, for supervision and immunisation programmes). The establishment of a transport unit by the Ministry of Health was an important first step and a working group has been established at the Ministry of Health at a senior level. The new Transport Officer from the Ministry of Health was involved in the emergency transport workshop in March and had the chance to hear positive case studies from other countries that have implemented transport management systems. The Transport Unit has an important job to do, they are in charge of over 235 vehicles doing critical health work, and they have been tasked with implementing a transport management system, starting with a review of the current situation and drafting transport policy guidelines. The team has little transport management experience and following the Tanzania workshop in March asked Transaid if there was any scope for expert support for these key areas.

Through discussions with the MoH and Danida, who heavily support the MoH in Zanzibar, the following activities were prioritised:

- A transport management training course for the Transport Unit (team of 3) and other key stakeholders (programme heads/workshop heads) to be held in May 2014
- Transaid technical assistance to support:
 - Situational analysis on the islands of Unguja and Pemba (Two main islands of the Zanzibar Archipelago) working with and providing support to the transport unit as they conduct this assessment and apply the theoretical training in a practical context

- Workshop with key stakeholders to help facilitate using the situational analysis to collaboratively develop Ministry of Health transport policy guidelines and an action plan

The expected deliverables were:

- Transport management capacity developed within the Ministry of Health transport unit
- Situational analysis conducted across 2 islands
- Transport unit has used tools and knowledge from the TMS training and the situational analysis to develop their recommendations for transport policy guidelines for presentation to the Senior Ministry of Health working group

3. Progress against work plan

Progress against the project work plan is all on track with each deliverable completed at the time originally planned. A summary of the key activities undertaken between May and June 2014 is set out in the table below.

Table 1: Gantt chart to show progress against the key planned activities:

Activity	May 2014		June 2014	
	Completed			
Desk based planning for in-country training	Completed			
Briefing with Ministry of Health and Danida - finalising Transport Management System (TMS) training and other activities	Completed	Completed		
3 days TMS training in Stone town (12 participants)		Completed		
3 days situational analysis – Unguja and Pemba (6 participants in total)		Completed		
One day senior management orientation of new tools and approaches to managing transport		Completed		
Driver training and assessments		Completed		
Ministry of Health Senior Management meeting – presentation of training, findings from situational analysis and recommendations for policy guidelines and action plan			Completed	
Wrap up meetings and finalising action plan			Completed	
Final report writing			Completed	Completed
Submission of final report				20 th June 2014

4. Training Preparation Activities

4.1 Participants for Transport Management Training

The MoH Zanzibar was responsible for producing an initial participant list for the TMS training. The transport management unit, a team of three were prioritised as well as others who have day to day responsibility for managing transport. The Heads of MoH Garages were invited, an official from the Ministry of Transport and Infrastructure who has policy level responsibilities as well as heads of various key health programmes with fleets ranging between three and eleven. Colleagues from both Unguja and Pemba were invited to ensure capacity building on both islands. By include a range of experiences in the training it was hoped the group would be able to share experiences in a meaningful way. It was also hoped that the participants would be able to cascade the information that they learnt during the training to their colleagues and wider Zanzibar MoH staff members.

4.2 Review of TMS Training Materials

As the participants had not received any previous training in transport management and some did not have a background in this area the training was pitched as an introduction to transport management system which would cover the basic principles. Appropriate modules were discussed and agreed in advance with the Zanzibar MoH to ensure that the training suited the needs on the ground. The training was originally planned for four days but it was decided to limit the TMS classroom training to three days and to allow a larger group than originally planned at the request of the Ministry. During the following six of the group would continue with a practical application of the training during the situational analysis. It was hoped that this approach would allow the training to be more practical and for possible solutions to challenges to be discussed in a 'live environment' where benefits could be realised. A detailed agenda can be found in Appendix B.

5. Transport Management Training

5.1 Introduction to the Transport Management Training

Between Unguja and Pemba, 12 participants attended transport management training. The purpose was to build the capacity, skills and confidence of those responsible for transport with the Zanzibar Ministry of Health. As outlined above, participants included representatives from the transport units on Unguja and Pemba (transport officers and assistant transport officers), workshop representatives and representatives from key health programmes within the Ministry.

5.2 The key modules covered over the three days were:

- Introduction to TMS
- Human Resources within a transport operation
- Operational controls
- Management information – Transport Key Performance Indicators (KPIs) and reporting
- Fleet Management
- Pre-drive checks
- Road safety
- Financial Management (budgeting, replacing vehicles etc.)

- Management information:
- Transport management quiz to ascertain knowledge retained

The training saw a mixture of lectures and presentations from the trainers, group activities, group discussions and practical training components such as the pre-drive checks. The blend of learning styles aimed to keep engagement high and to allow participant experiences to be shared.

Some of the key emerging issues and group discussion are summarised below in text boxes.

5.3 Group discussion – personal objectives from delegates for the training

- 1) To expand networks in transport
- 2) To get more knowledge and perform well
- 3) To share knowledge with my colleagues
- 4) Gain more knowledge on transport
- 5) Learn about transport and maintenance
- 6) Expand my knowledge to teach colleagues
- 7) Get new skills
- 8) Build confidence and knowledge to meet new challenges
- 9) Get new techniques

5.4 Group discussion – why manage transport – perspectives from the group

- To ensure that a transport service is effectively and efficiently provided to all customers (hospitals and programmes alike)
- To reduce cost
- Control vehicles using logbooks and tracking fuel use
- Ensure good maintenance practices in order to reduce cost
- To ensure that transport is well planned and scheduled to maximize the use of expensive resources – vehicles should be used rather than being idle or parked up with no fuel or waiting for spare parts
- To ensure the safety of drivers, other staff, patients and other road users
- It is the means through which many health services are delivered – should link to improved health outcomes
- Transport is one of the largest budget lines – experience suggests 30-50% of MoH budgets after salaries paid
- Perceived as a major barrier - how many times have we heard ‘there was no transport available’ as a reason for non-delivery of services?
- More vehicles does not always equate to improved services – it’s more about managing existing resources more effectively
- In additional to all of the above – what about the human cost of not managing transport responsibly?

5.5 Group discussion – Transport constraints as shared by the group

- Lack of financial means to operate transport effectively
- Lack of involvement of transport unit in decision-making level of the Ministry
- Lack of adequate and timely allocation of funds for vehicle maintenance
- Lack of clear and well defined procedures/systems for transport management in the Ministry
- Few training opportunities to drivers and those involved in the transport unit – most training opportunities are reserved for the Doctor or senior managers
- Transport Unit is not involved in the procurement process of the Ministry in matters pertaining to transport
- Financial resources are scarce for buying and replacing vehicles and for operating vehicle fleet, training, fuel etc.
- Aging fleets means frequent break downs and that the fleet is expensive to maintain
- HR:
 - Shortage of trained drivers, shortage of trained mechanics, Shortage of trained transport supervisors
- Lack of workshop equipment and essential workshop tools
- Lack of workshop shelter building (Pemba)
- Lack of latest mechanical skills
- No vehicle in the garage to attend breakdowns
- Possible misuse of fuel

5.6 Group work - CASE STUDY – Implementing a successful TMS in the department of Health, North West, South Africa

A case study was shared from South Africa of how a successful TMS had been implemented and what the key building blocks and results were. This was designed to motivate the MoH and to see what can be achieved when transport is prioritised. The Transport Officer had had the opportunity to hear these experiences first hand at the Tanzania emergency transport workshop and was able to offer helpful insights to the discussion.

- Since introducing a TMS 5 years ago, the number of vehicles in North West, South Africa, has decreased by 1,178 (30%) reducing cost and increasing efficiency.
- Since the introduction of a TMS, organisational and individual capacity has significantly increased, policies have been instigated to improve the management of transport and 7 Key Performance Indicators were adopted to report and measure the services provided.
- South Africa Ambulance Services also introduced a scientific tool to determine the fleet model and size, which meant they could draw a distinction and comparison between the current state and the ideal model/size.
- They also adopted Planned Preventative Maintenance (PPM) as a management strategy. This allows them to follow a cyclic process of vehicle management throughout its life cycle. Further to this, everybody responsible for management of a vehicle knows why they have to manage it and what its role is in the service.
- The TMS gave the transport department a strong organisational identity with clear defined roles and responsibilities for transport management. Transport is now seen as a professional discipline holding distinct responsibility requiring competence and skill.

5.7 Group discussion on what costs are incurred when running a transport operation

- Fuel/oil
- Maintenance and repairs
- Human Resource costs - driver costs / Transport Unit / Garage costs
- Road Licence
- Insurance
- Vehicle depreciation/replacement

Lively discussions took place on vehicle running costs and the group worked in pairs to calculate different running costs per km for different vehicle types undertaking different tasks and needing varying levels of maintenance. An 'all-inclusive cost per km' was also discussed taking into account additional costs such as HR, and depreciation.

5.8 Practical exercise Driver's Daily Vehicle Walk-round Check

A practical exercise to introduce a 'Daily Vehicle Walk-round Check' was included in the training. This is a simple and effective way to spot potentially dangerous issues or defects before the vehicle is used and was a useful inclusion in the training as the participants all had vehicles under their management. A 'Daily Vehicle Walk-round Check' is a way for the driver to ensure that the vehicle is fit for use and when combined with an effective defect reporting system it can ensure that issues can be dealt with early and at a lower cost than if the issue/defect was permitted to develop further and become potentially life threatening.

Once the driver gets into a routine for conducting this check it can easily be accomplished in about five minutes.

A classroom discussion took place followed by a demonstration to check the following:

In Car Checks:

- Driving Controls, seat & head rest positions adjusted correctly
- Seat belts working correctly
- Clean interior and no obstructions or loose material in the foot-wells
- Turn on engine and check that all instrument gauges and warning lights working correctly
- Wipers, washers, horn, demisters & temperature controls working correctly
- Steering & brakes working correctly
- Warning triangle & fire extinguisher readily accessible in the car
- Pedals in good anti-slip condition

Mirrors & Windows

- Mirrors secure & aligned correctly
- Clean & in good condition
- View not obstructed e.g. by stickers etc.
- Windows opening & closing properly

Lights, Indicators, Hazard Lights & Reflectors

- All in place
- Working properly
- Correct colours
- No breaks or cracks
- Clean

Access

- Door locks working properly
- Doors opening & closing correctly

External Checks

- Vehicle sitting square and not leaning to one side
- Check underside of vehicle for fluid leaks
- Bumpers (front & rear) in good condition
- Exhaust: No excess noise or smoke
- Number plates (front & rear) of correct type, in correct position, visible & clean
- Fuel cap seal in place, in good condition & no leaks
- Wiper blades in good condition
- Valid insurance, registration discs etc. displayed
- Check engine oil, water, windscreen wash & brake fluid for levels and leaks

Wheels & Tyres

- Tyres - correctly inflated
- Tyres - correct tread depth
- Tyres - undamaged with no bulges, cuts or abrasions
- All wheel nuts in place, correctly fitted and secure

Load Security & Restraint

- Vehicle loaded within load limits of vehicle
- Load distributed evenly
- Load stored securely and restrained if necessary

The participants had a 'Daily Vehicle Walk-round Check' demonstrated to them and were guided through how to complete a checklist. They then completed their own check of various Ministry vehicles, filling out the check sheet as they went along. An image of this checklist, in both English and Swahili, can be found below:

5.9 Workshop feedback

The primary reference material used for this training workshop was the handbook entitled *“Transport Management: A Self-Learning Guide for Local Transport Managers of Public Health Services”*. This handbook was originally produced by Transaid for John Snow Inc. and can be found at the following web link: http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/TMS_Guide.pdf

Participants were encouraged to use the handbooks to continue their professional development.

From the feedback received the TMS training has been positively received by the Zanzibar MoH. A full summary of the feedback is available in Appendix F and two quotes are shared below.

“The training conducted is vital for the ministry of health and the government. I am therefore applauding and congratulating for this move in the effort to assist in running transport in an efficient and professional manner & keep the spirit up!”

“The training was successful because there are so many things we did not understand before. It is a good course. We need more training!”

Several delegates highlighted the need for further training and for refresher training to be provided in the future.

5.10 Gender balance

The TMS training in Zanzibar had no female participants. The participant list was constructed by the MoH and the gender balance can be seen as a reflection of transport management responsibilities in health sector institutions. Despite the fact that the majority of health services have a predominantly female workforce, transport functions remain dominated by men. At head of programme level there are female managers who have transport as one of their many responsibilities but not at a transport manager, transport officer or driver level in the Zanzibar MoH.

Large formal institutions can play an important role in realising a more equitable gender balanced in transport roles, as evidenced by the Ghana National Ambulance Service where patterns of training may have impacted on the composition.

There are very few examples of women working as professional drivers in the health sector in Africa or indeed in the commercial sector as taxi drivers, truck or bus drivers. In 2014 as part of a programme to train trainers for an ‘Emergency Transport Scheme’ (ETS) offered by the National Union of Transport Workers (NURTW) in Nigeria two women were trained as trainers. This represents an important breakthrough in the history of ETS in Nigeria and hopes to bring about a more gender balanced approach to what has for years been “a male response to a female issue”. The military is another institution which opens up the possibility of women drivers and this has been observed by Transaid staff at commercial driver training centres in Zambia and Tanzania. There is a body of evidence in the global north that speaks to the fact that women are statistically safer drivers. However, there appears to be very real research gaps on this issue for the global south. It is possible that encouraging and supporting more women to enter the transport profession and achieving a more equitable workforce could lead to both an increased understanding of issues faced by women transport users as well as reductions in road crashes.

6. Driver training and assessments

Between the 26th and 30th May, 17 drivers from a selection of key health programmes on both Unguja and Pemba underwent short interactive driver training presentations and discussions on some of the key issues that contribute to road traffic crashes and how to mitigate against them. Please see Appendix D for a full participant list.

This training addressed issues of:

- Driver Error
 - Frustration
 - Tailgating
 - Following Distance
 - Harsh braking
 - Poor hazard perception and road awareness
 - Inattention/distraction
- Drink driving
- Drugs (over-the-counter/prescription/illegal) and their effect on driving
- Fatigue/tiredness
- Speed
- Dual tasking
 - Mobile phone use
 - Eating, drinking, smoking etc.
 - Distraction
- Seatbelt use and its benefits

The driver can, through making small changes in how he/she drives and how he/she deals with the above issues, greatly reduce the risk of being involved in a crash.

In addition to the road safety training received by the drivers, they also received training on filling out the new, updated Vehicle Logbook that were developed. Based on this training, and so that all drivers can understand the correct method of completion, a “How To” Guide for completing the Vehicle Logbook (see below) has been developed and is in Swahili as well as English for ease of use and understanding.

Maelekezo ya namna ya kujaza Kitabu cha Kumbukumbu ya Safari
A "How To" Guide for Completing the Vehicle Logbook

Wizara ya Afya - Kitabu cha Kumbukumbu ya Safari Ministry of Health - Vehicle Logbook

Program/Kitengo: **ZMEP** Nambari ya Usajili: **DPP 8735**
Programme/Unit: Vehicle Registration Number:

Tarehe Date	Madhumuni ya Safari Purpose of trip	Kutokea Start		Kuihisha Finish		Jina la Dereva Driver's Name	Saini ya Mtoa Ruhusa Authorising Officer's signature	Odomita wakati wa kuanza safari Odometer at start of trip	Odomita kumaliza safari Odometer at end of trip	Km	Mafuta YaIyojazwa Fuel - Litres filled	
		Mahali Location	Muda/Saa Time	Mahali Location	Muda/Saa Time							
1/6/14	Outreach	Stonetown MOH	02:30	Nungwi	03:45	Hussein Ali	<i>Ali Hassan Amos</i>	78351	78392	41	15	
		Nungwi	09:35	Stonetown MOH	10:45			78392	78433	41		
2/6/14	Distribution of Testing Kits	Stonetown MOH	02:05	Mahonda PHCU	02:30	Hussein Ali	<i>Ali Hassan Amos</i>	78433	78448	15		
		Mahonda PHCU	02:55	Mkokotoni PHCU	03:15			78448	78461	13		
		Mkokotoni PHCU	03:35	Kidoti PHCU	03:45			78461	78471	10		
		Kidoti PHCU	04:00	Nungwi PHCU	04:10			78471	78476	5		
		Nungwi PHCU	05:10	Stonetown MOH	06:30			78476	78518	42		
2/6/14	Staff Transport	Stonetown MOH	08:20	Makunduchi Hospital	10:05	Musa Hamad	<i>Ali Hassan Amos</i>	78518	78570	52	20	
		Makunduchi Hospital	10:15	Stonetown MOH	11:35			78570	78621	51		
3/6/14	Servicing & Repair	Stonetown MOH	02:30	Mombasa Garage	02:50	Hussein Ali	<i>Ali Hassan Amos</i>	78621	78625	4	5	
4/6/14	Repair	Mombasa garage	05:25	Pamoja Garage	06:00	Hussein Ali		78625	78633	8		
11/6/14	Repair	Pamoja garage	09:20	Mombasa Garage	09:45	Hussein Ali		78633	78641	8		
13/6/14	Return from servicing & repair	Mombasa garage	03:55	Stonetown MOH	04:15	Hussein Ali		78641	78646	5		
14/6/14	Supervision	Stonetown MOH	03:45	Pongwe PHCU	05:05	Hussein Ali	<i>Ali Hassan Amos</i>	78646	78675	29.00	10	
		Pongwe PHCU	10:10	Stonetown MOH	10:55			78675	78705	30		
										Jumla:	354	50
										Total:		

Elezea madhumuni ya safari

Explain the reason for making this trip

Orodhesha sehemu mbalimbali za safari kisha jaza umbali uliotembea

List the individual parts of the trip and record the time and kilometres travelled

Tumia muda wa Kiswahili tu

Use ONLY Swahili Time

Orodhesha safari zilizosababisha gari ifanyiwe matengenezo ya kinga

Record the trips made for getting the vehicle serviced or repaired

Sehemu hii ajaze afisa anayeruhusu gari kufanya safari na siyo dereva

This is for the person authorising the trip to complete and not the Driver

Jaza kiasi cha lita gari iliongezwapo mafuta

Record the litres of fuel added every time the vehicle is fueled

Figure two: A guide to completing a vehicle logbook

Twelve drivers (see Appendix D) also underwent driving assessments and received feedback aimed at improving their driving. The assessment looked at the following 16 areas:

Attitude, Concentration, Observation, Anticipation, Planning, use of the Hazard Drill, Acceleration, Use of Brakes, Use of Gears, Use of Clutch, Steering, Use of Mirrors, Use of Signals, Use of Speed, Vehicle Positioning and Manoeuvring.

Areas where the most improvements could be gained were commonly in the use of Gears, Clutch, Mirrors, Speed and Steering. The drivers took on board the feedback eagerly and hopefully will apply the advice received in their everyday driving. The Transport Unit were highly involved in this driver training so they will be able to roll out the classroom training parts and logbook orientation to the other MoH drivers.

See below for the Driving Standards Criteria matrix used and a blank assessment form.

	Unacceptable Standard	Development Required	At Competent Standard	Excellent Standard
Attitude	Show a lack of interest in activities and other road users, drives aggressively	Considerate driving but occasionally pressurises other road users	Considerate and courteous driving at all times	Considerate and courteous driving whilst maintaining good progress at all times
Concentration	Constantly being distracted from driving	Occasionally distracted from driving	Shows good concentration at all times	Able to show excellent concentration despite constant distraction
Observation	Missing observation links and limiting distance observation	Can miss some observation links and not have full distance observation	Use of maximum forward vision and distance scanning techniques	Able to give a commentary of what is observed all around
Anticipation	No anticipation skills identified resulting in 'near miss' situations	Shows good anticipation of events in the near and middle distance	Shows anticipation of potential hazards by vehicle positioning and awareness	Able to give a commentary of perceived hazards
Planning	No planning skills to maintain flow or smooth progress	Planning to maintain flow shown but can be caught out by the unexpected	Able to maintain a flowing, safe and controlled drive	Able to give a commentary of positioning to gain advantage
Use of the Hazard Drill	No apparent use of Hazard Drill observed	Occasionally missing a step in the Hazard Drill	Full use of the Hazard Drill at all times	Able to describe correct implementation of Hazard Drill
Acceleration	Harsh acceleration and over-revving frequently used	Some over revving observed but progressive application used	Progressive acceleration without harsh application and with economic features	Able to explain how progressive acceleration is implemented
Use of Brakes	Aggressive and/or late application of brakes. Hand brake not used	Non-progressive braking where weight transfer movement is unbalanced	Smooth and balanced braking with use of exhaust and hand brake as needed	Able to display smooth and totally balanced braking
Use of Gears	Uneconomic and overuse of gears. Incorrect and aggressive selection of gears	Smooth selection of gears but not always using the correct gear to match speed and flow	Use of correct gear for the conditions and associated speed. Block changes used to maintain speed and flow	Able to give a commentary of how to use and benefit from block gear changes
Use of Clutch	Smooth application not used. Frequent coasting observed	Quick release and early application observed	Smooth release of the clutch at all times with no coasting	Able to display accurate clutch release throughout the drive
Steering	Minimum total control of the steering wheel displayed	Lapses to total steering control by use of crossed handed steering	Full steering control used throughout. No cross hands steering shown	Able to explain why total driver steering control is vital
Use of Mirrors	Mirrors not positioned or used regularly	Mirrors positioned correctly but not fully utilised	Mirrors positioned and regularly used for gaining maximum information	Fully understands and is able to explain positioning of mirrors
Use of Signals	Signals frequently not used or unsafely given	Signals given but not to advantage for other road users	Signals given to maximise other road user information	Understands the methods of and reasons for giving signals
Use of Speed	Legal speed limits ignored and incorrect speed for road situations	Speeds sometimes inappropriate on approach to hazards or limit zones	Legal speed limits are observed and speed is matched to road conditions	Fully understands how to link speed and road conditions
Vehicle Positioning	No lane discipline identified and driving too close to other vehicles	Vehicle positioned correctly but often late	Vehicle positioned for maximum vision and lane discipline	Able to identify positioning to gain maximum vision
Manoeuvring	Totally unable to master low speed manoeuvring	Sometimes struggles with speed, width and distance judgement	Good all round visibility with accurate speed, width and distance judgement	Able to develop and deliver driver tips for tight area manoeuvres

Figure three: Driving Standards Criteria Matrix

Driver's Name _____ Driving Licence No. _____

Company _____ Vehicle Type _____

Location _____ Vehicle Registration _____

Assessor _____ Date _____

Assessment Criteria
US = Unacceptable Standard **DR** = Development Required
CS = At Competent Standard **ES** = Excellent Standard

Mark (X) where appropriate

	US	DR	CS	ES
Attitude				
Concentration				
Observation				
Anticipation				
Planning				
Use of the Hazard Drill				
Use of Acceleration				
Use of Braking				
Use of Gears				
Use of Clutch				
Use of Steering				
Use of Mirrors				
Use of Signals				
Use of Speed				
Vehicle Positioning				
Manoeuvring				

Assessor's Comments

Recommendations

Signed (Driver) _____ Signed (Assessor) _____

Figure four: Template for an on road driving assessment

7. Situational Analysis

7.1 The Purpose of a Situational Analysis

A situational analysis is typically applied to take a holistic look at a total transport system. It is a useful way of looking at the system to identify opportunities, and problems. Before implementing any reforms to a transport system, it is helpful with starting questions to understand; what type of transport is available; what is it used for; who uses it, where, how, and why and what improvements are needed.

It is often surprising just how little regional or national-level teams know about the transport situation in districts, including the state of the fleet and who is responsible for decision making. A situational analysis is designed to clarify this through ten steps—

- Summarise background information.
- Summarise the administrative structure.
- Describe the fleet.
- Determine the ideal fleet and compare it with what exists.
- Summarise how policy affects transport.
- Summarise management systems.
- Summarise financial procedures.
- Assess vehicle maintenance, repair, purchase, and disposal procedures.
- Summarise human resource components.
- Present the situational analysis report.

7.2 Methodology for the Situational Analysis

Two teams were mobilised for the situational analysis. Each had a Transaid facilitator and three participants from the TMS training who have key day to day transport responsibilities. The Situational Analysis had two objectives:

- To gain a deeper insight into how transport is managed at hospitals and within the various MoH programmes
- To allow the teams to apply the knowledge and learning from the TMS training when visiting sites. The teams were encouraged to ask questions about roles and responsibilities for transport, vehicle allocation, financing, training, reporting etc.. They also completed spot checks on vehicles that were parked to help update the vehicle inventory. The visits were also an opportunity to sensitize people on the need to manage transport and to start the process of rolling out a new logbook and basic monthly reports to the transport unit that would be summarised and sent to the senior management

Unguja and Pemba (the two main islands on the of the Zanzibar Archipelago) were both visited in order to visit a number of hospitals, garages and programmes to speak to those in charge of transport and to see, amongst other things, the vehicles, their condition, and whether they have log books and working odometers.

In the limited time it was not possible to visit every site where vehicles were located. Instead during the planning phase sites with the largest fleets were prioritised. The visits were also planned so that a range of sites were visited to include hospitals, programmes and workshops.



Figure five: Map to show the main locations visited on Unguja during the situational analysis



Figure six: Map to show the main locations visited on Pemba during the situational analysis

7.3 Key findings from the situational analysis sample visits

7.3.1 Kivungwe Hospital

Location: Kivungwe Hospital, Unguja

Date 26th May 2014

Interview conducted with Mr Mohamed Amie Sheha – Hospital Manager

Administration:

- There are two ambulances which are mainly used for referral. Both are Toyota land cruisers. One of the ambulances has been broken down for eight months – it is at Mombasa garage awaiting new tyres, welding and other repairs.
- The ambulances are used for both passenger (primarily patient) and commodity transport. The population served is thought to be around 1,800 people.
- The Doctor in charge is responsible for making decisions on how transport is managed/allocated

Operations Management

Management:

- The ambulance is for referral to the main hospital in Stone Town (Mnazi Mmoja) only. They are currently doing over 20 referrals a month and usually closer to 28-30. The ambulance is not used to pick up patients from their homes; they will need to find their own transport for this.
- The ambulances are sometimes used to collect blood and also do a monthly trip to the central medical store to collect medical supplies
- Trips are not planned in advance according to a schedule as the primary use of the vehicle(s) is for emergency transport
- If both ambulances were functional then the hospital feels it would have enough transport to meet demand. However one has been broken for eight months so this is currently a significant challenge.
- Fuel: The hospital received 700 litres of fuel per month. During the interview it was explained that 400 is used for referral, 100 to admin and 200 to run the generator. The hospital representatives advised that often the 400 litres is finished before the end of the month. On the day of this interview (26th May 2014) the fuel for the month was exhausted. When the fuel runs out the hospital applies a cost share model– relatives will pay back half of the cost of fuel and the hospital funds the other half
- There are six drivers. This is to enable 3 drivers to do shifts for the ambulances when both are functional.

Financial management

- The operations budget does not include a provision for transport – no budget for maintenance, the basket fund is used (which comprises funding from the MoH, Danida and other donors). Requests have been made from the basket fund for the current repairs
- For any replacement vehicles the hospital advised they ‘wouldn’t know how to make any requests – perhaps through the Ministry, or perhaps Danida will replace after a certain number of years’

- Staff do not monitor costs of maintenance
- The hospital does track fuel use carefully as there is a limited allocation

Fleet management and monitoring

- Six drivers operate the fleet of two ambulances
- Log books are in the vehicles but are consistently and regularly filled in – drivers explained they are not really sure what to do
- The number of kilometres travelled for each trip is not recorded
- The team were told that pre-drive checks are completed by drivers and defects reported but this appears to be a non-documented procedure
- Driver licences are held centrally with no copies at hospital
- Vehicles go to Ministry of Health garage for repairs

H&S/HR

- There are no Job Descriptions for drivers but during discussion the staff observed that it would be a good idea to have these and give them to drivers
- Currently no transport management or driver training has been provided. The Doctor in charge is responsible for the fleet

7.3.2 Mnazi Mmoja Hospital, Stone Town

Location: Stone Town, Unguja

Date 27th May 2014

Interview conducted with the In-Charge, Transport Officer, Engineer and other colleagues from the hospital

Administration:

- The Transport Officer is in charge of managing vehicles
- There are three sections to the hospital
- There are four ambulances and four other vehicles
- Six of these are currently operational and two are in need of major repairs

Operations Management

Management:

- The ambulances are used for a range of activities, it could be to collect patients, transfer between the hospitals for example for surgery or maternal referral, or to collect doctors for work – ‘collecting foreign doctors was cited as an example
- It was perceived as very difficult to fix routes to the varying demands on the vehicles
- Logbooks are in place but nothing official is done with the information
- There seemed to be some challenges with key control when the vehicles were looked at

Financial management

- There is an budget for maintenance of vehicles but it is considered insufficient
- There is also a provision for fuel but the issue is reportedly around budgeted funds being released

- As such the hospital often uses its own funds for maintenance and spares but this is still insufficient
- They would like to purchase additional vehicles but the government only allows new vehicles to be purchased and as such this is very difficult
- The Accountant monitors the maintenance costs

Fleet management and monitoring

- Vehicles are requested as needed – there is no advance planning as such
- Two vehicles are currently non operational and reportedly have been in this condition for two years another was reported as having minor defects
- Is it is perceived there are not enough vehicles with the current breakdowns
- Transport Officer and Engineer will arrange the services at intervals of 5,000km – sending them to the MoH Mombasa Garage
- The number of kilometres travelled for each trip is not recorded
- The team were told that pre-drive checks are completed by drivers and defects reported but this appears to be a non-documented procedure
- Driver licences are held centrally with no copies at hospital

H&S/HR

- There is a Transport Officer in place who supervises the fleet
- There are ten drivers who are generally allocated to specific vehicles and work shifts
- The drivers are reported to have Ministry Job Descriptions but the Transport Officer and Engineer do not have Job Descriptions
- Currently no transport management or driver training has been provided.

7.3.3 Zanzibar Food and Drugs Board (ZFDB)

Location: Stone Town, Unguja

Date 27th May 2014

Interview conducted with the Head of Business Support and the Assistant Manager

Administration:

- There are three cars and two motorcycles
- One car is non operational
- The transport management responsibilities are with the Head of Business Support
- The vehicles are mainly used for registration, inspection and registration of food and drugs

Operations Management

Management:

- The inspections are organised by departments in advance – usually one week ahead. There are also longer term inspection plans
- As inspections take place daily at different locations it would be difficult to fix routes but there is scope to improve planning further

- The vehicles are reportedly insufficient for the workload and often the ZFDB has to borrow vehicles from other departments and provide the fuel

Financial management

- As customers pay for services from the ZFDB there have some financial independence
- Fuel is well budgeted for

Fleet management and monitoring

- Three drivers operate the fleet of three and staff use the motorcycles
- The Accountant arranges the services using distance and time intervals
- Vehicles do not currently go to Ministry of Health garage for repairs and instead 'Fundi Abas/Miambere' is used
- There are concerns about costs at the MoH garages and about historically some parts being possibly swapped when a vehicle was serviced

H&S/HR

- Currently no transport management or driver training has been provided and the person in charge of transport as range of other responsibilities, transport has been tagged on

7.3.4 Malaria Zanzibar Malaria Elimination Programme

Location: Stone Town, Unguja

Date 27th May 2014

Administration:

- There are five cars and a number of motorcycles (exact number not confirmed during the meeting)
- The Head of Programme Mr Abdullah Ali is responsible for transport

Operations Management

Management:

- The vehicles are used for a range of purposes. Sometimes this would be for planned trips, e.g field visits or other urgent requests
- There is usually a weekly plan, although not always documented, and then ad hoc request come in
- It was advised that the five cars cannot be called 'enough' as sometimes requests for vehicles have to be turned down and sometimes vehicles have to be hired from other programmes
- Log books are in place but the use is not checked or followed up on
- Damages are reported but not there is no official documentation for this
- Drivers record mileage and then advise when the vehicle is due a service which is then approved
- The MoH garage is used for all services and repairs

Financial management

- Activities are budgeted with a fuel allocation and there seem to be robust procedures in place for managing fuel use with a coupon system employed
- Activities are also budgeted for with a provision for maintenance, for example if a repair is needed this will have to be met by those funding the activity that it will be doing

H&S/HR

- There are currently three drivers for the five vehicles. One Manager uses a vehicle and it appears another vehicle is usually kept as a spare. When needed drivers are borrowed in.
- The drivers are not assigned to specific vehicles
- Limited training has been provided for managers or drivers. However, an example was given where training requests were made and two drivers were sent for training at the National Institute of Transport in Tanzania

7.3.5 Zonal Medical Office (ZMO)

Location: Stone Town, Unguja

Date 28th May 2014

Administration:

- Each district has one vehicle, there are six in total. Vehicles are used for district use and there are three ambulances
- There are motorcycles in four districts (four in total)
- After a process of decentralisation the MoH has zonal responsibility

Operations Management

Management:

- The ambulances are used for referral and the other vehicles are used to pick people up from communities and bring them to hospital – the ZMO will cover the fuel for this
- Vehicles are also used for supervision for all PHC facilities, disease surveillance and distribution of medical supplies
- The DMOs plan the use of the vehicles daily
- There are major problems with vehicle breakdowns – it was advised that at the time of the meeting most of the vehicles were actually not operational and that only two could be described as ‘working ok’
- Servicing is carried out at the MoH garage – if there is an urgent repair required when the MoH garage is closed other garages are used
- Log books are in place and a monthly summary is apparently recorded
- Damages are reported but not there is no official documentation for this

Financial management

- Maintenance for spares is budgeted

- Fuel is also budgeted through the basket fund

H&S/HR

- Usually each driver is assigned to a specific vehicle, with exception of the hospitals who operate on shifts
- In the past some drivers went for training but this was reportedly a long time ago

7.3.6 Zanzibar Integrated HIV/AIDS, TB and Leprosy Programme (ZIHTLP)

Location: Stone Town, Unguja

Date 28th May 2014

Administration:

- The person responsible for transport has a number of other responsibilities including as the programme Cashier
- The ZIHTLP has 11 cars and 15 motorcycles
- One vehicle is awaiting major repairs the others are in need of smaller repairs

Operations Management

Management:

- The vehicles re used for supervision and also for meetings or for management use
- One of the vehicles is used as an ambulance
- The motorcycles are often used for collecting blood spots
- Vehicles are requested usually in the morning of intended use and then fuel is arranged – there was positive discussion about the scope to improve planning processes. It is seen as unlikely routes can be fixed as the programme demands vary but scope to use planners to schedule trips in advance and update this as request come in
- If no vehicles is available then sometimes vehicles are borrowed from other programmes
- All vehicles go to the MoH garage for servicing and repairs. The programme budget is used to buy any replacement parts required.
- If a vehicle is damaged a driver reports this and then this is taken up with management
- There are logbooks in the cars but not in the motorcycles – this is something they want to change
- Pre drive checks are reported to take place

Financial management

- Maintenance for spares is budgeted
- Fuel is also budgeted and is sufficient
- If a new vehicle is required a tender process is used
- If is difficult to include funds for training in the budget as the template for basket funds is not conducive for this

H&S/HR

- There are 10 drivers

- Training has typically been reserved for medical training, there was stated need and desire for training of drivers

7.3.6 Makunduchi Hospital, Unguja

Date 28th May 2014, meeting with the Dr In Charge, other colleagues and drivers

Administration:

- There were two ambulances which were mainly used for referral. However last year there was a crash and the ambulance was written off. Without insurance it seems unlikely the hospital will receive a new vehicle soon
- The Doctor in charge is responsible for making decisions on how transport is managed/allocated

Operations Management

Management:

- The ambulance is often used for referral to the main hospital in Stone Town (Mnazi Mmoja). They are currently doing between 20 and 30 referrals a month
- The ambulance is also used to pick up patients from their homes; sometimes people will call the drivers directly
- The vehicles is also sometimes used to collect blood if the blood bank is empty
- Often the ambulance is not available as it is out on another trip and if a more critical case comes in sometimes they have to call it back
- Sometimes they can ask the Police if they can borrow a car as a contingency but the problem then is often a lack of fuel even if the car is there
- Trips are not planned in advance according to a schedule as the primary use of the vehicle(s) is for emergency transport

Financial management

- Fuel: The hospital receives 180litres per month from the basket fund for referral.
- 100 litres is used for management – collecting blood, maintenance etc. As such some of this allocation has to be used for referral , and there are sometimes opportunities to combine trips with other programmes such as a feeding programme for pregnant women.
- As the fuel allocation was not sufficient the hospital called the community together to look at cost share arrangements and to see how the community can contribute. It is still free for maternal referral but other community members contribute 10,000 Tsh (approximately £4 GBP) if they can manage
- There is a basket fund for maintenance/spares. If the basket funds is not enough, for example if new tyres are needed they the hospital must ‘ beg to the Ministry’

Fleet management and monitoring

- Log books are in the vehicles but use is not consistent
- The number of kilometres travelled for each trip is not recorded

- The team were told that pre-drive checks are completed by drivers and this includes oil and water checks. This appears to be a non-documented procedure
- Driver licences are held centrally with no copies at hospital
- Vehicles go to Ministry of Health garage for repairs

H&S/HR

- The Doctor in charge is responsible for the fleet
- There are five drivers who operate the one ambulance working on shifts
- The drivers received letters of appointment but there was uncertainty as to the existence of job description
- Currently no transport management or driver training has been provided.

7.3.7 Micheweni Cottage Hospital, Micheweni, Pemba

Date 27th May 2014

Interview conducted with Mr Hussein Kombo Hamadi, Hospital Secretary

Key findings:

Administration:

- The hospital has two ambulances; one however has been off the road at Wete MoH garage for three months awaiting parts (timing belt)
- The ambulances are used for referrals only; about 50% of which are pregnant women
- The hospital secretary is responsible for making decisions about transport and management of vehicles
- Patients are collected from private homes as well as the 13 PHCUs in the district

Operations Management

Management:

- Priority is given to pregnant women being referred
- With only one ambulance operational over the past three months patients have had to wait longer for transport to hospital
- In the event of no ambulance being operational a car is provided by Micheweni DHMT

Financial management

- The operations budget does include a provision for transport
- Hospital does not provide input into vehicle purchases – donors make the decisions. Current vehicles funded by ABD and Zanzibar Government
- Staff do not monitor cost of vehicle maintenance - maintained at Wete MoH garage which provides labour free of charge – the only cost is the parts being fitted
- Vehicles go to Wete MoH garage for servicing every 5,000km
- The hospital does track fuel use carefully as limited allocation

Fleet management and monitoring

- Four drivers operate the fleet of two ambulances – however only one operational vehicle for past three months
- Log books are in the vehicles but not completed fully and show many individuals authorising use of the vehicle – consistent with role of vehicle as an ambulance and authority being given by Doctor in Charge, Patron or Hospital Secretary
- No record of monthly kilometres travelled
- Pre-drive checks are reported as being completed by drivers and defects reported but this appears to be a non-documented procedure , the hospital secretary is responsible for ensuring daily vehicle checks are carried out, but has many other duties
- Driver licences held centrally by MoH in Wete - no copies held by hospital
- Vehicles go to Ministry of Health garage in Wete for repairs
- Servicing is carried out at 5,000km intervals

H&S/HR

- No Job Descriptions for drivers
- No training has been provided for drivers or in transport management
- The Hospital secretary is responsible for managing transport
- There is believed to be sufficient staff capacity to manage the vehicles

7.3.8 Micheweni DHMT (District Health Management Team), Micheweni, Pemba

Date 27th May 2014

Interview conducted with Mr Said Mnanga Juma (Administrator) and Dr Rashid Daud Mkasha (District Medical Officer)

Key findings:

Administration:

- The DHMT support 18 Primary Health Care Units (PHCU) and the District Hospital in Micheweni
- Main uses of vehicles are to conduct outreach programmes (almost 70% of use) distribute essential medicines from CMS in Chake Chake – mainly cold chain and including returning medicines to central store when power supplies are out and medicines need to be kept refrigerated (about 30% of use) and supervision.

Operations Management

Management:

- Distribution of cold chain medicines take approximately 6 days in total per month on a twice a month delivery basis
- Regular power cuts result in the need to collect medicines and return to a central point where they can remain refrigerated
- Trips are combined where possible but size of chilled container for medicines limits this.
- The DHMT do use a monthly schedule/plan which is regularly updated as necessary to take into account changing priorities.
- If a vehicle is not available due to breakdown etc. then a vehicle is requested from Zonal to cover.
- Identifying problems in the supply chain is seen as being very important

- The District Medical Officer (DMO) made the suggestion that minor repairs etc. should be carried out locally rather than the vehicle travelling to Wete or Chake Chake.
- The DMO is concerned over the age of one of his vehicles which he described as being 20 years old – there is no replacement process in place.

Financial Management:

- The operations budget does not include a provision for transport
- Staff do not monitor cost of vehicle maintenance
- Vehicles go to a garage in Chake Chake for servicing every 5,000km
- The DHMT does not track fuel expenditure

Fleet management and monitoring

- Only one driver is available but two vehicles are in the fleet – when another driver is required to drive the second vehicle the DHMT source a driver from elsewhere in the MoH.
- Log books are in the vehicles and multi-drop journeys are fully described, but more recently no fuel is being recorded
- Monthly Km travelled were reported as being recorded and also fuel consumption calculated
- Pre-drive checks are reported as being completed by drivers and defects reported but this appears to be a non-documented procedure, the administrator is responsible for ensuring daily vehicle checks are carried out, but has many other duties
- Driver licences held centrally by MoH in Wete - no copies held by hospital
- Servicing is carried out at 5,000km intervals
- A receipt book is used to monitor distribution of medicines

H&S/HR

- The Administrator confirmed that the drivers do have a Job Description
- No training has been provided for drivers or in transport management
- Manual handling is not an issue as only small amounts of medicines are distributed
- Access to and control of medicines are limited to the attending member of the DHMT and the driver has no responsibilities or duties regarding this distribution beyond driving the vehicle.

7.3.9: Zanzibar Malaria Elimination Programme (ZMEP) – Wete, Pemba

Date 27th May 2014

Interview conducted with Mr Bakar Omar Khatib, Head of Programme

Key findings:

Administration:

- The MEP have four vehicles on Pemba; two 4-Wheel Drive vehicles and two motorcycles
- The vehicles are used for all aspects of the programme, transporting staff to carry out the activities including outreach and supervision, and also distribution. The programme serves the entire population of Pemba (over 400,000)
- The Head of Programme is responsible for making decisions on how transport is managed/allocated

Operations Management

Management:

- Each vehicle is used on average about 20 days per month – this includes at weekends
- Up to three or four emergency shipments are required each month to keep lower level facilities stocked
- Regular transport users do get an opportunity to participate in transport planning
- Efforts are made to combine trips wherever possible
- A monthly schedule is kept and updated as needed as priorities change
- With two operating vehicles (excluding Motorcycles) and two drivers the ZMEP is able to meet the needs of the programme

Financial management

- The operations budget does not include a provision for transport – no budget for maintenance, the basket funds is used
- Programme does not provide input into vehicle purchases
- Staff do monitor cost of vehicle maintenance to a certain extent but is funded through the basket fund
- The programme does track fuel use carefully as limited allocation

Fleet management and monitoring

- Two drivers operate the fleet of two 4WD vehicles
- Log books are in the vehicles but not consistently and regularly filled
- Pre-drive checks are reported as being completed by drivers and defects reported but this appears to be a non-documented procedure , with no-one checking they are being completed
- Driver licences held centrally by MoH in Wete - no copies held by programme
- Vehicles go to Ministry of Health garage in Wete for repairs
- Servicing is carried out at 4,000km intervals rather than the standard 5,000km

H&S/HR

- No Job Descriptions for drivers
- No training has been provided for drivers or in transport management
- The Head of Programme is responsible for managing transport
- There is believed to be sufficient staff capacity to manage the vehicles as there are only two 4WDs and two motorcycles

7.3.10 Zanzibar Integrated HIV/AIDS, TB and Leprosy Programme (ZIHTLP), Chake Chake, Pemba

Date 28th May 2014

Interview conducted with Mr Juma Masoud Juma (Zonal Home Based Care Coordinator) and Mr Abdalla O Hassan (ZIHTLP Assistant Manager for Pemba)

Key findings:

Administration:

- The ZIHTLP operate three vehicles on Pemba; all 4 Wheel Drive vehicles
- One vehicle is off the road at the moment awaiting repairs costing 1.6m TSH (approx. £600) – driver referred issues to management five days previously and the vehicle was immediately classed as VOR (Vehicle Off Road) and not to be used until repaired.
- The vehicles are used for all aspects of the programme, transporting staff to carry out the activities including outreach and supervision, and also distribution. The programme serves the entire population of Pemba (over 400,000)
- The Assistant Manager for Pemba is responsible for making decisions on how transport is managed/allocated

Operations Management

Management:

- Distribution is carried out monthly and supervision quarterly
- Four to six days' vehicle use is required each month to fully carry out the necessary distribution
- Two to three times per month emergency shipments are required to supply essential health commodities
- Providing transport for Donor visits to Pemba take priority over all other programme activities
- The regular Monday meeting allows the opportunity for transport users to comment on transport planning and scheduling
- Trips are combined wherever possible
- There is no period movement plan/schedule in use

Financial management

- The operations budget does not include a provision specifically for transport – it is included within the line for management operating costs
- No budget for maintenance, the basket funds is used
- Programme does not provide input into vehicle purchases
- Staff do monitor cost of vehicle maintenance to a certain extent but is funded through the basket fund
- The programme does track fuel use carefully through limited allocation based on KM per litre.

Fleet management and monitoring

- Vehicles are only operated by specific drivers
- Log books are in the vehicles but sometimes not completed properly
- Monthly Km travelled is not recorded
- If a vehicle is off the road for a long period then head office for the programme in Unguja and the MoH is informed.
- During distribution no passengers are permitted – only the driver and the coordinator
- Driver just drives and coordinator is responsible for the distribution
- Pre-drive checks are reported as being completed by drivers and defects reported but this appears to be a non-documented procedure.
- Driver licences held centrally by MoH in Wete - no copies held by programme, Licences checked yearly by Wete Transport Officer
- Vehicles go to Hamido garage in Chake Chake for repairs

- Servicing is carried out at 5,000km intervals

H&S/HR

- No Job Descriptions for drivers
- No training has been provided for transport management
- Occasionally, training has been provided for drivers
- Special training is provided for dealing with HIV/AIDS
- The Head of Programme is responsible for managing transport
- There is believed to be sufficient staff capacity to manage the vehicles

After visiting a number of programmes, hospitals and garages on both islands there were a number of emerging trends:

7.3.11 Emerging trends from the situational analysis

Challenges:

- Funding for maintenance/repair of vehicles often not immediately available meaning vehicles are none operational for long periods of time
- Perception of limited resources (qualified staff, facilities and equipment) at MoH garages
- Fuel management – concerns voiced about insufficient fuel allocations for ambulances
- Lack of data on actual transport costs means it is difficult to make evidence based decisions
- Aging fleet – a large number of the fleet need disposing or replacing
- Further need for capacity building (driver training and transport management training for those managing fleets)

Opportunities

- Implement basic controls to track vehicle use, including logbooks and recording of kilometers travelled and fuel utilisation monthly
- Start gathering data on transport costs to see the scale of issues and report these monthly to senior management
- A range of further training needs identified
- Standardising of serving at garages (with referral garages pre-approved)
- Implementation of transport policy guidelines and TMS

Following the TMS training and the situation analysis the Transport Unit, working in collaboration with Transaid and Danida, developed an action plan to guide to address the key issues. A copy of this action plan can be found in Appendix E.

8. Senior Management briefings

8.1 Briefing with Heads of Programmes

On the 29th May 2014 a briefing took place with the Heads of Programmes to seek their buy in and support for proposed changes regarding transport management. As with implementing any institutional changes top level support is vital. The Director of Admin invited the Programme Heads to attend made an opening speech at the meeting giving his support to the new transport initiatives.

Managers from the following programmes/departments were invited:

- College of Health Science
- Health Care Engineering Unit
- Expanded Programme on Immunization
- Government Chemistry
- Mnazi Mmoja Hospital
- Public Health Laboratory
- Reproductive Child Healthcare
- HIV AIDS TB & Leprosy
- Zanzibar Malaria Elimination Programme
- Epidemiology
- Eye Project
- Africa Development Bank
- Blood Bank
- Central Medical School
- Health Care Engineering Unit
- Zanzibar Medical School
- Zanzibar Food Drug Board
- NTD/Bilhazia
- Health Education
- IMCI
- Nutrition
- Director of Planning and Research

During the session the Transport Unit and Transaid presented the following agenda items; why manage transport and what the expected benefits could be; current status on transport issues in Zanzibar; update on Transaid support and the TMS training and situational analysis that has taken place; transport roles and responsibilities within the MoH, information management – new tools for discussion and possible adoption and finally ten recommendations.

The programme heads were supportive of the recommendations and time was taken to highlight how critical their role would be to implemented transport improvements and some specific reports and tools that could be adopted.

8.2 Senior Management Meeting

The second management meeting took place on the 2nd June 2014. A slot was given at the senior management weekly meeting to update the MoH management on the transport activities that had been taken place and to seek their continued top- level support for implementation of a number of recommendations.

The Transport Unit and Transaid explained the current uncertainty on...

- Number/type of vehicles (until recently)
- Cost of operating fleet /year
- Intended/defined use of each vehicle
- Standard operating procedures (sop)
- Vehicle allocation
- Replacement policy

A case was made for managing transport highlighting the potential for real tangible improvements through better managed transport drawing on concrete examples from Ghana, South Africa and Nigeria. The MoH has taken commendable steps over the last twelve months and these include:

- MoH transport office established
- Vehicle inventory established and being updated
- Initial MoH transport assessment completed
- Transport management action plan prepared
- Fixed route plans initiated for DHMT/ZHMT vehicles

The MoH have also made commendable recent decision on:

- Mandatory use of logbooks
- Monthly reports
- Mandatory use of the MoH garage for basic standard servicing by vehicle type
- Use of pre-approved private garages only after referral on Unguja and Pemba

The following key recommendations were shared to ensure that the MoH fleet is able to perform improved service delivery:

1. Ensure vehicle inventory is up to date and kept current
2. Support from all parties to ensure successful roll out of log books and monthly reports
3. Implement the system of all vehicles to MoH and referred to approved garages
4. Develop Human Resource Capacity at the MoH Garages
5. Equipment - Capacity of the MoH Garages
6. MoH Maintenance data:
 - Vehicle servicing information should be entered into the database
 - Replacement parts information added to database
7. Driver training and transport management training for those with transport responsibilities who did not attend initial training
8. Using the new tools to gather management information on vehicle running cost per km, availability and utilisation of vehicles
9. Improved planning and scheduling

10. Ensuring adequate insurance cover is in place

Transport Policy Guidelines: The existing transport policy is overarching and does not provide an adequate level of detail. During the TMS training and situational analysis it was noted that a lack of clarity sometimes led to weak management controls and that developing policy guidelines would provide an important framework for a safe transport operation. The following topics would usually form part of a transport policy and be defined in an adequate level of detail.

- Vehicle vision
- Replacement policy
- Standardisation of vehicle -makes/models
- Allocation of vehicles to individuals or programmes
- Pooling
- Management structure
- Authorities and responsibilities
- Drivers
- Passengers
- Security
- Trip authorities
- Documentation, including logbooks
- Management reporting
- Key Performance Indicators
- Public transport use
- Use of private transport?
- Personal use of official transport

The majority of these topics were explored in discussions with the MoH during the TMS training and situational analysis and importantly during the action planning. They were also discussed with the senior management. Some clear actions have been taken for example around management structures and reporting, management information and documentation, tracking fuel use and maintenance procedures. Work has started to explore improvements to vehicle routing and scheduling and early discussions have started on definitions of 'legitimate' use of MoH vehicles.

9. Conclusion

The TMS Training and practical application through situational analysis has helped build transport management and driving capacity within the MoH. The Transport Unit will be able to use the action plan they have developed to bring about further transport management improvements, with the support of the MoH Senior Management Team. Transaid has committed to sending their Project Manager based in Dar es Salaam back to Zanzibar in October 2014 for a short follow up review and to provide expertise and guidance during the implementation phase .A case study of this project will be created and will be made available on Transaid's Knowledge Management Centre at <http://www.transaid.org/resources/technical-case-studies>.

Several delegates highlighted the need for further training and for refresher training to be provided in the future and it is recommended that the MoH invest in this.

A series of recommendations have been presented and discussed with senior management that should now be developed into formal transport guidelines. The MoH have an opportunity to bring about real safety improvements and realise cost savings through the implementation of the transport action that has been developed. It is sincerely hoped that the high levels of enthusiasm from the Transport Unit and the commendable support from the Senior Management continues.

Appendices/

APPENDIX A: PROJECT PROPOSAL

Proposed follow up activities from the Transaid/AFCAP emergency transport workshop

Introduction

Transport plays a significant part in rural health service delivery across sub-Saharan Africa. It is vital

- to provide an effective supply chain of drugs and medical supplies to frequently remote and isolated locations
- to enable mobility of health workers to access their patients and facilitate important interaction with other elements of the health system
- to enable timely and affordable access to appropriate care in medical emergencies

AFCAP has been leading in the effort to develop a better evidence base for understanding the important role that transport plays in rural health service delivery, supporting the Linking Rural Communities with Access to Health Project. It has also been keen to ensure that research gets into practice and supported a very successful conference on ambulances and emergency transport for health in Tanzania in March 2014 which shared the leading research with a wide range of practitioners.

Three proposals are outlined below which respond directly to issues raised at the March workshop. They are all driven by needs identified on the ground and through participants at the workshop so they have strong local buy in and support. They can all be delivered within a two month timeframe with a full report to Crown Agents by mid June 2014. Each country specific proposal is expected to cost in the region of £15-£20,000 and will all help further AFCAP's mission of taking evidence and knowledge of what works into practice.

Proposal Three: Translating knowledge into policy and practice on transport management in Zanzibar

Context

The Ministry of Health in Zanzibar have recently developed a new Transport Unit. There is recognition that considerable funds are being spent on transport, but little understanding on what the fleet costs to run, what the condition of the fleet is like, how maintenance is organized and how vehicles are planned and scheduled. There is scope for improved efficiency and safety in the way that transport is managed, which (based on evidence from other countries) would lead to cost savings and improved service delivery (the vehicle are used as ambulances, for supervision and immunization programmes). The establishment of a transport unit by the Ministry of Health is an important first step and a working group has been established at the Ministry of Health with senior buy in. The new Transport Officer from the Ministry of Health was involved in the Transaid/AFCAP emergency transport workshop and had the chance to hear positive case studies from other countries that have implemented transport management systems. The Transport Unit has an important job to do, they are in charge of over 100 vehicles doing critical health work, they have been tasked with implementing a transport management system, starting with a review of the current situation and drafting a transport policy. The team has little transport management experience and following the workshop has asked Transaid if there is any scope for expert support for these key areas.

Proposed activities

- Transaid to facilitate a 4 day transport management training course for the Transport Unit (team of 3) and other key stakeholders (head drivers/workshop heads) May 2014
- Transaid technical assistance to support:

- Situational analysis on the islands of Unguja and Pemba (Two main islands on the of the Zanzibar Archipelago) – working with and providing support to the transport unit as they conduct this assessment
- Workshop with key stakeholders to help facilitate using the situational analysis to collaboratively develop a Ministry of Health transport policy and action plan

Deliverables

- Transport management capacity developed within the Ministry of Health transport unit
- Situational analysis conducted across 2 islands
- Transport unit has used tools and knowledge from the TMS training and the situational analysis to develop their draft transport policy for presentation to the Ministry of Health working group

Timeframe:

- Mid April-early June 2014
- Report submitted in early June 2014

APPENDIX B: TRANSPORT MANAGEMENT TRAINING AGENDA

Location: Zanzibar Ministry of Health

Date: 21-23 May 2014

Agenda – Transport Management Training

Day 1 – Wednesday 21st May 2014

Time	Activity
08:30 – 09:00	Arrival and registration
09:00 - 09:30	Welcome, housekeeping, introductions and training objectives
09:30 - 09:45	Introduction to TMS: <ul style="list-style-type: none"> • Introduction to Transaid • 3-day transport management training programme outline • Transport Management Handbook
09:45 -10:15	Identification of transport constraints – group activity
10:15 – 10:30	Chai (15 minutes)
10:30 – 11:00	Short presentations from group work – transport constraints
11:00 - 11:30	Why manage transport? Who manages MoH transport? Group discussion
11:30 – 11:45	A successful transport intervention – case study South Africa
11:45 - 12:15	Introduction to the transport management system components
12:15 –13:15	Lunch
	Ice breaker
13:15 - 13:45	Intro to transport policy – Group discussion <ul style="list-style-type: none"> - What is a transport policy? - Current status on transport policy with MoH Zanzibar - What could a more comprehensive policy include? - Opportunities?
13:45 – 15:00	Human Resources: <ul style="list-style-type: none"> - Group exercise: roles and responsibilities of: <ul style="list-style-type: none"> ○ Transport Officer ○ Driver ○ Garage - Group presentations - Organisational structure - Training
15:00 – 15:15	Afternoon break
15:15 - 16:00	Operational controls: (Group discussion) <ul style="list-style-type: none"> - Why are vehicles based where they are? - Scheduling - are there set routes? - Where are vehicles parked? - Log book use? What information should be recorded in a log book? - Monthly reporting to senior management
16:00 – 16:15	Day one wrap up and looking forward to day two
16:15 - 16:30	Disbursement of training allowance

Day 2 – Thursday 22nd May 2014

Time	Activity
08:30 – 09:00	Summary of day one - (from the group)
09:00 - 10:15	Management information- Transport KPIs
10:15 – 10:30	Chai (15 minutes)
10:30 – 12:15	Fleet Management - group activity
12:15 –13:15	Lunch
13:15 – 14:30	Pre drive checks (practical)
14:30 – 14:45	Afternoon break
14:45 - 16:00	Road safety
16:00 – 16:10	Day two wrap up and looking forward to day three
16:10 - 16:30	Disbursement of training allowance

Day 3 – Friday 23rd May 2014

Time	Activity
08:30 – 08:45	Summary of day two - (from the group)
08:45 - 10:00	Financial Management (budgeting, replacing vehicles etc..)
10:00 – 10:15	Chai (15 minutes)
10:15 – 11:30	Management information: (tools available/group planning and introduction to the database)
12:30 –14:00	Lunch/prayer
14:00 – 15:30	Transport management quiz – what have we learned?
15:30 - 15:45	Wrap up of transport training
15:45 - 16:30	Situational analysis planning/briefing for those involved in week two activities

APPENDIX C: TRANSPORT MANAGEMENT TRAINING PARTICIPATION LIST

No.	Name	Gender	Position	Organisation
1	Yahya M Ameni	M	Transport Officer	Mnazi Mmoja Hospital
2	Ali M Suleiman	M	District Health Management Team	Urban
3	Mussa Suleiman Ali	M	Head of Garage	Ministry of Health (Pemba)
4	Ahmada Mussa	M	Head of Garage	Ministry of Health (Unguja)
5	Hassan Mkuya Salum	M	Assistant Transport Officer	Ministry of Health
6	Jaffar Khamis Ramadhan	M	Assistant Transport Officer	Ministry of Health
7	Ramadhan H Khamis	M	Transport Officer	Ministry of Health (Pemba)
8	Amaleck A Ngajilo	M	Transport Management Consultant	HSPS / MoH
9	Juma Ali	M	Transport Officer	Ministry of Health
10	Mjenge Mwandazi Juma	M	Transport Officer	ZMEP
11	Ali Nassor Amour	M	Transport Officer	Ministry of Health
12	Khalfan Salm	M	Policy Officer	Ministry of Infrastructure and Communication

APPENDIX D: DRIVERS WHO PARTICIPATED IN CLASSROOM TRAINING AND PRACTICAL ASSESSMENTS

UNGUJA	
Classroom Training and Practical Assessment:	
1	Hamadi Ali Hamadi
2	Keis Ramadhan Minadini
3	Makame Fumu Makame
4	Mwinyi Mwenga Barua
5	Juma Khamis Juma
6	Makame Khamis Juma
7	Maulid Mohammed Said
Practical Assessment Only:	
1	Abdulla Haji Ameir
2	Jaffar Mustafa

PEMBA		
Classroom Training and Practical Assessment:		
1	Muhamad Haji Hamad	Zone
2	Ali Seif Said	ZMEP
Practical Assessment Only:		
1	Ismalian Ali	Wete District Hospital
Classroom Training Only:		
1	Hamadi Mwali	Ministry of Health
2	Juma Omri Salu	ZACP
3	Bakar Seif Bakar	Vitongoji Cottage Hospital

4	Omar Ali Khamis	IMCI
5	Sadiki Salum Abeid	Chake Chake District Hospital
6	Haji Rajab Hamad	UFUND
7	Yussuf Haruni	Madawa
8	Masoud Hamad	Wete District Hospital

APPENDIX E: MOH TRANSPORT ACTION PLAN

No.	Activity	Priority (Low/Med/High)	Timeframe	Expected Costs (Low/Med/High)	Responsible	Risks	Further comments
Strategic/Policy level							
1	<p>Ensure there is an adequate Transport Policy in place.</p> <p>1) Continue to develop policy guidelines to ensure all aspects of transport management are covered (in line with wider policy and transport act)</p>	High	By 31 th August 2014	<p>Low</p> <p>Low cost but will take time to develop and agree on missing procedures</p>	<p>Transport Unit / support from Ministry of Infrastructure and Communication</p> <p>/Admin and HR Dept.</p>	<p>Cooperation required from internal management – some of the recommendations may not be senior mgt priorities</p>	<p>Suggested list of items the Policy Guidelines should address:</p> <p>Vehicle vision</p> <p>Replacement policy</p> <p>Standardisation of vehicle - makes/models</p> <p>Allocation of vehicles to individuals or programmes</p> <p>Pooling</p> <p>Management structure</p> <p>Authorities and responsibilities</p> <p>Drivers</p> <p>Passengers</p> <p>Security</p>

							<p>Trip authorities</p> <p>Documentation Inc. logbooks</p> <p>Management reporting</p> <p>Key Performance Indicators</p> <p>Public transport use</p> <p>Use of private transport?</p> <p>Personal use of official transport?</p>
Maintenance							
2	<p>Roll out new process for all MoH vehicles to go to MoH garages for a standardised basic servicing</p> <ul style="list-style-type: none"> - Define and document the basic service (5,000km and 10,000km) Motorcycles 3,000km - Ensure all vehicles are sent to the MoH garage for basic servicing (follow ups by transport unit) 	High	<p>30th June 2014</p> <p>Spot checks with all programmes and garages Oct 2014</p>	Low	Transport Unit / MoH Garages	That funds for Transport Officer in Unguja to travel in June are not available	<p>Transaid to see what example SLAs they have and send with notes on what should be included here based on discussions in Zanzibar – 25th June</p>

3	Referral Garages						
	<ul style="list-style-type: none"> - Finalise referral garage(s) for Pemba – further inspections may be required - Formalise agreements with authorised private referral garages for Unguja and Pemba with clear Service Level Agreements in place (Need to consult the procurement department (Zainab)) 	High	20 th June 2014	Low	<p>Transport Officers from Unguja + Pemaba and – MoH Garage Pemba</p> <p>Transport Unit/Private garages</p> <p>Legal Department</p>	Low	<p>Ali Nassor and Mr Ngajilo to inspect more garages in Pemba – 2-3 days in Pemba</p> <p>NR to send garage assessment tools to Ali Nassor with already completed assessments for Pemba</p>

4	<p>Arrange for 2 mechanics from MoH garages to spend 4 weeks on attachment at the Pamoja garage. This will help build their capacity and address training gaps</p> <ul style="list-style-type: none"> - 2 from Unguja - 1) Ahmada Mussa Mwinjuma - 2) Makame Haji Makame - 1 from Pemba - 1) Mussa Suleiman Ali - 2) Khelef Juma Omar 	High	Arrange to start mid June 2014	Low – Pamoja garage has kindly agreed to these attachments f.o.c	Transport Unit		
5	<p>Database support training:</p> <p>Siiti Ali Makame</p> <p>Bimkubwa Juma Khalfan</p> <p>Transport Unit</p> <p>Head of Garage - Pemba</p> <p>Head of Garage – Unguja</p> <p>TO</p> <p>Assistant TO</p> <p>IT rep</p> <p>Tom Trail</p>	High	Late July	Low- med	Masoud, participants as noted		<p>2-3 days training</p> <p>Include inventory updating, filing processes etc.</p> <p>(Transaid to send examples/link up with Masoud/Transaid on what info should be recorded)</p> <p>Vehicle files:</p>

							<p>MoH work carried out</p> <p>Servicing information</p> <p>Copies of invoices from the replacement parts</p> <p>Ensure database updated</p> <p>Referral :</p> <p>Referral form for private garages – signed by Heads of MoH Garages (Mombassa / Pemba)</p>
6	<p>Ensure that private jobs are not carried out during working hours</p> <ul style="list-style-type: none"> - Directive from Director to the garages - Spot checks from the transport unit 	Medium	<p>Oct 2014</p> <p>Monthly (from Oct)</p>	Low	Transport unit/garages	<p>Risk that garages will be unmotivated by this decision</p>	Notes – this is to be addressed post Oct 2014
7	Develop a yearly maintenance plan for the fleet	Med	July	<p>Low – to develop the plan and produce reports from the database on what vehicles are due for</p>	Transport Unit with support from TT		

	Monthly reports from the database to programme heads about what services are due			service			
8	Buy two computers and 2 printers for the garages	High	By end July 2014	Low - med			
9	New process in place for vehicle data to be entered into database – which can track all maintenance that takes place on each vehicle	Med	1 st August 2014	Low-med – provision of laptop to Garage in Unguja and Pemba and internet connectivity at Garage?	Garages – admin officers Transport unit - Transport Officer, and Tom		

10	Review the process for spare parts and control of authentic parts	Low	2015	High			<p>As this is a big task - time consuming and potentially difficult to implement it is recommended for review once a number of quick wins and medium term recommendations have been realised</p> <p>If MoH garages are to maintain genuine spares on site there are significant cost implications.</p>
11	Renovations to the Garage in Pemba. Roof built in March – pits	High	End June 2014	Low- medium	Transport Unit to follow up with Claes	Funds allocated	
HR							
12	<p>Draft Job Descriptions for:</p> <p>1) Drivers</p> <p style="padding-left: 20px;">a. Drivers who do not have Job Descriptions need to be issued with them</p> <p>2) Mechanics</p>	Med	30 th September	Low	Transport Unit		<p>If there appears to be considerable red tape with issuing job descriptions recommend that driver guidelines or codes of conduct are issued</p>

	a. Mechanics who do not have Job Descriptions need to be issued with them		30 th September	Low	Transport Unit		
13	Create an organisation chart for the transport team	Med	By June 2014	Low			Complete TT to send Transaid a copy
Operational							
14	Finalise - vehicle inventory	High	By October 2014 the inventory should be completed (for all gaps) and then updated regularly	Low	TO		Suggest adding a 'key' to rate vehicle condition 1-5 according to set defined criteria Ongoing – to be included when servicing each vehicle

15	<p>Roll out new log books</p> <ul style="list-style-type: none"> - Updating logbook – add time and translate into Swahili + ‘how to’ guide - Email out to heads of programmes - Print hard copies in ring binders distributed to heads of programme 	High	<p>5th June</p> <p>4th June</p> <p>4th June</p>	Low - med	<p>Transport Unit</p> <p>NR to send how-to guide to Transport Unit</p>		<p>Orientation of drivers in the use of logbooks, distribution of logbooks</p>
16	<p>Monthly reports (log book summaries) sent to Transport Unit</p> <ul style="list-style-type: none"> - Brief heads of programmes who missed the meeting on the 29th. Email template and call 	High	6 th June	Low	TO		<p>Ali Nassor to send out reminder to heads of programmes on 1st July that they have 10 days to submit first monthly report</p>

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	- First monthly summary received from all heads of programme/units	High	10 th July	low	Program me Head		
17	Monthly report from Transport Unit submitted to Senior Mgt -	High	17 th July	Low	Transport Unit		Potential content discussed with Transaid on 3 rd June 2014
18	Commencement of daily vehicle checks and defect reporting by drivers	Med - low	Start in October - TBC	Low	Transport Unit/drivers		For later roll out of defect reports
19	Fuel management – moving towards one provider and a coupon system - TBC	Med-low	2015	Low	Transport Unit/procurement		Longer term objective
20	Insurance – ensure that there are guidelines in the policy on insurance and all vehicles insured (likely a mix of third	High	September - TBC	Med	Transport Unit/Senior managem		

	party and fully comprehensive) Transport Unit to seek quotes for insurance – can one provider insure all with discount		Mid June 2014		ent		
21	<p>Improve transport planning. Develop more fixed routes where possible. Analyse GPS data. For other vehicle use develop transport schedules (could be quarterly/monthly for 2014)</p> <p>Improving planning and scheduling – possible monthly plans and 7 day planner – starting trial with HIV/AIDS programme – will review in Oct 2014</p>	Med	<p>By June 2014</p> <p>June - October</p>	Low-med (some training on the use of vehicle schedules is required)	<p>Transport Unit</p> <p>HIV/AIDS programme/ Transport unit to support</p>		<p>Transaid had meeting with HIV/AIDS programme on 3rd and shared some planning tools and approaches</p> <p>DW to review with programme in October with view to potential roll out to other programmes</p>

Financial							
22	Locate the legal document(s) to understand process for current disposal of vehicles from Ministry of Finance		6th June 2014	Low	Mr Khalfan to follow on procurement for Procurement Act and Public Finance Act		It is believed that funds go back to Govt central basket not MoH. A Govt valuer at MoF is used.
23	Develop plans for disposal/replacement vehicles based on the ideal fleet required	Med-low	This is a long term goal and will require a review of future fleet needs	Low – to develop plan	Senior Mgt/Transport Unit		High level buy in is essential to the success of this
24	Ensure that appropriate funds are budgeted for vehicle maintenance, fuel, training and other costs	High	While the priority is high this will take time to understand what all the current costs are and what they will be going forward	High (but longer term with have cost benefit)	Senior Mgt/Transport Unit		High level buy in is essential to the success of this
25	Driver training		All drivers should		Transport		

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	<p>Classroom training - Logbook orientation</p> <p>Organise weekly sessions with batches of 10 drivers</p>	<p>High</p>	<p>have received refresher driver training by the end of 2014, practical and theory, including orientation on their responsibilities (JDs) and on filling in logbooks etc.</p>	<p>Low</p>	<p>Unit</p>		<p>Transport unit to roll out the classroom and logbook sections – (material left with Ali Nassor)</p> <p>Agree with Mr Ngajilo – classroom and orientation sessions – support from Hassan in Unguka and Ramadhan in Pemba</p>
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APPENDIX F: SUMMARY OF FEEDBACK - TRANSPORT MANAGEMENT TRAINING

What is your overall assessment of the event? (1= insufficient - 5= excellent)	Which topics or aspects of the training did you find most interesting or useful?	Did the training achieve the programme objectives?	Did it meet your expectations?	Will it be useful/applicable in your work?	How do you think the workshop could be made more effective?	Please comment on the organisation of the event (1 - 5)	Comments and Suggestions (including activities or initiatives you think would be useful for the future)	Further comments or suggestions
5	Role and responsibilities of driver/garage/transport officer & Introduction to transport policy & Identification of transport constraints	Yes	Yes	Mostly	The training can help to plan and to manage the daily activities	5	N/A	The methodology used was good and we needed more days and more practical
5	Management Information	Yes	Yes	Mostly	The training helped to plan	4	N/A	We need more days

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5	Transport Policy / Transport Management / Financial Management	Yes	Yes	Definitely	The training could have been made more effective with allocating additional time for more practical drills	5	Since the staff who attended this course are the key players to effect transport management operation in MoH, I suggest they should be allocated a 5 day training session to facilitate better understanding.	The training conducted is vital for the ministry of health and the government. I am therefore applauding and congratulating for this move in the effort to assist in running transport in an efficient and professional manner & keep the spirit up!
5	Transport Policy / Operational Controls / Fleet Management / Financial Management	Yes	Yes	Mostly	Has imparted me relevant skills of transport management and has improved my knowledge of transport	4	Training duration should be expanded particularly to new participants	It would be advisable for this type of Transaid training to be extended to other sectors, not only the health sector
5	The most interesting was Policy in Transport and Management	Yes	Yes	N/A	The training have been made more effective, to	5	It help us to do our work with confidence	N/A

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					gain knowledge and skill			
5	Management Information / Operational control / Introduction to TMS / Financial management	Yes	Yes	Definitely	Continuation of training step by step is useful	5	Policy development and information system also are amongst the main topics to improve	Continuing education after every period help to increase skill and perform good working
1	Transport Policy / Human Resources / Management Information / Road Safety	Yes	Somehow	N/A	Because to get more experience in our daily work	5	Yes I will expand my skill for my knowledge	N/A
5	Management Information / Transport Management Training	Yes	Yes	Definitely	N/A	5	My suggestion is we should have this training again	The training is useful for increasing knowledge
5	Transport Management / Data Bases / Training	Yes	Yes	N/A	Training very good - need more	5	We need more knowledge and more training	N/A
5	Transport Policy / Transport Management / Data Base	Yes	Yes	Definitely	The training was successful because there are so many things we did not	5	Yes we need more, we know nothing	N/A

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					understand before. It is a good course. We need more training!			
5	Costing / Management	Yes	Yes	Definitely	Yes training have been more effective and we need more	5	If possible every six months or 1 year - we need more training	N/A
5	Costs of transport / Maintenance and repair / Indicators / Management Information	Yes	Yes	N/A	N/A	5	Gain knowledge to transport	N/A



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