

Fast Tracking Road Safety Initiatives in Africa: An Inescapable Necessity

Regional Seminar

13th and 14th March 2017
Dar es Salaam, Tanzania

Implementing Transport Management Systems to promote improved safety and service delivery

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Transaid

Introduction to Transaid

- The Aid Sector's lack of Transport & Logistics capacity in the 1980s
- Founded by Save the Children and the Chartered Institute of Logistics and Transport
- An independent charity since 1998
- Our patron, Her Royal Highness the Princess Royal

Vision & Mission

Vision:

We seek a world where transport contributes fully to a better quality of life and is accessible to all, in Africa and across the developing world

Mission:

Our mission is to **identify, champion, implement** and **share** appropriate local transport solutions which improve access to basic services and economic opportunity for people in developing countries

Transport Challenges

Poor Infrastructure: Rural and urban road networks as a constraint to the development of transport services

Geographical Constraints: The type of terrain and its influence on what are and what are not viable modes of transport

Shortage of Skilled Drivers: The cost of receiving training and the lack of training capacity to deal with demand

Poor Vehicle Maintenance: The impact this has on providing a reliable and good quality transport service

Vehicle Overloading: The implications that this fact has on transport safety and the potential knock on affects to passengers and pedestrians





Transport Management





Emergency Transport Systems





Intermediate Modes of Transport





Pharma Distribution



between 2 and 7 days,
a petroleum base,
a catalyst
a solvent,
over 15° and 25°C

AGARY Catalyst is Poly Catalyst
with a core of quality latex and a surface coating of silicone.
The catalyst has 2 lateral eyes and a cylindrical tip.
Mixability is guaranteed unless package is damaged or opened.
Selling in 1000mm rolls

STENOGRAPH (2)

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KANO STATE DRUGS REVOLVING FUND
(TALLY CARD)

Issued For: _____
Description: Medical Tally Ledger: Pharm
Date: 1/10/2000 Month: Jan

Ref Number (Arabic)	Arabic Description	Debit	Credit	Balance	Unit	Rate	Amount
000001	Medical Tally	100.00		100.00		1.00	100.00
000002	Medical Tally	100.00		200.00		1.00	200.00
000003	Medical Tally	100.00		300.00		1.00	300.00
000004	Medical Tally	100.00		400.00		1.00	400.00
000005	Medical Tally	100.00		500.00		1.00	500.00
000006	Medical Tally	100.00		600.00		1.00	600.00
000007	Medical Tally	100.00		700.00		1.00	700.00
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000027	Medical Tally	100.00		2700.00		1.00	2700.00
000028	Medical Tally	100.00		2800.00		1.00	2800.00
000029	Medical Tally	100.00		2900.00		1.00	2900.00
000030	Medical Tally	100.00		3000.00		1.00	3000.00
000031	Medical Tally	100.00		3100.00		1.00	3100.00
000032	Medical Tally	100.00		3200.00		1.00	3200.00
000033	Medical Tally	100.00		3300.00		1.00	3300.00
000034	Medical Tally	100.00		3400.00		1.00	3400.00
000035	Medical Tally	100.00		3500.00		1.00	3500.00
000036	Medical Tally	100.00		3600.00		1.00	3600.00
000037	Medical Tally	100.00		3700.00		1.00	3700.00
000038	Medical Tally	100.00		3800.00		1.00	3800.00
000039	Medical Tally	100.00		3900.00		1.00	3900.00
000040	Medical Tally	100.00		4000.00		1.00	4000.00
000041	Medical Tally	100.00		4100.00		1.00	4100.00
000042	Medical Tally	100.00		4200.00		1.00	4200.00
000043	Medical Tally	100.00		4300.00		1.00	4300.00
000044	Medical Tally	100.00		4400.00		1.00	4400.00





Health Worker Mobility



What do the World Bank say about Transport and Health?

“Around the world, in much of development work, transport is the ultimate enabler. By serving other sectors of a nation’s economy, it puts development goals within reach. We know, for instance, that an estimated 75 percent of maternal deaths could be prevented through timely access to childbirth-related care, facilitated by transport.”

(Source: Katherine Sierra, Vice President, Sustainable Development, “Safe, Clean, and Affordable..., Transport for Development”, The World Bank Group’s Transport Business Strategy for 2008-2012)

Why manage transport?





The Facts...

- It is the means through which many health services are delivered
- Transport is one of the largest budget lines
- Perceived as a major barrier - how many times have we heard 'there was no transport available' as a reason for non-delivery of services?
- Improving management of transport can take that constraint away to allow other issues to be addressed
- More vehicles does not always equate to improved services

Transport Management Components

- **Management information**: how information is collected, analysed and stored
- **Fleet Management**: systems and procedures in place to manage vehicles from cradle to grave
- **Operational Management**: roles and responsibilities
- **Human Resources**: management culture and training
- **Policy**: embedding strong transport management practices within an organisation

The human cost of not managing transport responsibly.

- Working conditions/practices for drivers
- Drivers are not always easy to consult or communicate with
- The competitive nature of business
- Safer driving measures means taking additional time to carry out the same tasks
- Transport policies and ring-fenced budgets

Case study from South Africa MoH

There can be real, tangible benefits of implementing a
Transport Management System

Implementing a Transport Management System in
South Africa's Department of Health

The Project

Project Aim:

- To improve health service delivery through building the capacity of Transport Managers to manage MoH vehicle fleets.

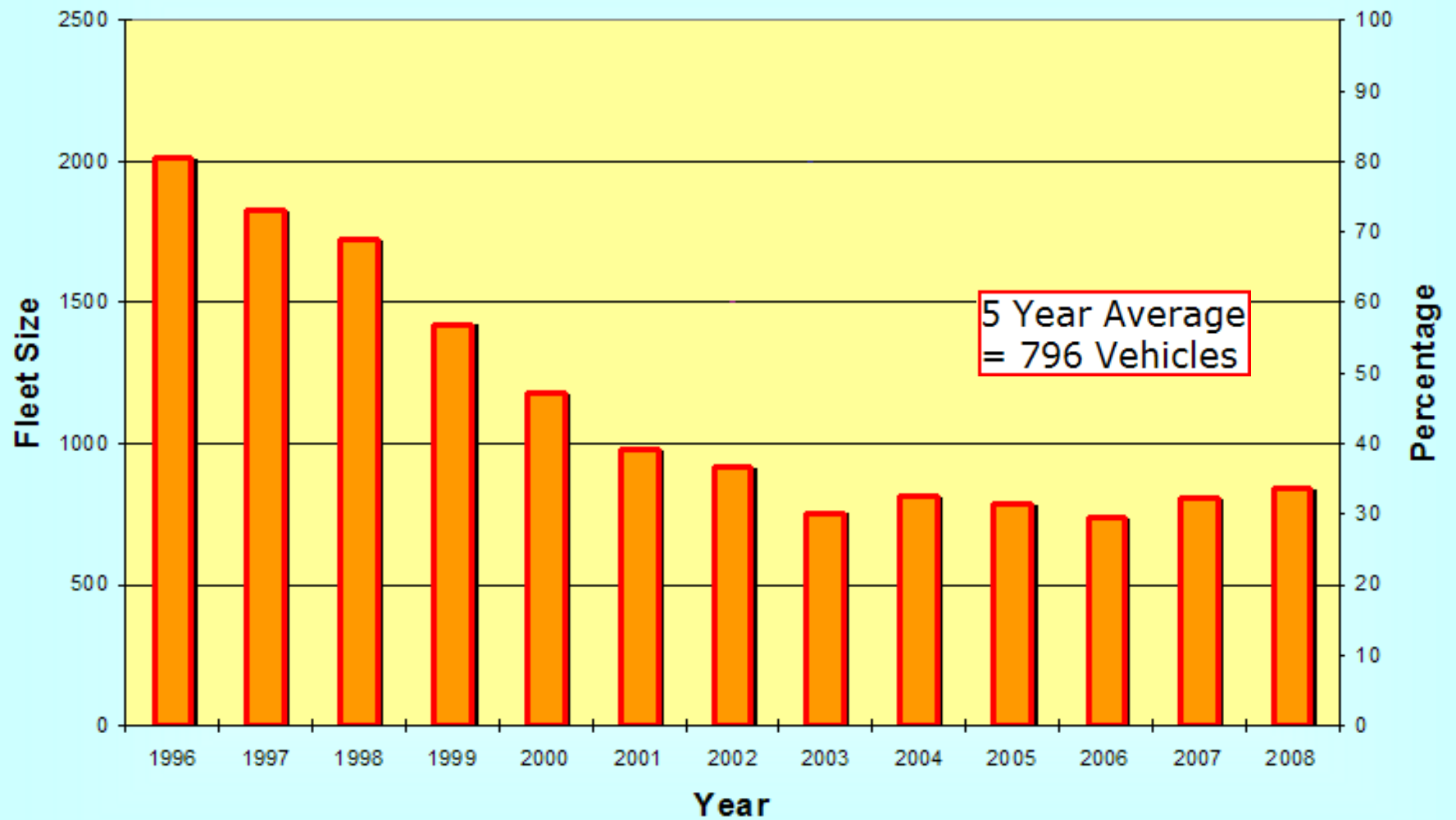
Transaid's Role:

- To review the transport management processes currently in place
- To identify weaknesses and propose effective measures for improvement
- To build capacity through the training of Transport Officers/Managers in transport management systems.

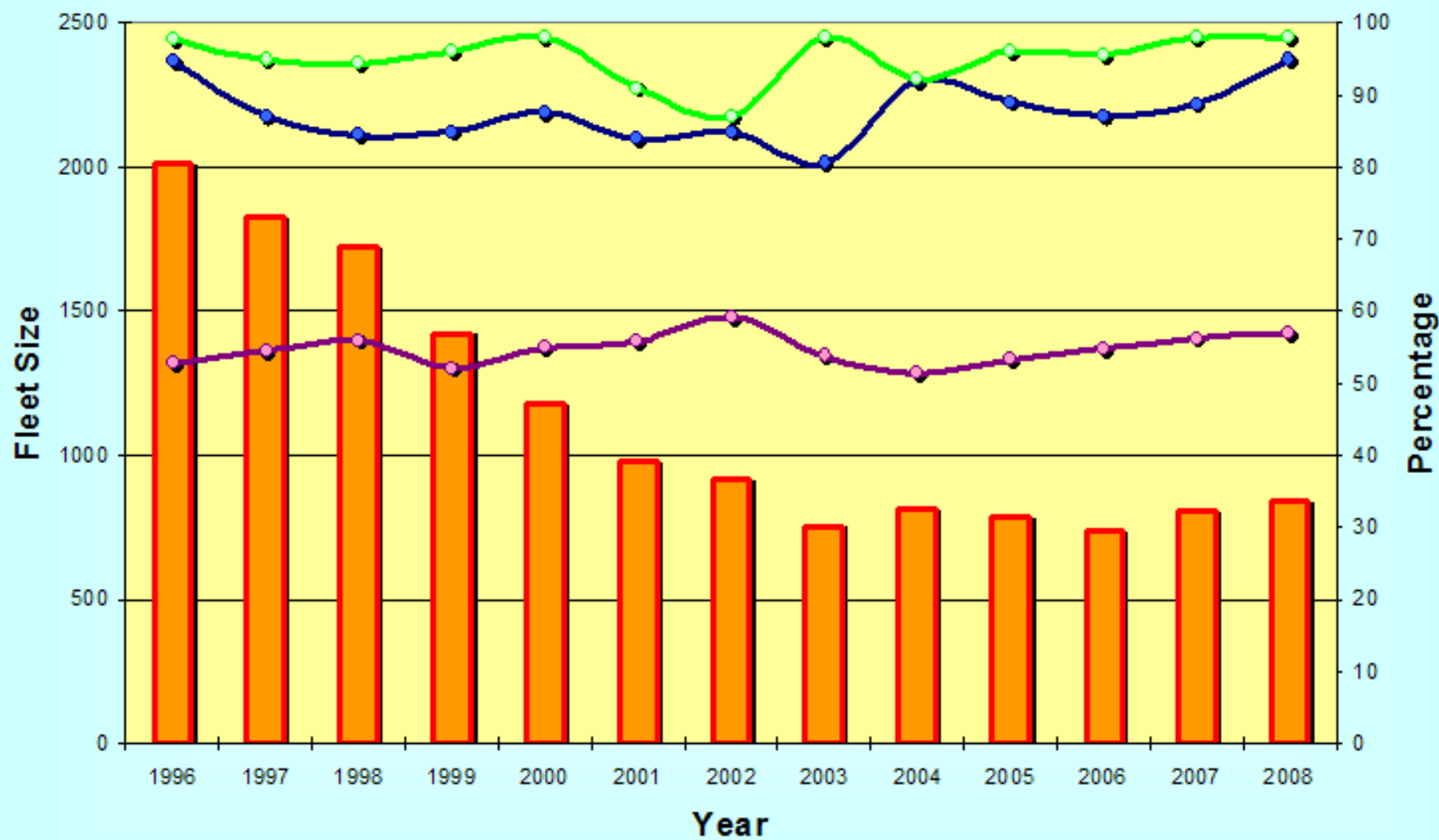
Implementation

- **TMS Training**
 - TMS, Tools and Templates
 - Development of detailed action plans
- **Support & Supervision**
 - In Situ visits conducted to trainees
 - Progress mapped against actions plans
 - Further coaching on the use of tools and general support as required
- **Review of Transport Regulations**
 - Content, implementation and enforcement

Fleet Size Availability Utilisation Needs Satisfaction



Fleet Size Availability Utilisation Needs Satisfaction



Knowledge Management



Tools



Case Studies



Reports and Research Papers



Videos



Knowledge Sharing Workshops



Useful Links



Project Partners

Continued

To s
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If yo

es we have available, please [click here](#).

documents please get in touch at marketing@transaid.org

Health
Livelihoods
Road Safety
Transport Management Systems

TRANSPORT MANAGEMENT.S

Country

Language

ALL COUNTRY ▼

ALL LANGUAGE ▼

Year

ALL YEAR ▼

Search

SEARCH

⊕ Clear all

Technical Case Studies

Technical case studies are two page outlines of programmes and activities that Transaid has worked on. They provide a clear and technical overview of the methodology, outcomes, conclusions and recommendations. They are based on our own implementing experiences and present any challenges we might have faced as well as technical guidance.



The Mchinji/Mwami Bicycle Ambulance Project

Project Location:	Mchinji in Malawi and Mwami in Zambia
Project Start Date:	September 2004
Project Duration:	2 years

Introduction:

In September 2004, Transaid, with the assistance of a Malawian Rural Communities expert (Ken Chokani) launched a bicycle ambulance project in Mchinji in Malawi and Mwami in Zambia. The project's goal was to demonstrate the effectiveness and efficiency of low cost bicycle ambulance and trailer as an intermediate transport resource at community level.

The project trained eleven local welders drawn from Mvuu, Mwami Hospital, Chimalima and Mchinji in bicycle ambulance production and produced five bicycle ambulances and 5 trailers in November 2004. These were distributed to six sites in rural villages in March 2005.

Methodology:

The project began by forming Project Implementation Teams (PIT). A multidisciplinary team was set on the basis of the following set of criteria:

Mchinji Team:

- Key line ministries were represented
- Non-governmental organisations (NGOs) were represented
- The team was to be gender sensitive

Mwami Team:

- The administration department was to be involved
- HIV/AIDS outreach programme was to participate

Therefore, the implementation teams were composed of:

- Representatives from District Hospitals, Ministry of Gender and Community Services, District Assembly Secretariat and TANARD (Target National Relief and Development) representing NGOs
- Mwami team comprised of 3 people from the 2 departments of Administration and Outreach Programmes Unit

be most appreciated- specifically rural locations with little or no access to motorised transport.

In Mchinji, the team prepared a sampling chart of all traditional audiohubs which included the following characteristics: providing livelihood system, child malnutrition, and access to health services. In Mwami, the same criteria were used but the activity was conducted by the local neighbourhood committees. Eight project sites were selected; two in Mwami and six in Mchinji.

Local manufacturers were provided with funding and training to build the ambulance trailers, along with small goods-carrying trailers that could be used for local hire, to generate an income and pay for the scheme's running and maintenance costs. It was also established that if trailers were available it would reduce the likelihood of the bicycle ambulances being used for carrying charcoal or farm produce which might damage them. The village health committees and home based care committees were also involved. They were responsible for managing the use of the trailers as a community resource.

During the project, two field visits were made to project sites to monitor and evaluate the project. In the five sites, the consultant conducted focused sessions with committee members as well as interviews with key informants, users of the bicycle ambulance (and trailer) and health surveillance assistants. Additionally, interviews were conducted with project implementation team members, welders and an executive committee of Tidsuke Women's Group.

Outcomes:

The findings of the monitoring and evaluation visits over the 2 year period were as follows:

- **Technology:** the technology used was acceptable but costly compared to other designs. The problems experienced included; the quality of the bicycle parts used, general road conditions, weather and general management. Where the road is sandy and stony incidences of broken bicycle rims and spokes are high. Users complained that it is not comfortable on the smaller mattress. Other respondents compared the Transaid design with what they have seen in other areas and claimed that the Transaid bicycle ambulance was superior.
- **Utilisation:** The bicycle ambulance/trailer has been seen to have had a positive impact on the users. The main points that emerged were:
 - All four sites except one used the bicycle ambulance

<http://www.transaid.org/home/knowledge-centre/>

Thank you

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