



## **TRANSPORT POLICY**

## **MINISTRY OF HEALTH**

## **GHANA**

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## FOREWORD

Transport has been identified as an essential resource and a vital health tool for the delivery of health services. The Ministry of Health (MOH) spends huge amounts of money per annum for the procurement, running and maintenance of transport. In addition, the MOH and the Development Partners provide a large fleet of vehicles including motorcycles, bicycles, boats etc, to support the delivery of health services. This level of expenditure requires good management and monitoring mechanism to ensure that transport is used most efficiently and effectively.

In 1993 the Ministry initiated a Transport Management System that culminated in the development of the first MOH Transport Policy. This sets out well-defined guidelines on the acquisition, operation, disposal and replacement as well as maintenance and information management of transport. The successful implementation of this policy has won recognition in and outside the country and has been replicated in South Africa, Malawi and Mozambique.

In spite of this successful story, developments in the transport industry, emerging challenges in the Health Sector, operational bottlenecks and increasing enthusiasm to improve on the status quo have made it imperative to revise the existing policy.

It is our hope that this revised policy would help sustain the gains of the Transport Management Initiative (TMI) and ensure efficient management of transport.

The Ministry and its Agencies shall adhere to this policy and shall develop operational policies and manuals to facilitate its implementation.

To ensure the continuous relevance of this policy to prevailing situations, it shall be revised as and when necessary.

Dr. Kwaku Afriyie  
Hon. Minister of Health  
January 2004

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## ABBREVIATIONS

CR	-	Central Region
CMS	-	Central Medical Stores
DVLA	-	Driver Vehicle and Licensing Authority
ER	-	Eastern Region
GHS	-	Ghana Health Service
HRHD	-	Human Resource in Health Development
KATH	-	Komfo Anokye Teaching Hospital
KBTH	-	Korle Bu Teaching Hospital
MOH	-	Ministry of Health
PPME	-	Policy Planning Monitoring and Evaluation
PPM	-	Planned Preventive maintenance
POW	-	Programme of Work
P & S	-	Procurement & Supplies
SSSCE	-	Senior Secondary School Certificate Examination
SWAp	-	Sector Wide-Approach
TMI	-	Transport Management Initiative
TMU	-	Transport Management Unit
THs	-	Teaching Hospitals

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## The Transport Policy Review Process

This revised policy document went through intensive and extensive preparatory stages underpinned by teamwork and consensus building. The revision went through four stages each phase managed by different teams: technical, review, working group and editing.

### First stage

A technical team comprising representatives from MOH, GHS and THs produced the first revised draft in November 2002.

### Second Stage

The first draft was reviewed by a team of MOH Directors and Units Heads, which came out with a second draft in May 2003.

### Third stage

The second draft was fine-tuned and a final draft produced in June 2003 by the Working Group

### Fourth stage

This final document was edited in January 2004 by the editing team.

## CHAPTER ONE

### 1.0 Introduction

The vision of the Ministry of Health as stated in the second 5 Year Programme of Work, 2002 – 2006 is:

***“Improved overall health status and reduced inequalities in health outcomes of people living in Ghana”.***

To achieve this, the Ministry has formulated a mission statement:

***“The Ministry of Health will work in collaboration with all partners in the health sector to ensure that every individual, household and community is adequately informed about health; and has equitable access to high quality health and related interventions”***

The Policy goal is:

***“Working together for equity and good health for all people living in Ghana”.***

The strategic objectives of the 5YPOW are:

- ◆ To improve quality of health delivery
- ◆ To increase access to health services
- ◆ To improve the efficiency of health services delivery
- ◆ To foster partnerships in improving health
- ◆ To improve financing of the health sector

Transport constitutes an important component of the health sector strategy for service delivery, especially in the provision of public health services, and management, including monitoring and evaluation in the health sector.

The initiation and implementation of the 1993 MOH transport policy brought a lot of improvement in transport management. This resulted in relatively increased vehicle availability, reduction in fuel consumption, increase in kilometre travelled and reduction in maintenance cost. These transport indicators impacted positively on health services delivery. It also created awareness for effective and efficient transport management at all levels in the Health Sector.

In 2002 the Ministry spent approximately 51 billion cedis for procurement of vehicles and 30 billion cedis for providing transport services and maintenance. In addition the MOH and the Development Partners continue to provide a large quantity of new vehicles to support the delivery of health services.

This level of expenditure requires good management and monitoring mechanism to ensure that transport is used most efficiently and effectively.

This policy document is to enhance the efficient management of transport for the achievements of the goal and objectives of the POW.

## **1.1 Situational Analysis**

A concise Strengths Weaknesses, Opportunities and Threats (SWOT) analysis of the 1993 Transport Policy revealed the following:

### **1.1.1 Strengths**

- ◆ Reduction in the number of Makes and Models of vehicles from 98 to less than 40
- ◆ Significant increase in outreach services and coverage
- ◆ A degree of professionalism introduced in the transport management system
- ◆ Transport related health indicators improved
- ◆ Human resource as a transport management component identified
- ◆ Relative discipline achieved in transport planning and use
- ◆ Introduction of other modes of transport such as motorboats.
- ◆ Well defined resource allocation criteria for vehicles
- ◆ Adequate control systems established to help reduce waste and pilfering in the issuance and usage of fuel.
- ◆ Motorcycle management based on a zero breakdown system
- ◆ Vehicles are regularly maintained
- ◆ Value chain management in procurement by ensuring efficiency and reduction in cost.
- ◆ Raised intake qualification for drivers

### **1.1.2 Weaknesses**

- ◆ Non-compliance to transport policy by some senior managers reduced vehicle availability for service delivery.
- ◆ Health managers and drivers do not complete transport data collection tools adequately making data analysis difficult and unreliable.
- ◆ Non-adherence to established replacement criteria resulting in the use of over-aged vehicles and high maintenance and running cost
- ◆ Inadequate resources for implementing some of the key policy operational plans.
- ◆ Some donated vehicles do not meet the required specifications of the ministry and are inappropriate for the purposes for which they were provided.
- ◆ Inability of drivers to receive and transmit information accurately due to low level of education.
- ◆ Lack of dress code resulting in inappropriate appearance of drivers and maintenance staff.
- ◆ Personal attachment of drivers to some officers thus rendering reassignment of duties difficult.
- ◆ Non-adherence to safety measures by drivers, riders and passengers resulting in avoidable injuries and deaths.
- ◆ Inadequate security gadgets provided for motorcycles

### **1.1.3 Opportunities**

- ◆ Health Development Partners commitment to continue supporting the vehicle replacement plan through the Sector Wide Approach (SWAp)
- ◆ Road safety campaigns organised by the Road Safety Commission.

- ◆ The introduction of written compulsory proficiency test for new drivers by DVLA
- ◆ Availability of drivers with SSSCE and equivalent qualifications

#### 1.1.4 Threats

- ◆ Deplorable roads
- ◆ Reduction in earmarked funds by Health Development Partners for vehicle replacement.
- ◆ Occurrence of avoidable accidents due to general careless driving in the country.

In conclusion, whereas the implementation of the 1993 transport policy brought about improvement in health service delivery, analysis of the prevailing situation indicate that weaknesses and threats of the current transport management system outweigh the strengths. It has become necessary to take advantage of the opportunities available as a result of the new dispensation to revise the transport policy in order to strengthen transport management and maximise gains for health service delivery.

### 1.2 Aim

The ultimate aim of the revision of this policy is to put in place an improved transport support system for health service delivery, which meets the objectives and challenges of the health sector.

### 1.3 Goal

To ensure a sound and sustainable transport support to the health service delivery system.

### 1.4 Objectives

The main objectives of this policy document are to:

- ◆ Provide a general framework for transport management in the Health Sector.
- ◆ Guide and serve as a reference document on efficient transport management.
- ◆ Help rationalize the use and management of transport modes and resources.

## CHAPTER TWO

### 2.0 Policy Guidelines

#### 2.1 Human Resource

##### 2.1.1 Recruitment and Selection of drivers

- ◆ Vacancies shall be advertised first within the organization and then externally or both.
- ◆ A minimum of SSSCE or its equivalent and drivers licence not below 'D' class shall be eligible for consideration.
- ◆ Applicants should not be less than 25 years and not more than 35 years of age.
- ◆ Track record, experience and 2 referees of applicants shall be required.
- ◆ Medical examination shall be required.
- ◆ Applicants shall undergo proficiency test.
- ◆ Interviews shall be conducted for short listed applicants.

##### 2.1.2 Orientation

- ◆ Transport personnel shall be properly orientated into the organisation's culture.

##### 2.1.3 Training

- ◆ Drivers shall undergo regular in-service training on PPM, human relation, defensive driving, First Aid and fire fighting techniques
- ◆ Training of transport management personnel shall be in line with the MOH human resource policy

##### 2.1.4 Motivation and Discipline

- ◆ Transport staff, who perform exceptionally shall be recognised and rewarded.
- ◆ Offending staff shall be sanctioned immediately after completion of investigation.
- ◆ Transport staff shall be provided with the appropriate uniforms and protective clothes

##### 2.1.5 Officers Driving

- ◆ Health personnel who drive MOH vehicles shall have a minimum of driving licence of 'B' category.
- ◆ Officers who meet this requirement shall seek authorisation.
- ◆ Drivers shall be assigned to officers on long distance travel.

### 2.2 Operational Management

### 2.2.1 Vehicle Allocation and Distribution

- ◆ Vehicle allocation shall be made in response to POW for the Health Sector.
- ◆ The Ministry shall periodically review criteria for the allocation of vehicles.
- ◆ The allocation shall be in the appropriate mix of type, makes and model for the different levels of service delivery and operations.

### 2.2.2 Allocation and Use of Motorcycles

- ◆ Motorcycles shall be allocated where possible to an individual rider. However, other trained riders shall have access to the motorcycle.
- ◆ Officers shall undergo MOH Motorcycle Rider Training and **must** pass the Rider Competence Test before being allowed to ride a motorcycle.
- ◆ Motorcycles shall be used for the dispatch of mail/letters in cities and big towns.

### 2.2.3 Allocation and Use of Boats

- ◆ Boats shall be allocated to riverine areas to facilitate access to communities isolated by inland water bodies. Basic navigational aids and equipment shall be provided and used at all times.
- ◆ Boats shall be piloted by trained coxswain/boatswain and navigator.
- ◆ Boats shall form part of the fleet inventory

### 2.2.4 Vehicle Pool

Vehicles shall be in the vehicle pool with the exception of duty post vehicles.

### 2.2.5 Duty Post

- ◆ Duty post vehicles shall be allocated to directors and above and their analogous grades and shall undergo an orientation on basic vehicle management.
- ◆ Officers who use official vehicle shall not be paid car maintenance allowance for their private cars.

### 2.2.6 Programme Vehicles

- ◆ Programme vehicles shall be assigned to programmes but shall be made available for use by other officers to undertake other activities outside the programmes when the need arises.

### 2.2.7 Identification of Vehicles

- ◆ Vehicles shall be clearly identified by the logo or symbol of the Agency and where applicable that of the Funding Agency or Health Development Partner.
- ◆ Posting of Professional Association logos, political and other crests other than that recommended on MOH official vehicles is prohibited.

### 2.2.8 Vehicle Use and Control

- ◆ The Ministry's Agencies shall develop operational policies and manual, which shall be in line with this document. These shall address among others the following issues:

### **2.2.8.1 Vehicle planning**

- ◆ Vehicle planning shall form part of the Ministry's monthly and weekly planning process.
- ◆ The most suitable available vehicle to meet the requirements of a trip shall be allocated

### **2.2.8.2 Station Wagons**

- ◆ Station wagons shall be used for long distance journeys only.

### **2.2.8.3 Official Use of Personal Vehicles**

- ◆ Officers using personal vehicles for approved official business shall be re-imbursed at the existing kilometric allowance rates published by the Ministry of Finance and Economic Planning.

### **2.2.8.4 Extraordinary and Personal Use**

- ◆ Extraordinary use of official vehicles such as social activities (funerals, marriage ceremonies etc) shall be authorized and duly recorded in the logbook. This shall include use by another government agency or department. The vehicle shall not be fuelled and must be driven by MOH drivers.

### **2.2.8.5 Transport of Staff**

- ◆ Vehicles shall not be used to transport staff to and from work. In exceptional cases such as long working hours, heads of institutions shall authorize the use of official vehicles.
- ◆ The Ministry shall operate staff bus service where it is considered economical. Staff should contribute to the running of such a service.

### **2.2.8.6 Communications**

- ◆ The Ministry shall advocate for the improvement of communication systems at all levels in the health sector in order to minimize vehicle use, reduce cost and improve vehicle availability for service delivery.
- ◆ All boats shall be fitted with effective means of communication to link them with their respective base stations.

### **2.2.8.7 Public Transport**

- ◆ Public transport shall be used where it provides an economic and practicable alternative, especially in long distance travel. The Ministry shall reimburse the cost.
- ◆ An incentive shall be determined and paid for using public transport for official duties.

## **2.3 Fleet Management**

### **2.3.1 Vehicle Make**

- ◆ The Ministry shall procure makes of new vehicles with strong dealership presence and after sales service facilities in the country.
- ◆ The dealership shall provide technical training for MOH maintenance staff and spare parts support for a minimum of 3 years.
- ◆ Inventory shall be kept on all transport recourses.

### 2.3.2 Motorcycle

- ◆ The Ministry shall procure makes of new motorcycles with strong dealership presence and after sales service facilities in the country.
- ◆ The dealership shall provide technical training for MOH maintenance staff and spare parts support for a minimum of 3 years.
- ◆ Motorcycles shall be procured and delivered in knockdown form as much as practicable. All motorcycles shall be supplied with two (2) crash helmets and shall be provided with in-built security locks.

### 2.3.3 Bicycles

- ◆ Bicycles shall be capable of withstanding harsh conditions.

### 2.3.4 Boats

- ◆ Boats shall be appropriate in relation to the river body on which it will be deployed.
- ◆ Boats shall have compartments for medicine, bed, motorcycle and bicycle.
- ◆ Motorization shall be outboard and not inboard.

### 2.3.5 Vehicle Replacement

#### 2.3.5.1 Four Wheel Vehicles

- ◆ Vehicles shall be replaced after 7 years or 250,000 km.
- ◆ Specialized vehicles such as Ambulances, Haulage Trucks, Communication and Cold Vans shall be replaced after 12 years or 220,000 km.

#### 2.3.5.2 Motorcycle

- ◆ Motorcycles shall be replaced after 5 years.

#### 2.3.5.3 Bicycle

- ◆ Bicycles shall be replaced after 3 years

#### 2.3.5.4 Boats

- ◆ Outboard motors shall be replaced in accordance with manufacturer's recommendation or after 5 years.

### 2.3.6 Vehicle Acquisition

#### 2.3.6.1 Procurement

Procurement of new vehicles shall be in accordance with the MOH Procurement Procedure Manual and the following:

- Meet the approved technical specifications
- Vehicles shall be new
- Previous experience with respect to vehicle operational performance
- Purpose for which vehicles is required
- Capacity to manage the vehicles
- Strong dealership presence, after sales service and spare parts stock in the country
- Qualified technical staff of the dealership
- Provision of training for MOH technical staff

### **2.3.6.2 Donations**

Donation of vehicles shall be in accordance with MOH donation guidelines and the approved technical specifications of the Ministry.

### **2.3.6.3 Vehicle Type and Model**

Vehicle type and model to be acquired shall be appropriate for the intended use.

### **2.3.6.4 Used Vehicles**

The acquisition of used vehicles shall not be encouraged.

### **2.3.6.5 Insurance**

- ◆ All vehicles shall be insured at least for third party.
- ◆ The Workman's Compensation Scheme, managed by the Ministry of Finance shall cover all authorized passengers. Ministries of Finance and the Attorney General's Departments will cater for all financial encumbrances and legal issues of the Ministry in relation to accidents and other transport related issues.

### **2.3.6.6 Roadworthiness**

All vehicles including motorcycles and boats shall be roadworthy and shall have valid Roadworthy Certificates.

### **2.3.6.7 Vehicle Maintenance**

The planned preventive maintenance strategy shall be the maintenance policy of the Ministry. The Ministry shall have an operational maintenance plan.

All vehicles shall be maintained regularly in accordance with the manufacturers' recommendation or MOH maintenance plan.

### **2.3.6.8 Maintenance Workshops**

- ◆ MOH workshops shall be used for routine servicing and minor repairs only.
- ◆ They shall be equipped with the tools necessary for these tasks.
- ◆ Complex repairs shall be outsourced to "accredited" Workshops.

### **2.3.6.9 Vehicle Spares**

Inventory management systems shall be institutionalised at all levels to facilitate the holding and management of spares.

### **2.3.6.10 Disposal of Vehicle and Obsolete Parts**

The disposal of vehicles and obsolete parts shall be in line with the existing government regulation.

### **2.3.6.11 Transport Model (minimum requirements)**

The Ministry in conjunction with its agencies shall determine the minimum vehicle requirement for service delivery and operations at each level based on the following:

- Programmes and operational requirements
- Geographical coverage
- Replacement policy

- Operational conditions

## **2.4 Management Information Systems**

### 2.4.1 Vehicle Odometer

- ◆ Vehicles shall have working odometers at all times.

### 2.4.2 Vehicle Performance Measurement

The following basic transport performance indicators shall be used at all levels:

- ◆ Kilometres travelled
- ◆ Fuel utilization
- ◆ Maintenance cost per kilometre
- ◆ Vehicle availability
- ◆ Needs Satisfaction (Performance)

### 2.4.3 Fuel Control and Issuing

Bulk procurement of fuel coupons shall be made and kept at the Finance division and shall be issued to the transport office on request. Fuel allocation to vehicles shall be based on properly filled logbooks.

### 2.4.4 Transport Records

MOH and its Agencies shall keep relevant transport records. All Agencies shall submit half yearly transport report to the Ministry.

Comprehensive vehicle maintenance records shall be kept and used in assessing vehicle and workshop performance. They shall also be used to determine the yearly maintenance budget.

The Ministry shall provide feedback on reports and monitoring support provided to all Agencies.

## **2.5 Safety**

### 2.5.1 Safety Equipment

Vehicles shall be equipped with the required safety equipment such as seat belts, first aid box, fire extinguisher, warning triangles, helmets, life jackets etc.

### 2.5.2 Use of Safety Equipment

- ◆ Drivers and passengers in MOH vehicles shall wear seat belts in line with the Road Traffic Regulations.
- ◆ Motor riders (including pillions) shall wear crash helmets.
- ◆ Passengers aboard a boat shall wear life jackets.

### 2.5.3 Driving under the influence of an intoxicant

It is prohibited to drive under the influence of an intoxicant. Offenders shall be sanctioned.

### 2.5.4 Driving at night

Driving between the hours of 8 p.m. and 4 a.m. shall be avoided except in emergencies.

#### 2.5.5 Unauthorised passengers and Over-loading

- ◆ Unauthorised passengers and goods shall not be carried on any official.
- ◆ Drivers shall ensure that vehicles are not overloaded. Offenders shall be sanctioned.

#### 2.5.6 Smoking

In line with the Ministry's policy on smoking within the premises of health facilities, smoking is forbidden in MOH vehicles.

#### 2.5.7 Overnight Parking

All official vehicles shall be parked at designated parking places. Officers and drivers shall be held responsible for any loss or damage as a result of non-compliance.

#### 2.5.8. Over-speeding and careless driving

All drivers shall strictly observe speed limits. The necessary punitive measures shall apply to all offenders. Reckless and careless driving shall constitute a punishable offence.

#### 2.5.9 Accident Management

### **2.6 Accident reporting**

The standard Ministry of Health (MOH) Accident Report Form shall be used to record any accident or incident on the vehicle. All accidents shall be reported to the Police immediately. All accidents (by Government policy) shall be reported to Ministry within 7 days.

#### 2.6.1 Investigation Committee

- ◆ An internal committee shall be set up to investigate and report on the cause of every accident.
- ◆ Appropriate action shall be taken and recorded.

#### 2.6.2 Accident Prevention Programme

- ◆ The Ministry shall participate in accident prevention programmes by the Road Safety Commission, Driver and Vehicle Licensing Authority (DVLA) and any other Road Safety related agency.

## CHAPTER THREE

**3.0 Institutional Arrangements****3.1 The Role of the Ministry**

The Ministry shall be responsible for the implementation, monitoring and review of this policy.

**3.2 The Role of the Agencies**

- ◆ Agencies shall establish Transport Management Unit and shall be headed by a Transport Manager with requisite training.
- ◆ Agencies shall develop internal operational policies and manuals in accordance with this policy.
- ◆ The MOH transport policy takes precedence over any agency operational policies.

**3.3 Inter Agency Collaboration**

The Ministry and its Agencies shall collaborate in the use of transport resources.