

OC&C due diligence report on Riders' operations in Africa

Report digest





OC&C and Riders for Health

OC&C, a high-profile international business consultancy carried out a pro-bono 'due diligence' process on the entire organisation.

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OC&C was asked by The Impetus Trust to conduct an external review of Riders for Health

Document Context & Objectives

Support The Impetus Trust's funding decision, and Riders' ongoing development by

- I. Providing a detailed assessment of
 - the market need / demand for Riders' services
 - Riders' impact
 - Riders' competitive positioning
 - Riders' sustainability
- II. Commenting on
 - Future plans in existing geographies
 - The potential expansion of Riders into new geographies
- III. Recommending ways to optimise Riders' operations and thereby increase its impact



Market: There is a substantial need for TRM in support of health worker outreach, but limited demand from consumers and donors

Executive Summary

- The incidence of disease in Sub-Saharan Africa (SSA) is high, and life expectancy is low
 - The incidence of Tuberculosis, HIV/AIDS, and Cholera in SSA is 30, 42, and 610 times the incidence found in the UK
 - Life expectancy is far lower: c.79 years in UK vs 49 years in SSA; Infant mortality is 6 per thousand in the UK vs 147 in SSA and maternal mortality is 13 per 100k vs. 940 per 100k
- The health of Sub-Saharan African people could be substantially improved with increased health worker mobility
 - Many deaths in SSA could be easily prevented with basic health education and equipment – Malaria (900k deaths pa) with mosquito nets and insect repellent, maternal mortality (265k deaths pa) with access to trained health worker, cholera (2k deaths pa) with vaccination and clean water, diarrhoea with clean water, tuberculosis (900k deaths pa) with vaccination, HIV/AIDS (2.2m deaths pa) with condoms
 - But access to health care in SSA is poor: doctors per thousand rural people is 0.2 in SSA (vs. 12.4 in UK), births in rural areas attended by any kind of trained health worker or traditional carer is c.60% (vs. 99% in UK) and percent of rural population with access to health services ranges from 20-80%
 - Creating mobile health workers dramatically improves access: a health worker in Zimbabwe can cover 4 times the population by motorcycle than by foot, and can visit 'covered' communities 13 times more frequently
- Transport Resource Management can increase health worker mobility by extending the life of vehicles and reducing breakdowns
 - TRM is required because health workers do not have the incentive or the means to look after their vehicles themselves: not their vehicles, not their job
 - TRM extends the life of vehicles enabling more health workers to be kept mobile on a given budget – modelling indicates that extending motorcycle life from 20k km to 70k km increases the number of health workers that can be kept mobile on a set budget by c.50%
- The number of vehicles currently used by mobile health workers in SSA is large – c.200k government and NGO vehicles
 - Implies a potential market for TRM of more than £1bn
- However, despite the significant need for TRM, demand for TRM is limited because many potential customers are unaware of its benefits
- Many donors, meanwhile, recognise the link between health care delivery and transport
- However, as 'indirect capacity-building' charities, transport health charities will find it hard to raise funds because the concrete difference their activities make is not obvious (see facer)
 - The return on fundraising (£ raised per £ spent fundraising) among a sample of charities is £2.1 for indirect capacity building charities, £2.6 for indirect giving charities and £3.8 for both direct giving charities and direct capacity building charities



Impact: Riders' activities result in significant economic, health and social benefits

Executive Summary

- Riders provides sustainable development benefits by creating self-sustaining, indigenised organisations to maintain health worker vehicles (see facer)
 - Economic benefits
 - Riders has created significant skilled employment in challenging economic conditions (i.e. high / hyper inflation, poor GDP growth), currently employing 41 people in Zimbabwe, 35 in Nigeria and 154 in The Gambia
 - Riders has dramatically reduced the fleet maintenance costs associated with health worker outreach in Zimbabwe and Gambia: 62% reduction in annual motorcycle fleet maintenance cost per thousand people reached by health workers in Zimbabwe, 24% reduction in annual vehicle maintenance cost per person treated per month by Nurses at outreach clinics in The Gambia
 - Increased health worker outreach
 - Riders keeps health workers from a variety of organisations 'on the road': the organisations Riders supports (Dpts of Health in Zimbabwe and The Gambia, WHO, and NGOs) all believe that their ability to deliver benefits depends directly on Riders
 - Riders dramatically increases the number of health workers that can be kept mobile on a given budget: c.90% more health workers using vehicles in Zimbabwe (c.70% in The Gambia), c.170% more health workers using motorcycles in Zimbabwe (c.110% in The Gambia)
 - Mobile health workers supported by Riders appear to reach more people, and to visit them more frequently: 100% increase in visit frequency in region supported by Riders vs. 8% increase in neighbouring region without motorcycles
 - Health benefits
 - The mobility afforded by Riders enables health workers to diagnose and treat more patients: for example, 261%, 75%, and 55% increase in diarrhoea, ARI and Malaria diagnoses, respectively, in 2001 (pre Riders) vs. 2002 (post Riders)
 - Riders appears to have enabled an increase in the proportion of fully immunised infants in The Gambia (62% pre Riders, 73% post Riders), and a decrease in Malaria deaths in Zimbabwe (21% decline in region served by motorcycles and supported by Riders, vs. 44% increase in neighbouring region)
 - Health workers and community leaders attest to both a reduction in illness and improved access to treatment as a result of Riders' activities
 - Social Benefits
 - Riders has empowered women in Zimbabwe: c.15% of health professionals trained to ride motorcycles by Riders have been women, 100% of Uhuru drivers are women, Uhuru committees are composed mainly of women



Robustness: Riders is generally well positioned competitively across its various revenue streams and exhibits a high degree of sustainability

Executive Summary

- Riders competes for TRM, training, interval servicing and donation revenue (see facer)
- Riders does not appear to have any significant competition in health TRM in general
 - ‘Vehicle donation’ and ‘health delivery’ segments heavily competed for, but Riders appears to be unique in ‘vehicle maintenance’
- Several sources of competitive advantage limits threat from insourcing and new entrants
 - Including, not for profit status (low price, high customer trust around pricing / charging), culture (quality of service, low churn), integrated training programme (lower maintenance costs, cross-sell potential), knowledge (mechanical & TRM, best practice exchange across geographies)...
- Riders generally delivers on its value proposition
 - Riders appears to largely deliver on its zero-breakdown policy and to greatly extend vehicle life
 - The Riders training programme appears comprehensive and is highly rated by participants
 - Riders has a remarkably good value proposition in interval servicing vs the private sector (lower price, higher quality, faster turnaround, more trust), though it is somewhat weaker in Nigeria
- Riders competes more efficiently than its peers for donations (£ raised per £ spent fundraising c.40% higher than average for selection of indirect capacity building charities)
 - Donor interviews suggest, however, that Riders could compete more effectively by clearly articulating its business model and benefits
- Riders exhibits a high degree of sustainability overall, though there is some serious risk to operations in Nigeria from contract loss
 - Riders is organisationally sustainable (i.e. CEOs are not critical to operational sustainability, decision-making is devolved to country operations, employee commitment to Riders appears strong)
 - Riders appears to be on sound financial footing
 - c.1.6 months of expenditure in cash at hand, 1.7 months in free reserves (up from 0.7 months in 2002)
 - Reliance on donations is limited at 30% of revenues (18% net of costs of generating funds), c.85% of which is unrestricted funds, and donor relationships are strong
 - The African operations are virtually self-sufficient – only Zimbabwe relies on UK funds due to a FOREX shortage (c.£86k sent to Zimbabwe during 9 months ending 31/12/04, 14% of Riders Zimbabwe revenues), though its margins are likely to remain robust throughout the shortage
 - Riders’ risk from contract loss is high given its concentrated customer base, and the dissatisfaction of its key customer, the WHO in Nigeria (c.34% of Riders’ total logistics revenue)



***Growth:* Riders for Health has enjoyed considerable growth**

- Riders has undergone geographical expansion since inception in Lesotho, 1991
 - Zimbabwe 1997
 - Congo 2001 (discontinued 2003)
 - Nigeria 1999
 - The Gambia 2001
- Employee growth has increased at an annual rate of 41%
 - Driven by growth in The Gambia where Riders employs drivers as well as technical staff
- Revenues grew quickly until 2002 and have stagnated since then
 - No further geographic expansion
 - Exchange rate effects
- Riders currently manages 1,274 vehicles
 - 642 vehicles
 - 632 motorbikes
 - c.60% under TRM
- More than 700 Health workers have been trained since 2002 at the IAUM driving school in Zimbabwe



Riders has piloted a community health transport programme using 'Uhurus'

Uhuru Program Overview

- The Uhuru program provides a reliable, community-based and controlled transport solution for
 - those needing to reach a health clinic
 - those wishing to take goods to market
- The Uhuru is a motorcycle with sidecar and trailer
 - Sidecar can carry one individual by stretcher or in motherhood chair
 - Wheel of motorcycle can be used to pump c.120 litres of water per minute
 - Trailer can carry goods to market
- To date, seven Uhurus have been provided to communities free of charge (funded by the Rotary Club) following c.3 months of program set up (at a cost of c.£8k per Uhuru deployed, excluding cost of motorcycle), including
 - Set up of Uhuru committee to draft constitution regarding Uhuru use
 - Training of drivers from the community
- Committee charges Uhuru out to individuals at a rate determined by the community
 - All proceeds reinvested in the community as the committee sees fit
 - Vehicle running costs are subsidised by Riders for the first c.6 months at least



The Uhuru



Source: RfH, OC&C analysis

Key Data Sources

Key Data Sources	
Market Data	
■	World Resources Institute (WRI)
■	World Bank
■	OECD
■	WHO
■	Caritas
■	UNICEF
Internal Data	
■	Audited Accounts
■	Management Accounts
■	Flow of Funds Sheet
■	IAVM Student Records
■	Riders Vehicle Data

We have conducted 67 in-depth interviews in support of this work, and consulted a wide range of sources

Zimbabwe (28)

RfH Staff

- Programme Director
- Assistant Programme Director
- Uhuru Programme Director
- Marketing Manager
- Operations Director
- IAVM Principal
- Data Manager
- Accountant

Government

- Permanent Secretary, Dpt. of Health
- Director of Technical Support, Dpt. of Health

Health Workers

- District EHT Head
- EHTs (3)
- Field Officers (2)

Uhuru

- Community Councillor
- Uhuru Committee Chair
- Uhuru Committee Vice-chair
- Uhuru Rider (5)

NGOs

- Logistics Director, Christian Care
- Director, FOST
- Deputy Director, FCTZ
- Director, HEAD

The Gambia (15)

RfH Staff

- Programme Director
- Assistant Programme Director (2)
- Operations Director
- Technical Manager
- Head Technician, Vehicles
- Head Technician, Generators
- Head Technician, Motorcycles

Government

- Permanent Secretary, Dpt. of Health
- Director of Planning
- Principal Planner

Health Workers

- Senior Nurse
- Community Health Nurse

Uhuru

- Uhuru Committee Chair
- Uhuru Rider

Nigeria (3)

RfH Staff

- Acting Program Director

Customers

- Logistics Officer, UN House
- Logistics Officer, WHO

Donors & Experts (15)

Donors

- Ducati
- FIM
- Emap
- Lurie Investments (2)
- Nuffield Foundation
- Dorma
- Schwab Foundation
- Rotary
- World Bank
- The Big Lottery

Experts

- John Snow International
- Transaid
- UKOWLA
- Action Aid

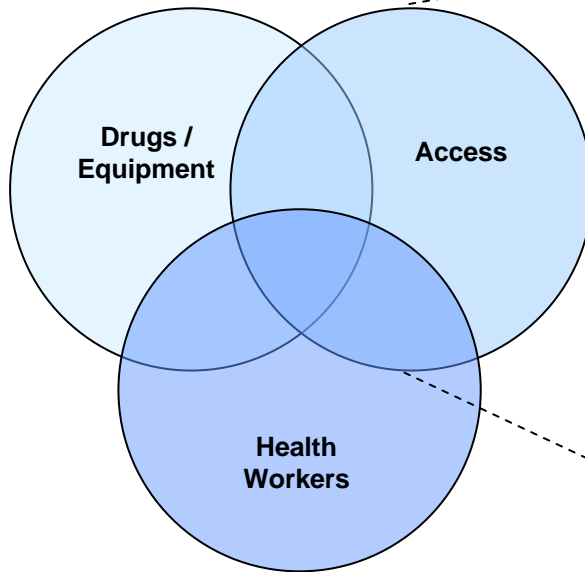
UK (6)

RfH Staff

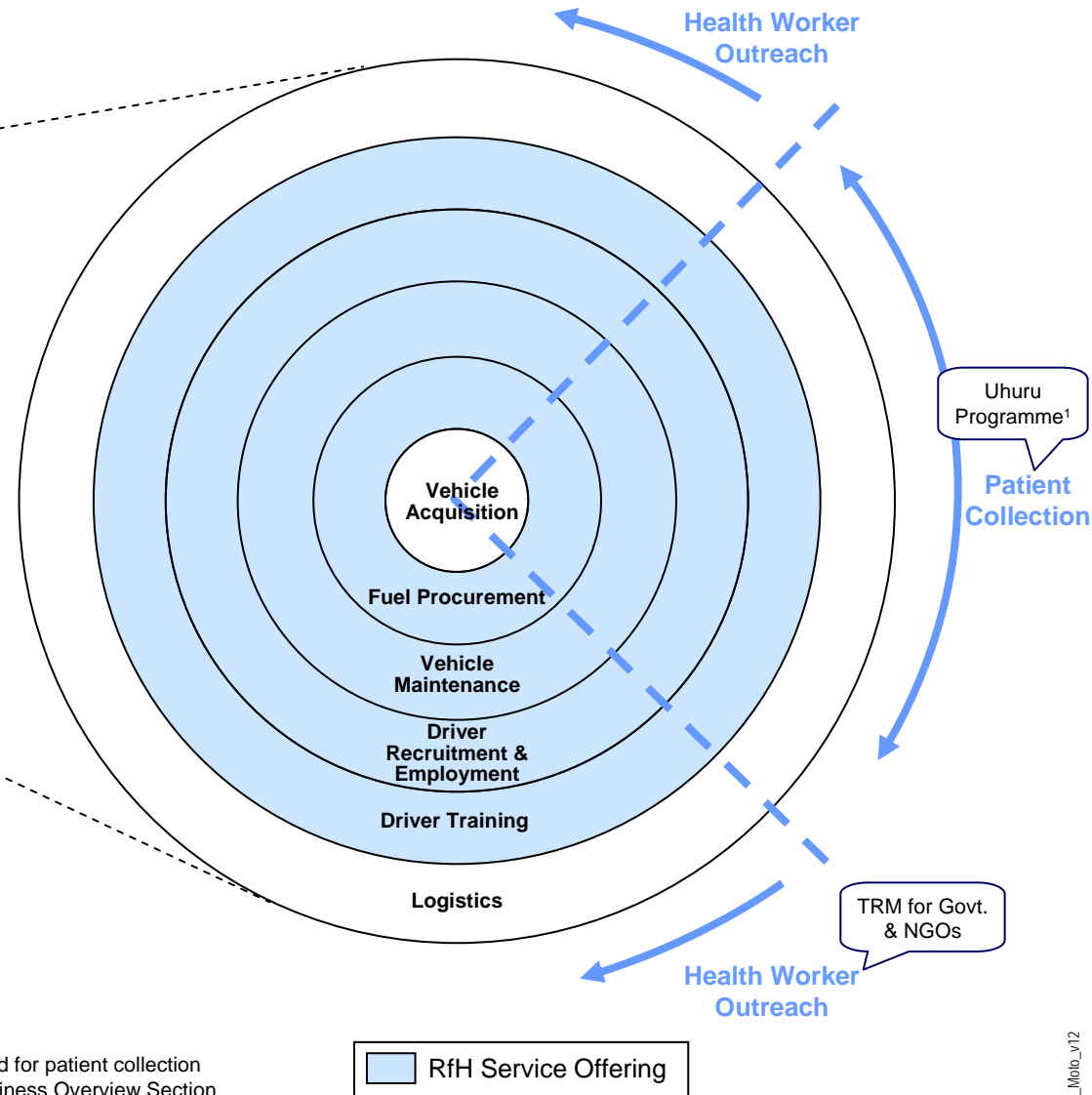
- CEOs (2)
- Operations Director
- Fundraising Director
- Communications Director
- Events Manager



Components of Health Delivery



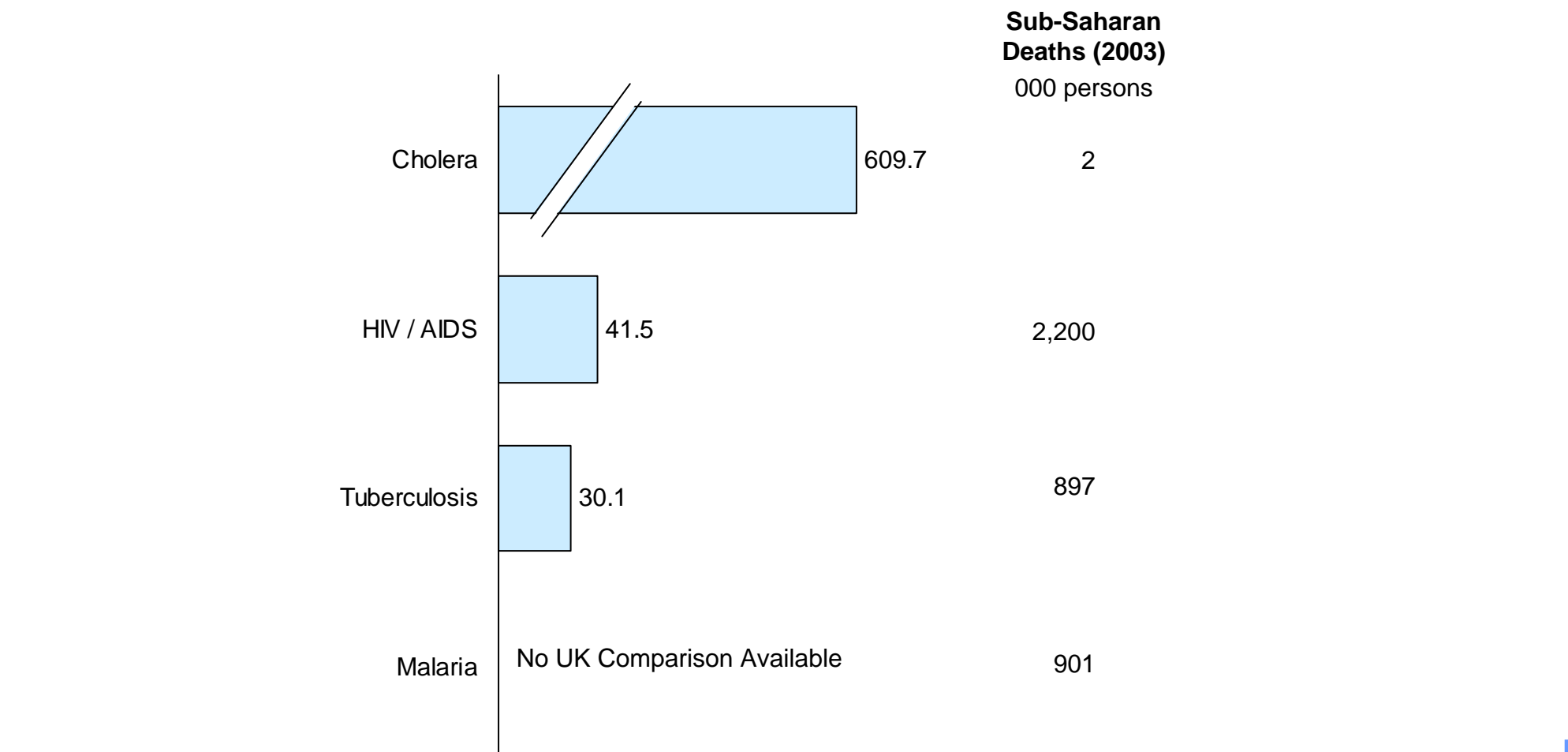
Components of Access



1. The Uhuru is a motorcycle with sidecar and trailer used for patient collection (it is run by communities with Riders' support) – See Business Overview Section

The incidence of disease in Sub-Saharan Africa is dramatically higher than in the UK

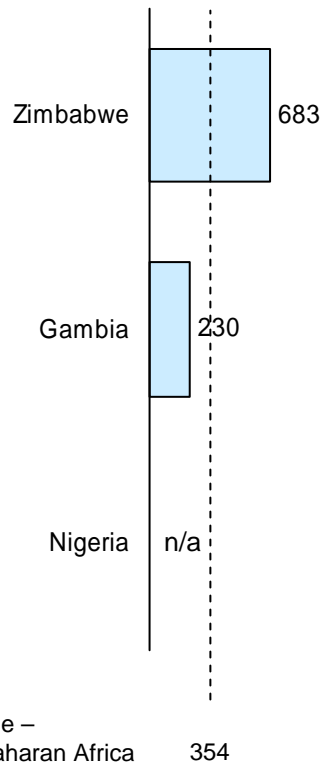
Relative Prevalence of Disease / Cause of Death, Sub-Saharan Africa vs UK (2003)
SSA Multiple of UK Incidence Rate



Incidence of Disease, Riders' Geographies

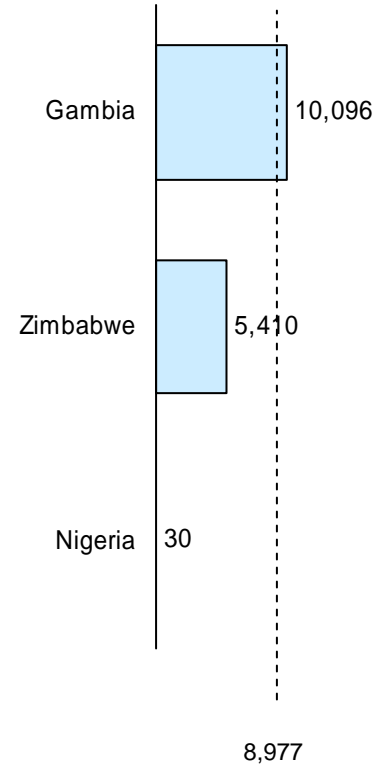
Tuberculosis

Incidence rate per 100,000 (2002)



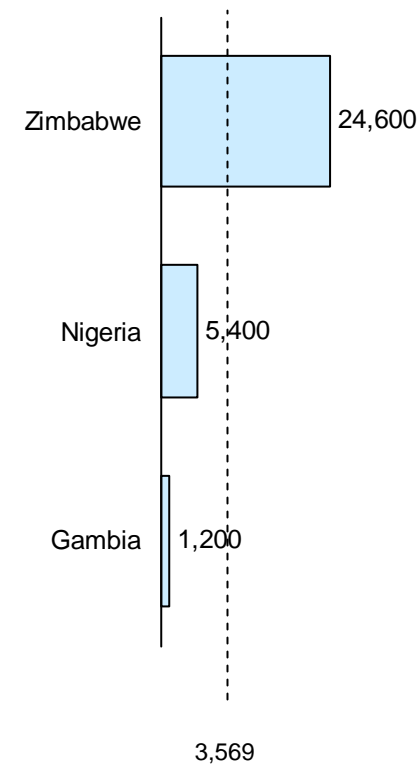
Malaria

Reported cases per 100,000 (2001)



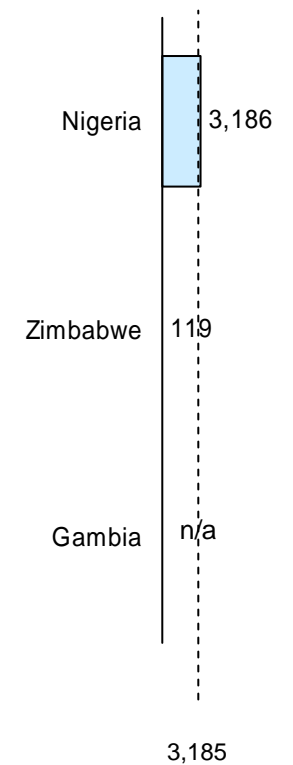
HIV

No of Adults Infected per 100,000 (2003)



Cholera¹

Number of Cases (2004)



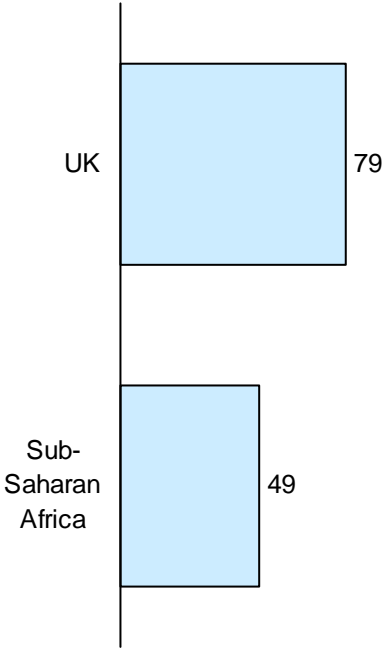
1. Data may be unrepresentative as cholera typically occurs in periodic epidemics

Source: WRI, OC&C analysis

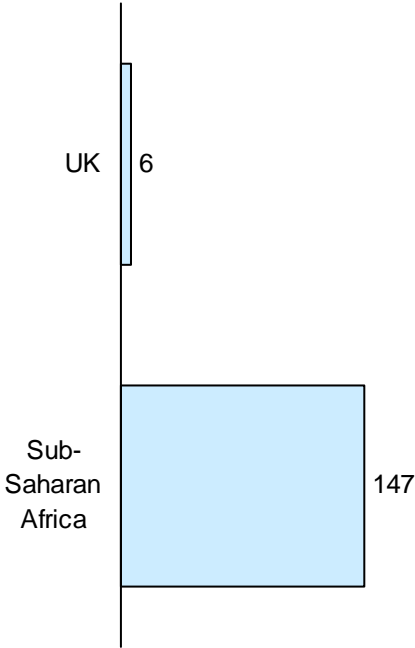
Life expectancy is far lower than in the UK, and infant mortality and maternal mortality rates are far higher

Mortality Metrics, UK vs SSA

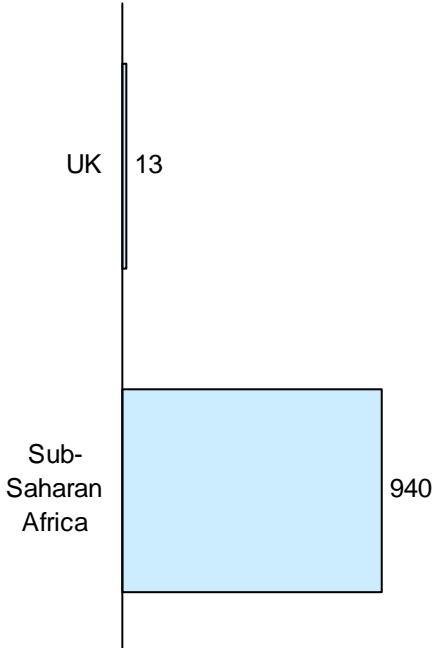
Life Expectancy (Female), 2000
Number of Years



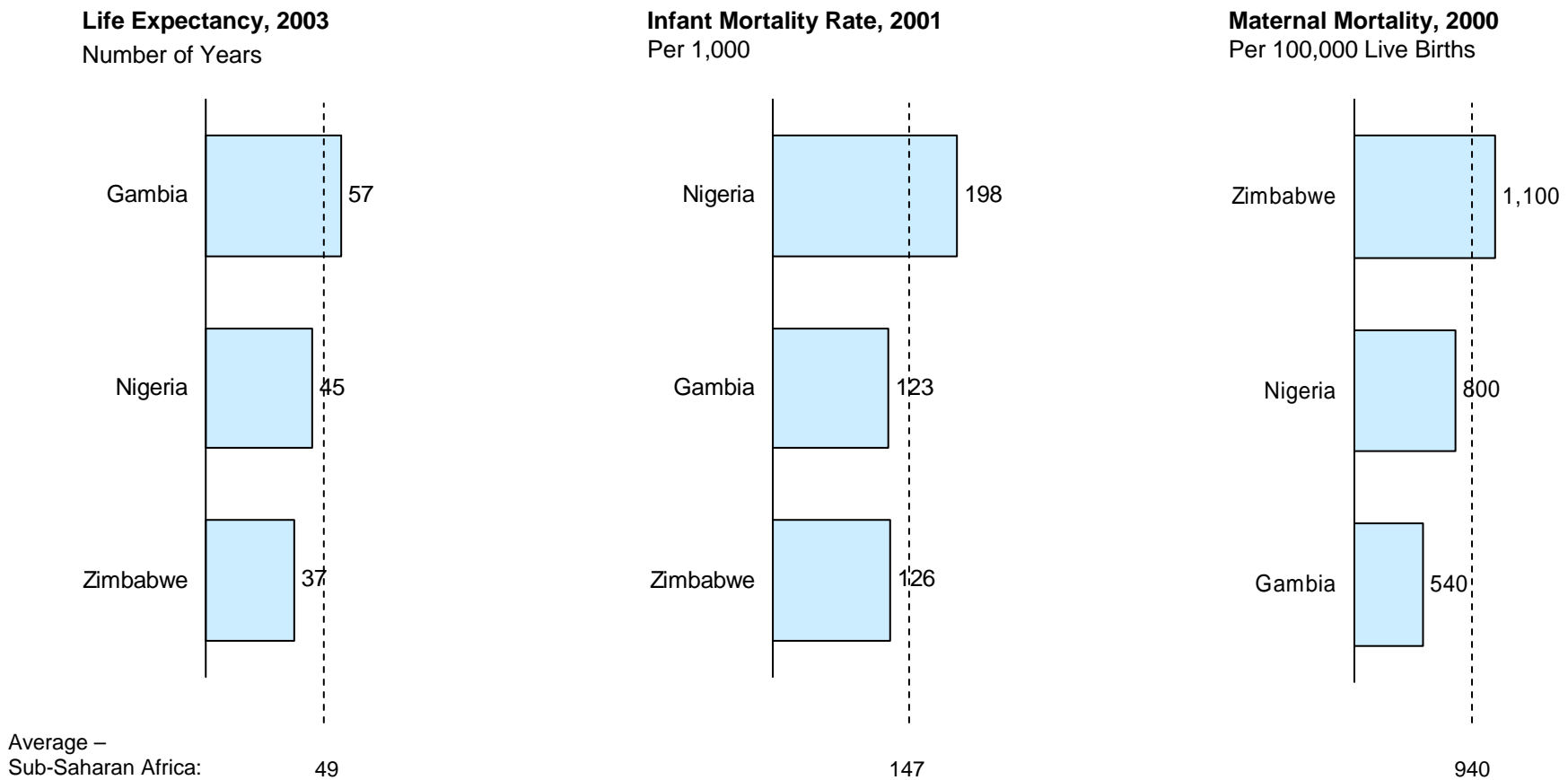
Infant Mortality Rate, 2001
Per 1,000



Maternal Mortality, 2000
Per 100,000 Live Births



Mortality Metrics, Sub-Saharan Africa



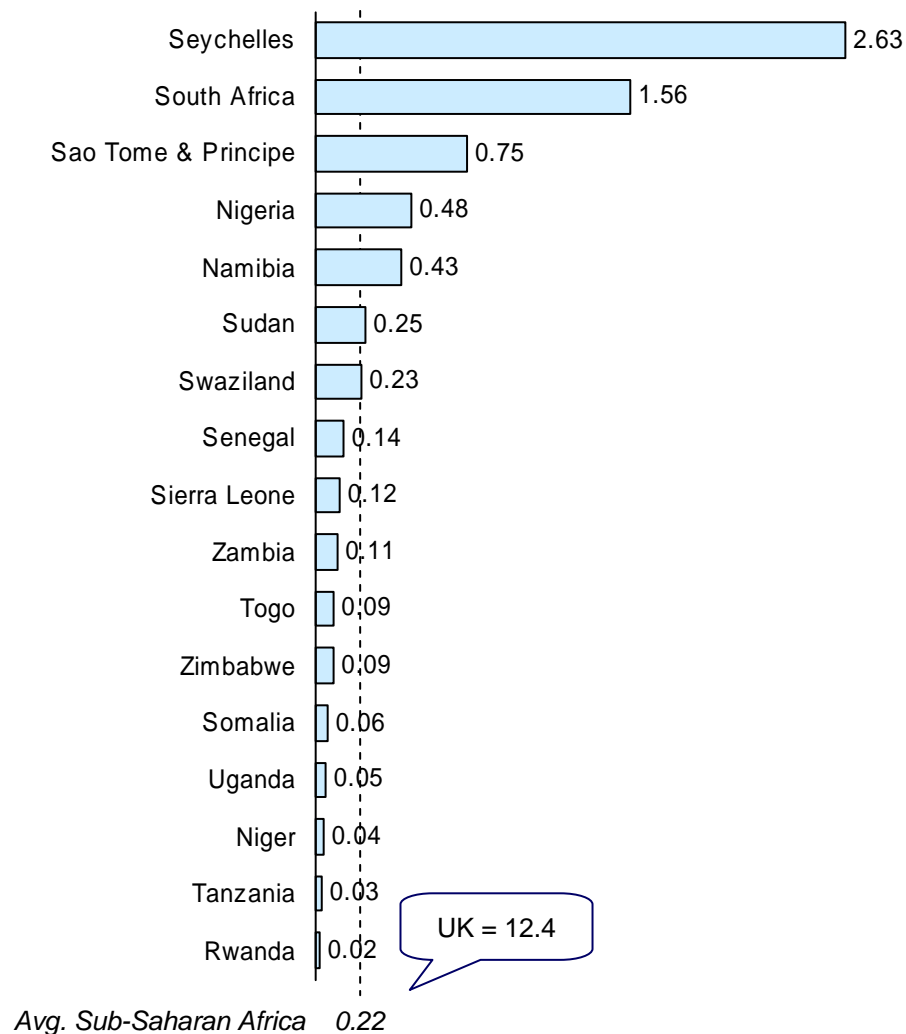
Source: World Bank, WRI, WHO, OC&C analysis

Many deaths could be easily prevented with basic health education and equipment

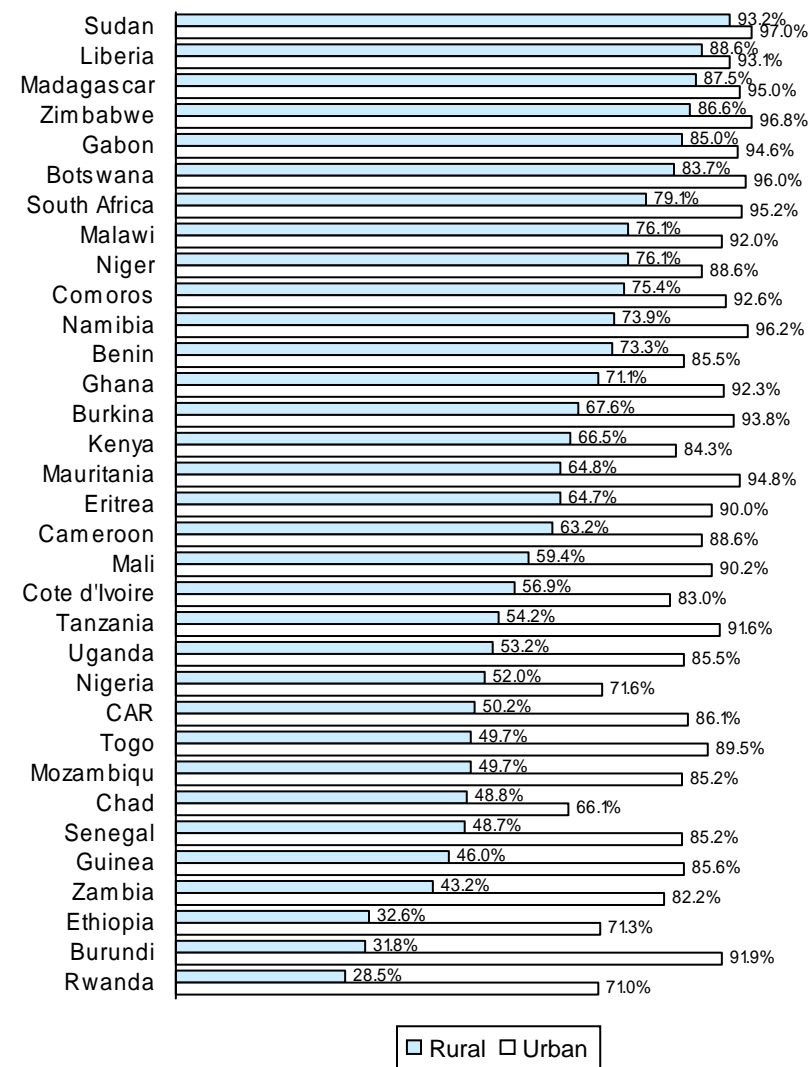
Cause of Death	Cure / Prevention	SSA Multiple of UK Incidences	SSA Deaths pa, ('000s)	Ease of Prevention
Malaria	<ul style="list-style-type: none"> ■ Mosquito nets ■ Insect repellent ■ Early diagnosis and prompt treatment ■ House residual spraying 	NA	901	4
Maternal Mortality	<ul style="list-style-type: none"> ■ Access to trained health worker ■ Access to emergency care in the case of complication 	72.3	265	4
Cholera	<ul style="list-style-type: none"> ■ Clean water ■ Adequate sanitation ■ Vaccination ■ Oral rehydration solution 	609.7	2	4
Diarrhoea	<ul style="list-style-type: none"> ■ Clean water ■ Oral rehydration solution ■ Adequate sanitation 	NA	NA	4
HIV / AIDS	<ul style="list-style-type: none"> ■ Education about HIV / AIDS ■ Distribution of condoms ■ Distribution of clean needles 	41.5	2,200	3
Tuberculosis	<ul style="list-style-type: none"> ■ Vaccination (BCG) 	30.1	897	3



Doctor per 000 Rural People, 2003



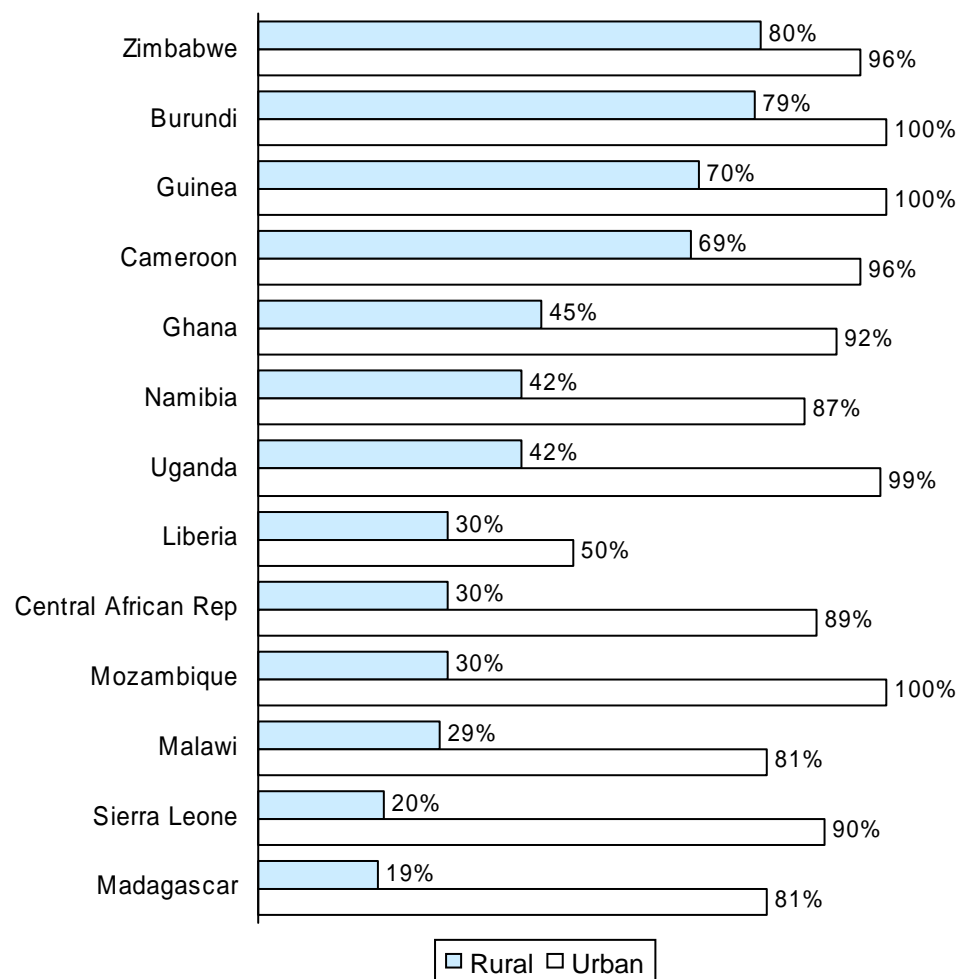
Births Attended¹, 2000



1. By Doctor, Other Health Professional Or Traditional Birth Attendant
Source: Demographic and Health Surveys, OC&C analysis

But access to health care in Sub-Saharan Africa is poor

% of Population With Access To Health Services, 1990–95



Verbatim

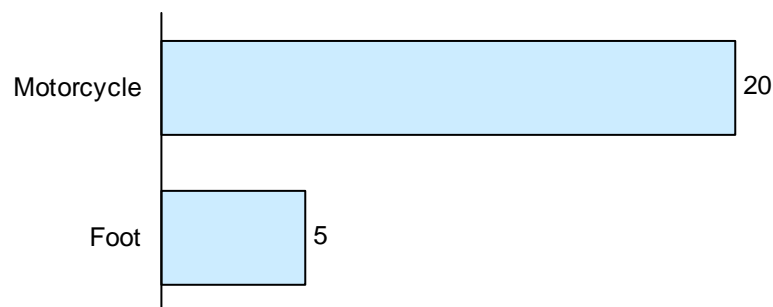
- *"If there is a problem in the village, they have to come to the clinic footing, sometimes 30-40km. Sometimes they pass messages from person to person and it reaches me in a couple of days."*
– EHT Zimbabwe
- *"Normally, an Environmental Health Technician should cover an area of six thousand people, but now it is more like twenty-one thousand. We have 14 EHTs instead of 51."*
– EHT Regional Director, Zimbabwe
- *"We have remote clinics in each region once a month. People can walk to them, usually 5km."*
– Nurse, The Gambia
- *"When we go to the clinics, usually there aren't any medicines."*
– HEAD Director, Zimbabwe
- *"Is the access to health getting worse? The answer here is a big yes."*
– Uhuru Program Director, Zimbabwe



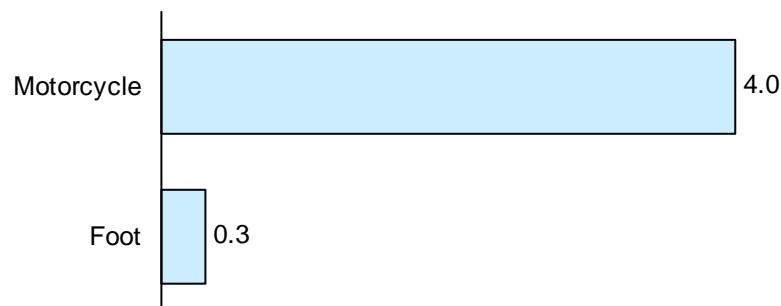
Creating 'mobile health workers' dramatically improves access

Impact of Mobility on Health Access

Population Covered by Health Worker in Zimbabwe by Mode of Transport
000 people



Frequency of Visit by Health Worker in Zimbabwe, by Mode of Transport
Visits per Month



Verbatim

Mobile health workers can reach more people...

- *"The only time you see an EHT working is when they have the means to do so. And that's the motorcycle."*
 - Permanent Secretary, Dept. Of Health, Zimbabwe
- *"Before EHTs got motorcycles, our lives were very much harder. Now we are always informed about disease before they happen."*
 - Community Leader, Zimbabwe
- *"If the EHT is not mobile, disease outbreaks will go unnoticed. No one will get help."*
 - District EHT Head, Zimbabwe
- *"We see 250-350 people a day in our remote clinics. We take the ambulance and go out to meet the people."*
 - Nurse, The Gambia

...and visit them more frequently

- *"It was very difficult before the motorcycles. We had to walk 50km to reach some villages. A village could wait 3 months before receiving a visit."*
 - EHT, Zimbabwe
- *"Before I had a motorcycle, I had to walk and cycle. Now I can visit 4 or 5 times a month, before it was only sometimes once a month."*
 - Nurse, The Gambia



Creating 'mobile health workers' dramatically improves access

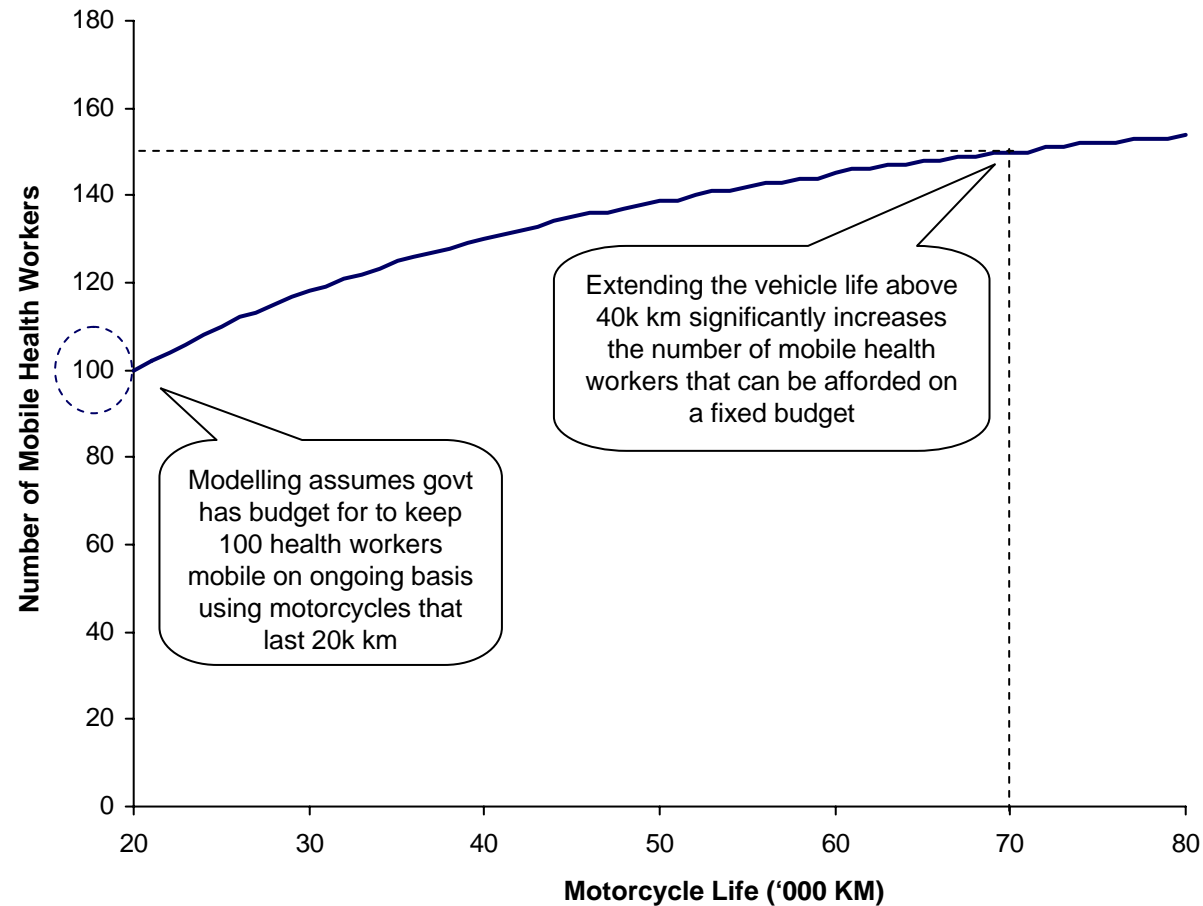


Source: RfH, OC&C analysis

Impact of Increasing Motorcycle Life on No. of Health Workers Govt. Can Afford to Keep Mobile¹

No. of Health Workers, 000 km

Illustrative



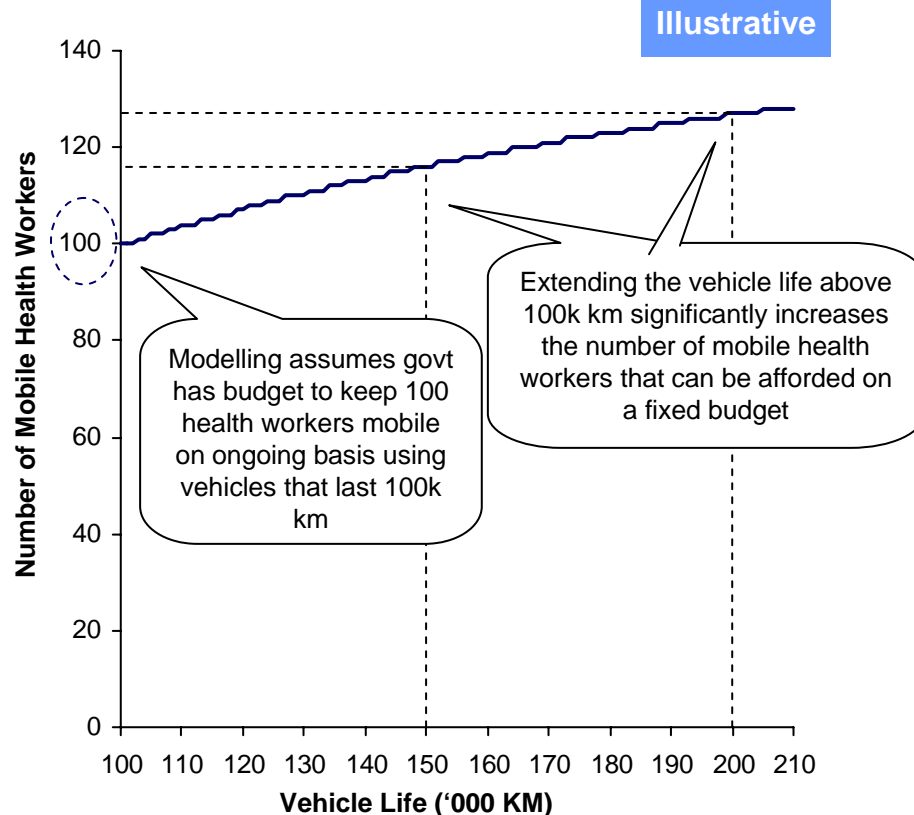
Source: RfH 999 Document, Interviews, OC&C analysis

Transport resource management / interval servicing can increase health worker mobility by extending the life of vehicles and reducing breakdowns

TRM Increases Health Worker Mobility

Impact of Increasing Vehicle Life on No. of Health Workers Govt. Can Afford to Keep Mobile¹

No. of Health Workers, '000 km

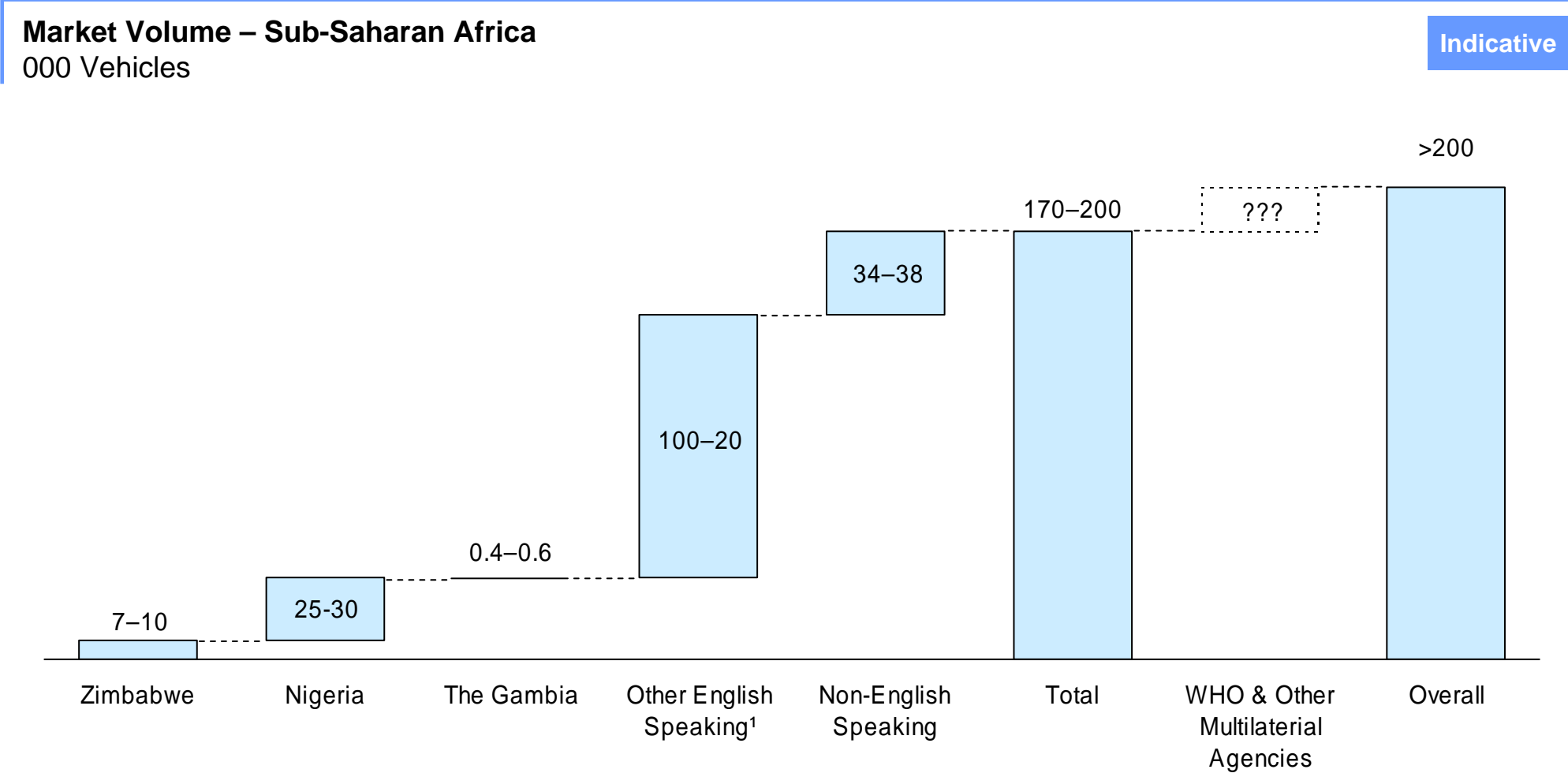


Commentary / Verbatim

- TRM is required because health workers do not have the incentive or the means to look after the vehicles themselves
 - Not their vehicles
 - Not their job
- TRM extends life of vehicles...
 - “We have had vehicles that just stop working after one year. One year and that’s it. Under TRM they keep working for three years or more.” – Director of Planning, The Gambia
 - “Our vehicles last longer in TRM. This is the point of preventative maintenance.” – Permanent Secretary, Dept. Of Health, Zimbabwe
- ...enabling more health workers to be mobile on a given budget
 - Longer vehicle life reduces annual vehicle replacement costs
- It also reduces breakdowns...
 - “There are no breakdowns if you maintain the vehicles on a regular basis. You fix the problems early.” – RfH Mechanic, Zimbabwe
- ...thereby reducing downtime and improving effectiveness of mobile health delivery
 - “Before [we received a vehicle under RfH TRM system] we could not rely on the ambulance to get to remote areas. We would not go because we could be afraid that we could not get back. And the people would not meet us at the outreach clinic... they would not trust that we could be there.” – Nurse, The Gambia



The number of vehicles used by mobile health workers in Sub-Saharan Africa is estimated at around 200k



1. Includes countries where English is a 'secondary language'
Source: RfH Internal Data, World Bank, OC&C analysis

However, despite the significant need for TRM, demand for TRM is limited because many potential customers are unaware of its benefits

Demand for TRM / Interval Servicing

Customer Group	Evidence of Demand	Judgemental Level of Demand
Government	<ul style="list-style-type: none"> ■ Convincing government of merits of TRM system is very difficult <ul style="list-style-type: none"> – “The stumbling block is making government realise the need to maintain vehicles. This can take years.” – Ops Director (UK) – “We have been changing our Minister of Health and Permanent Secretary like we change our dresses and suits. This can make it difficult to ensure merits of maintenance are known.” – Planning Director (Dept. Of Health, The Gambia) ■ Ability / willingness to pay for TRM is limited <ul style="list-style-type: none"> – “We have trouble paying Riders, even the minimum running costs of the vehicles. We know we do not pay enough for the salaries.” – Director of Planning (Dept. Of Health, The Gambia) 	2
WHO / UN Org	<ul style="list-style-type: none"> ■ Lack of awareness of TRM and its benefits <ul style="list-style-type: none"> – “These people do not know anything about vehicle maintenance – they’re doctors or engineers.” – Riders CEO ■ Constant contract reviews in search of other, cheaper solution <ul style="list-style-type: none"> – “They are constantly looking at our contract and reviewing it. They want to do it cheaper but they can’t.” – Riders CEO ■ Can be in and out of countries quickly, limiting perception of maintenance needs <ul style="list-style-type: none"> – “Often, these aide workers are in-country for only two years, and a new vehicle can run just about that long without major maintenance.” – Riders CEO 	2
NGOs	<ul style="list-style-type: none"> ■ Many local community based NGOs aware of maintenance needs and costs <ul style="list-style-type: none"> – “Usually when the vehicles come, we get maintenance funding from our donors.” – FCTZ Deputy Director (Zimbabwe) ■ But for some NGOs, it can be easier to raise funds for CAPEX than for running costs <ul style="list-style-type: none"> – “Large, international NGOs get their CAPEX from foundation funding, so it is easier for them to turn their vehicles over more quickly” – FOST Program Director (Zimbabwe) 	3



At a macro level, donors recognise the link between health care delivery and transport

Donor Context

Macro Context

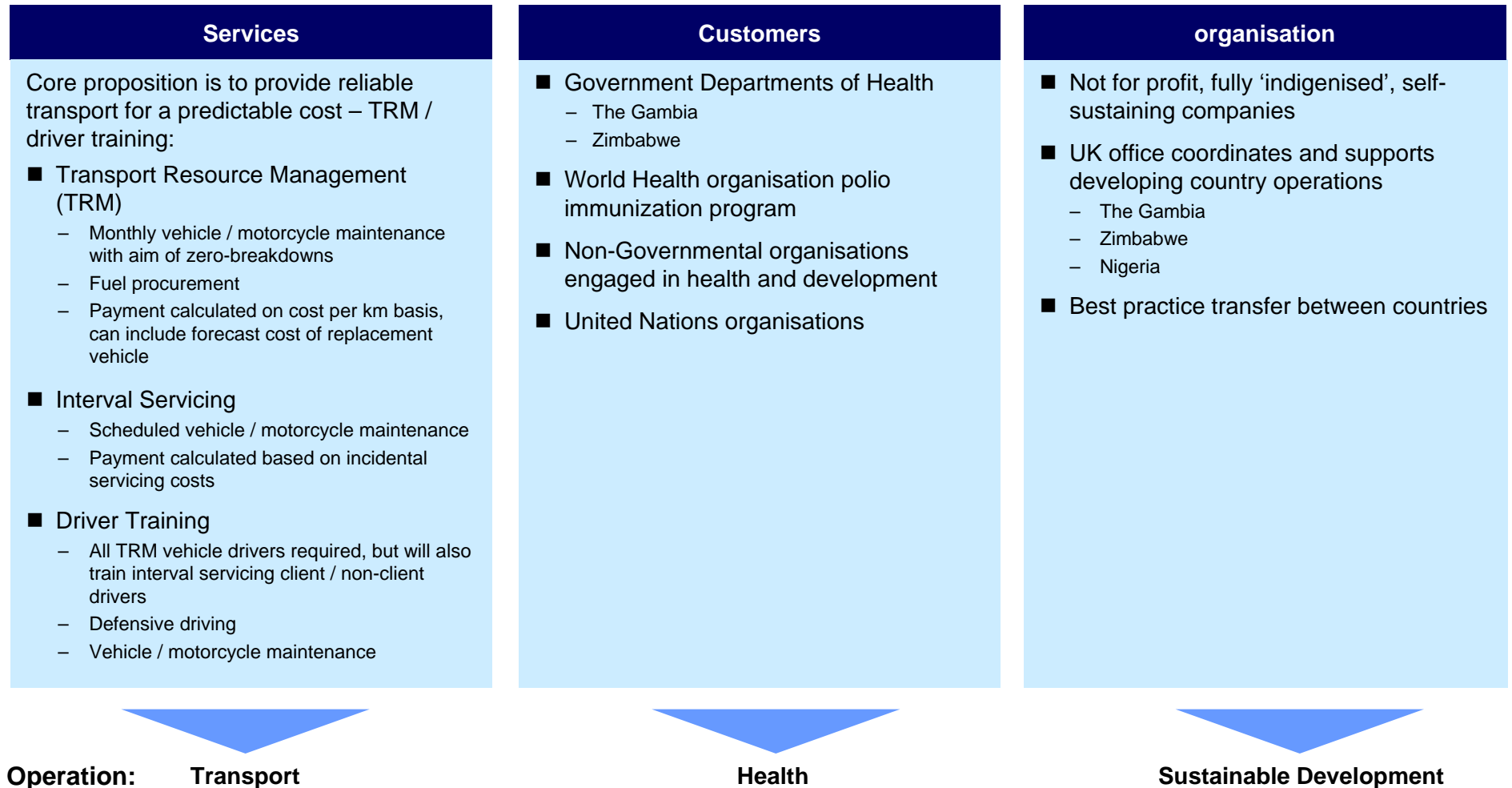
- Agenda 21 (1992)
 - “Health service coverage should be achieved for population groups... in rural areas”
 - “Governments should consider adopting enabling and facilitating strategies... [to] promote provisions for necessary logistics for outreach activities, particularly in rural areas”
- World Summit on Sustainable Development (2002)
 - “Health issues need to be tackled not only by health ministries and health sectors but, perhaps even more importantly, by sectors such as transportation”
- UNICEF
 - “The most impoverished – usually rural – areas have few or no healthcare facilities... finding appropriate distribution systems continue to be a concern”

Evidence from Donor Interviews

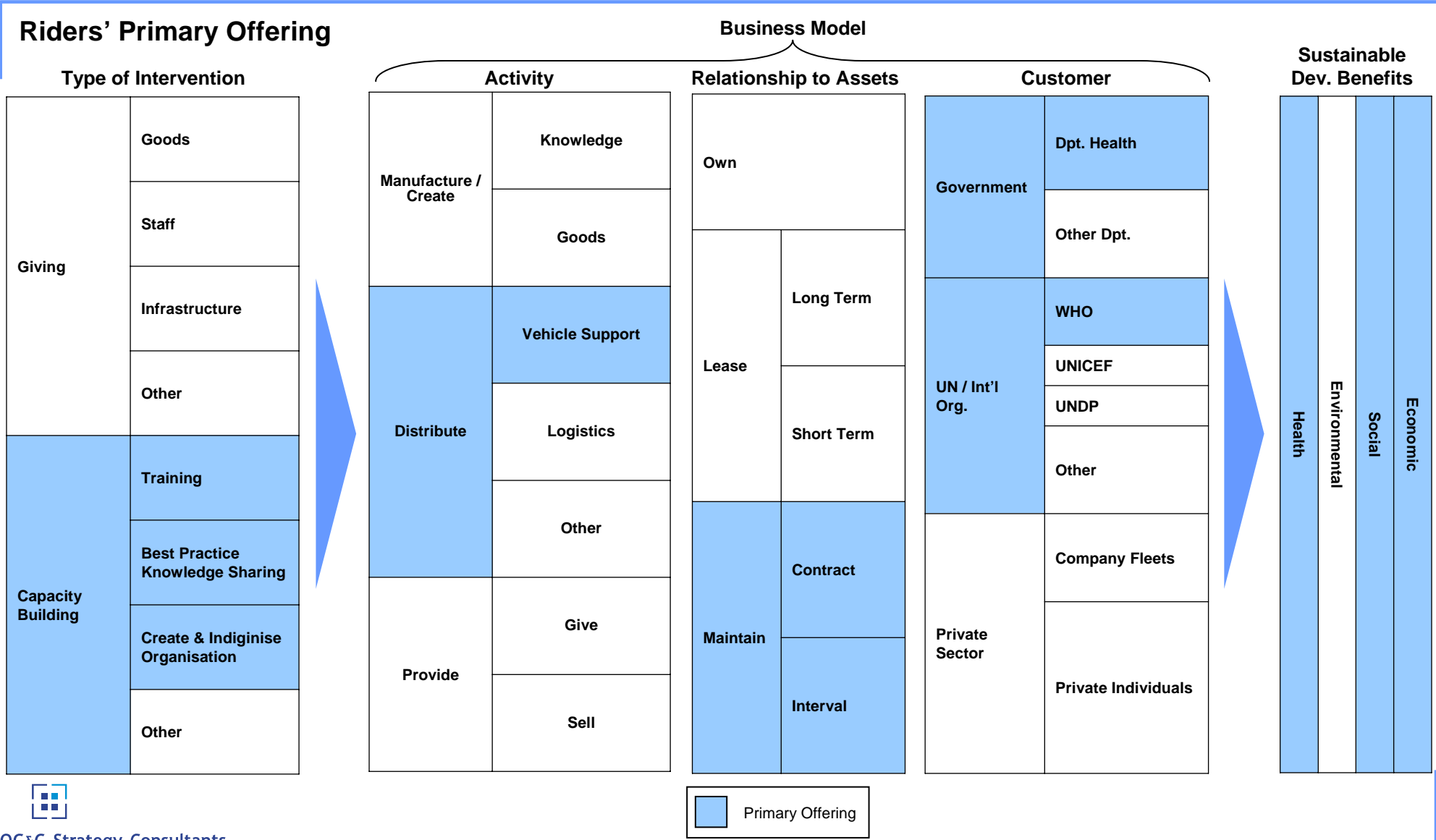
- “Organisations such as the DFID have realised that provision of support is vital... there is a definite swing towards capacity building by government donors.”
 - Sarah Lock, Nuffield Foundation
- “Riders have come up with a very simple solution to one of the most difficult problems in health and development.”
 - Pamela Hartigan, Schwab Foundation
- “To those who have investigated, the link between transport infrastructure and health delivery is virtually self-evident.”
 - CEO, Ducati
- “We identified the issues around transportation as the #1 impediment to the delivery of healthcare.”
 - Anne Lurie, Lurie Investments



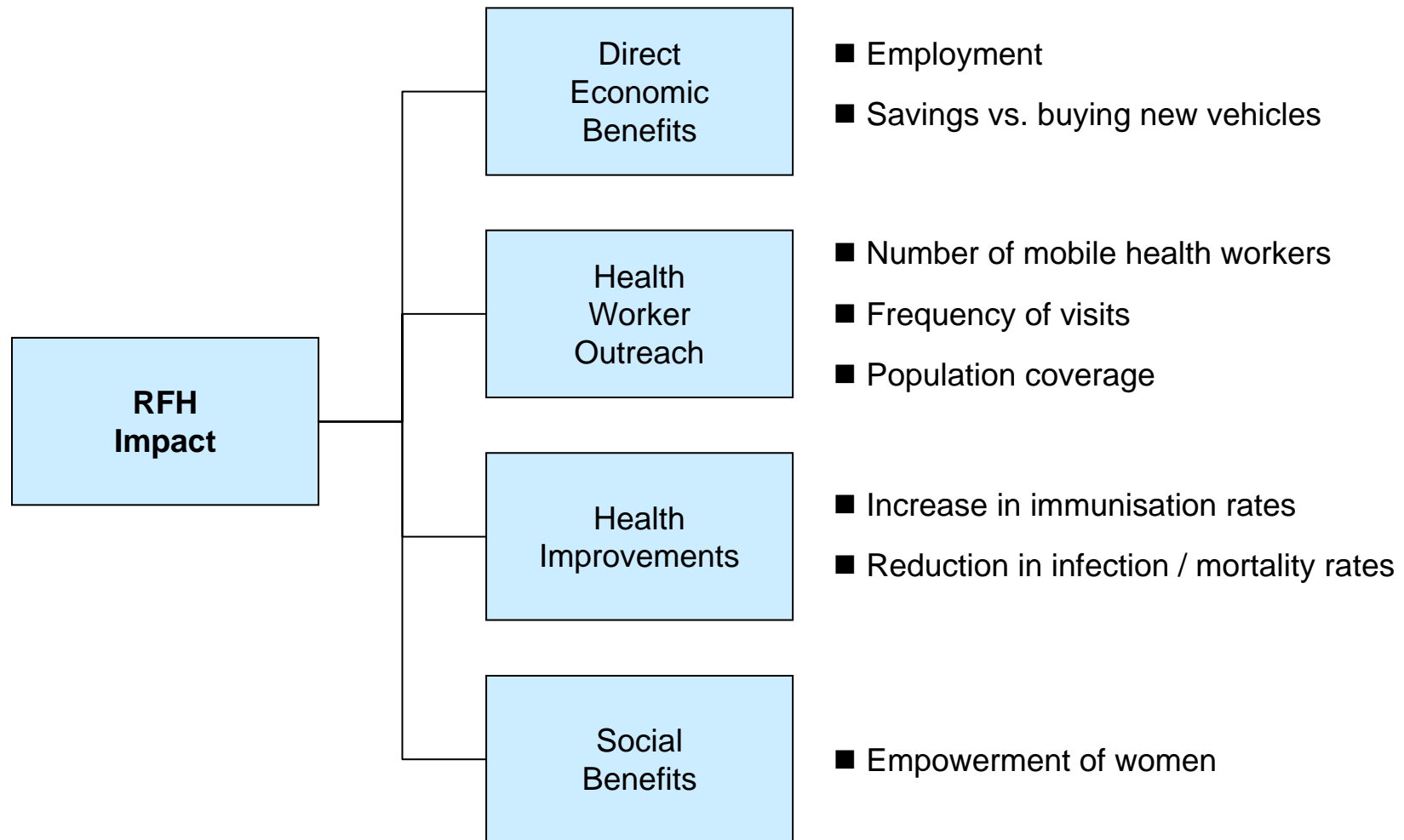
Overview of RfH



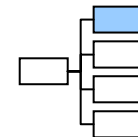
Riders provides sustainable development benefits by creating self-sustaining, indiginised organisations to maintain health worker vehicles



Riders' impact can be evaluated in terms of economic benefits, health worker outreach, health improvements and social benefits



Riders has created significant skilled employment in challenging economic conditions



Employment Performance

Riders African Employees by Country

No. of Employees

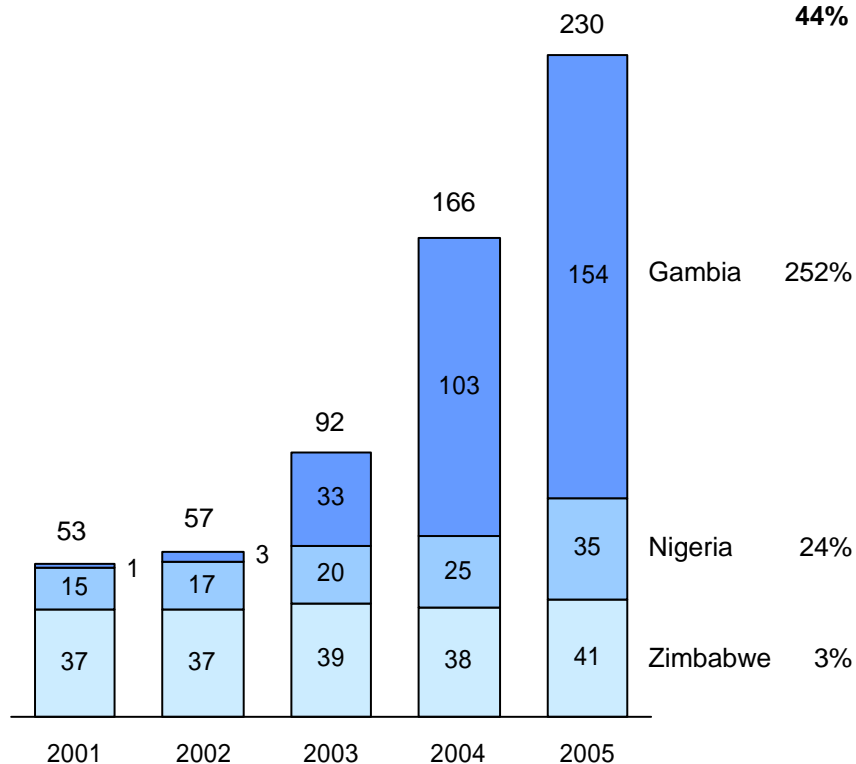
CAGR
01-05

44%

252%

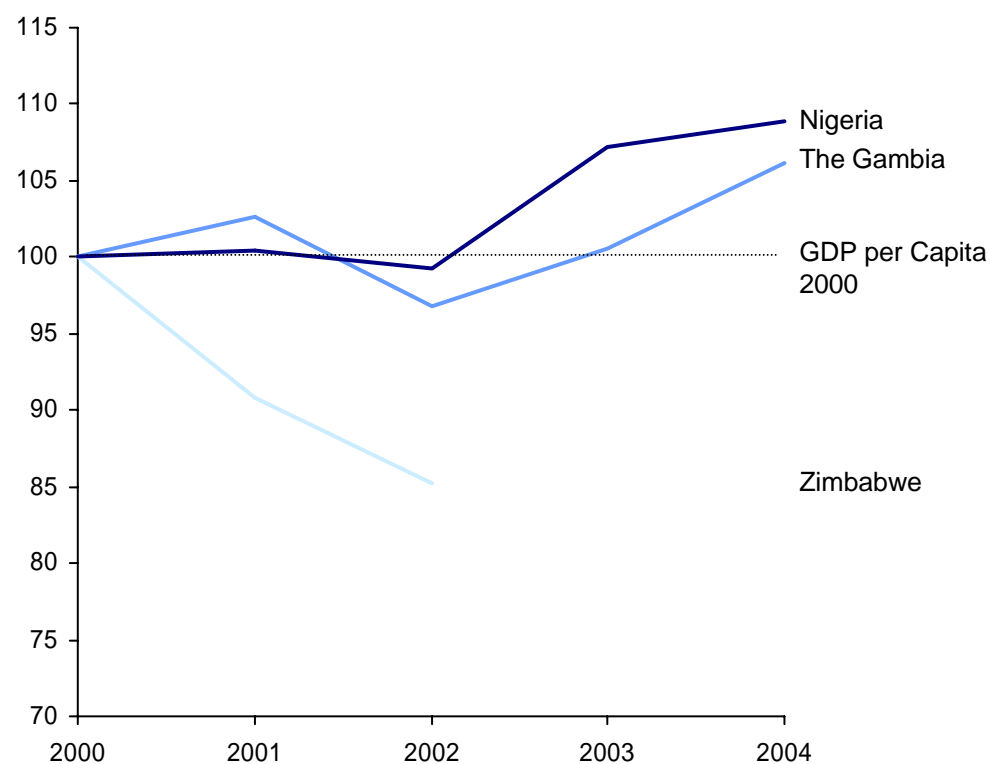
24%

3%



Real GDP per Capita, 2000–04

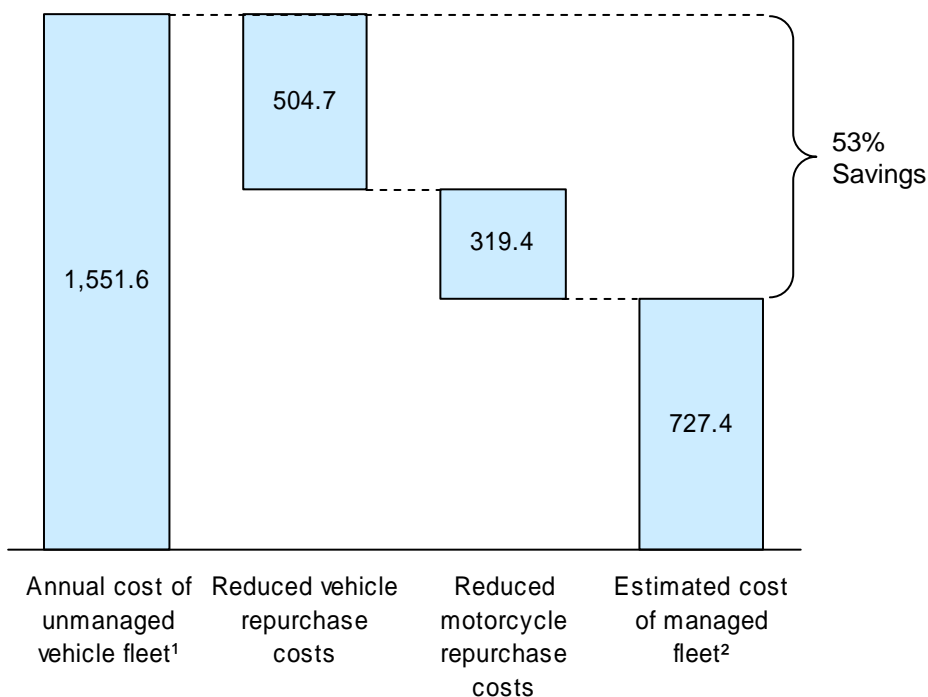
Indexed, 2000 = 100



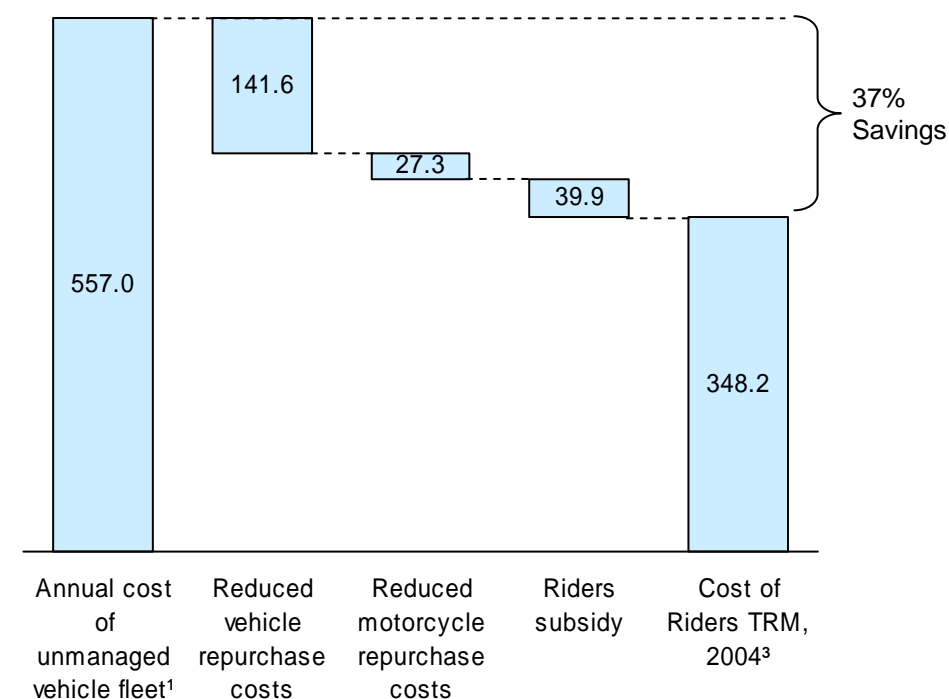
Approximate Overall Health Vehicle Fleet Maintenance Savings, Managed vs. Unmanaged, Zimbabwe & Gambia

Indicative

Zimbabwe, Dpt. of Health vehicles, 2004
£k



Gambia, Dpt. of Health & World Bank Funded Vehicles, 2004
£k



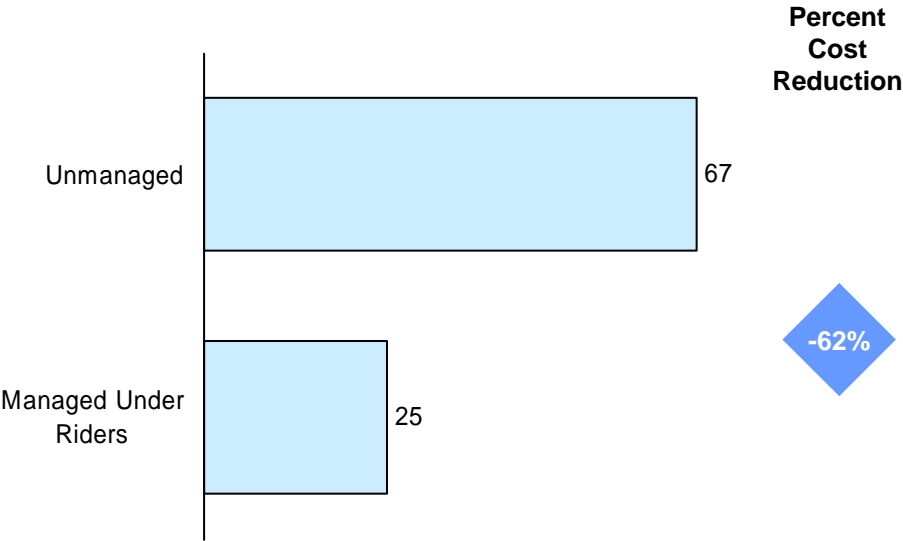
1. Assumes that vehicles are re-purchased on rolling basis to maintain the fleet at its current size; Vehicles last 100k km, motorcycles last 20k km
2. Riders billed only a portion of this, c.£290k as it was not saving for replacement vehicles; assumes vehicles last 250k km, motorcycles last 80k km
3. Close to Riders billings – estimated at c.70% of logistics billings; assumes vehicles last 250k km, motorcycles last 80k km

Source: RfH, OC&C analysis

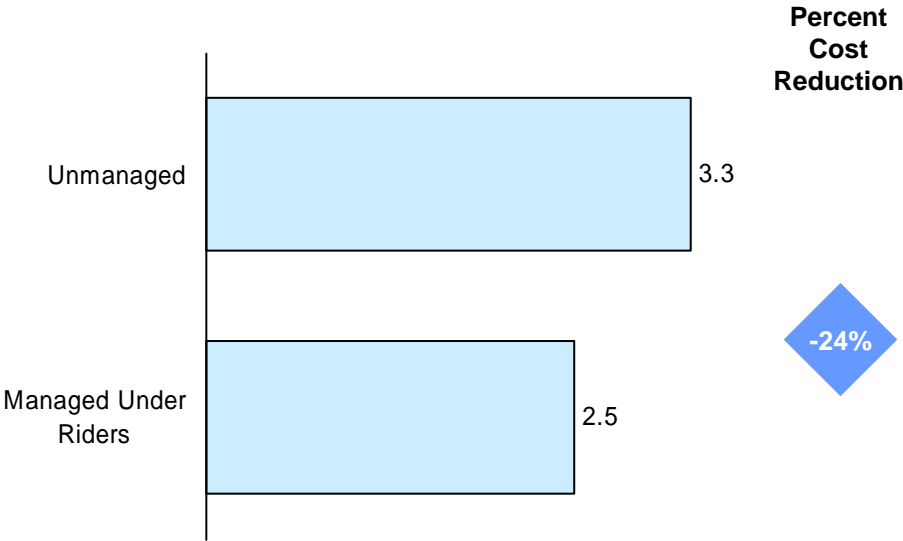
Riders has dramatically reduced the fleet maintenance costs associated with health worker outreach in Zimbabwe and Gambia

Fleet Maintenance Savings, Unmanaged vs. Managed Under Riders Indicative

Estimated Annual Motorcycle Fleet Maintenance Cost per Thousand Population Reached by EHT in Zimbabwe¹
£ pa

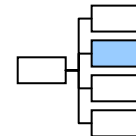


Estimated Annual Vehicle Fleet Maintenance Cost per Person Treated per Month by Nurses at Outreach Clinics in The Gambia²
£ pa



1. Includes replacement costs; assumes motorcycles reach 20k people per month (interviews); motorcycles assumed to last 20k km unmanaged, 80k km managed (interviews)
 2. Includes replacement costs; assumes nurses can treat 1,800 people per day at an outreach clinic (interviews); vehicles assumed to last 100k km unmanaged, 250k km managed (interviews)

Source: RfH, Interviews, OC&C analysis

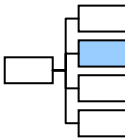


Riders keeps health workers from a variety of organisations ‘on the road’

Key Organisations Supported by Riders

Organisation	Key Activities	Vehicles Services by Riders ¹		Verbatim: Impact of Riders
		IS	TRM	
Dpt. Of Health, Zimbabwe	<ul style="list-style-type: none"> General health provision / education Sanitation 	47	469	<ul style="list-style-type: none"> “With Riders, we can deliver our emergency services, we can visit the communities, we can help people.” – Permanent Secretary
Dpt. Of Health, The Gambia	<ul style="list-style-type: none"> General health provision / education Sanitation 	162	43	<ul style="list-style-type: none"> “Without Riders, nothing would move. Our health programs would stop” – Director of Info. & Planning
UN House, Nigeria	<ul style="list-style-type: none"> Broad range of Health and Development programmes 	200	0	<ul style="list-style-type: none"> “The vehicle maintenance provided by Riders is critical in servicing the health needs of the Nigerian people” – Manager, UN House
WHO, Nigeria	<ul style="list-style-type: none"> Polio vaccination program 	0	127	<ul style="list-style-type: none"> “Currently, no-one else could maintain our vehicles... if the vehicles can’t run we can’t go into the field” – Transport Manager, WHO
Farm Community Trust of Zimbabwe	<ul style="list-style-type: none"> Child care program Extended immunisation program Basic education program HIV program 	1	77	<ul style="list-style-type: none"> “We understand that the benefits we deliver to the community are as a direct result of Riders. It is very easy to watch a whole community of children be wiped out by Malaria just because you cannot access them.” - Deputy Director
FOST Zimbabwe	<ul style="list-style-type: none"> Child nutrition program, reaches 24k children directly, 46k by training teachers Emotional and psychological support programs for orphans; supports 70 children-headed households 	6	16	<ul style="list-style-type: none"> “Most of these [disadvantaged] children live off unbelievably bad roads. Riders enables us to get to these communities.” – Director
Christian Care Zimbabwe	<ul style="list-style-type: none"> Food distribution Sanitation activities Education 	37	0	<ul style="list-style-type: none"> “We are happy with Riders. They help us do what we have to do.” - National Logistics Officer

1. Includes motorcycles
Source: Interviews, OC&C analysis



Riders dramatically increases the number of health workers that can be kept mobile on a given budget

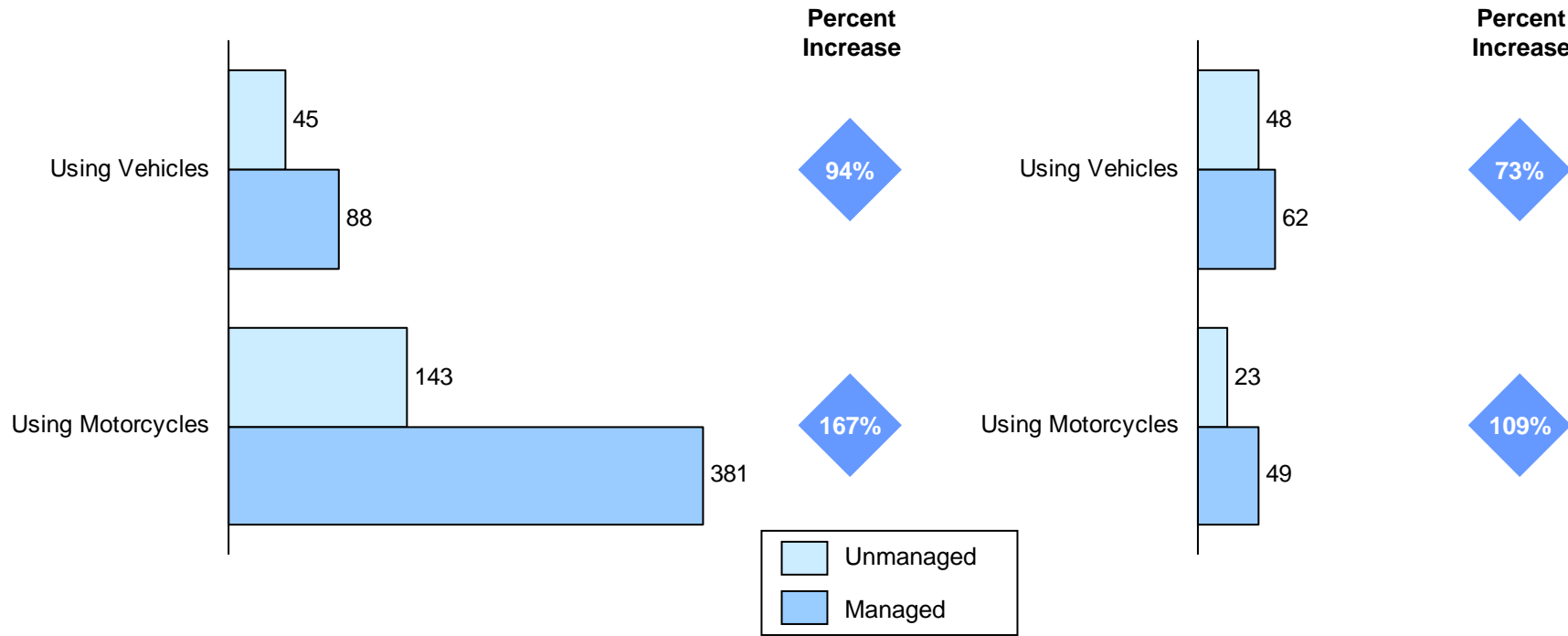
Estimated Number of Health Workers Each Country Could Afford to Keep Mobile Given its 2004 Budget, Unmanaged vs Managed Fleet¹

No. of Workers

Indicative

Zimbabwe

The Gambia²



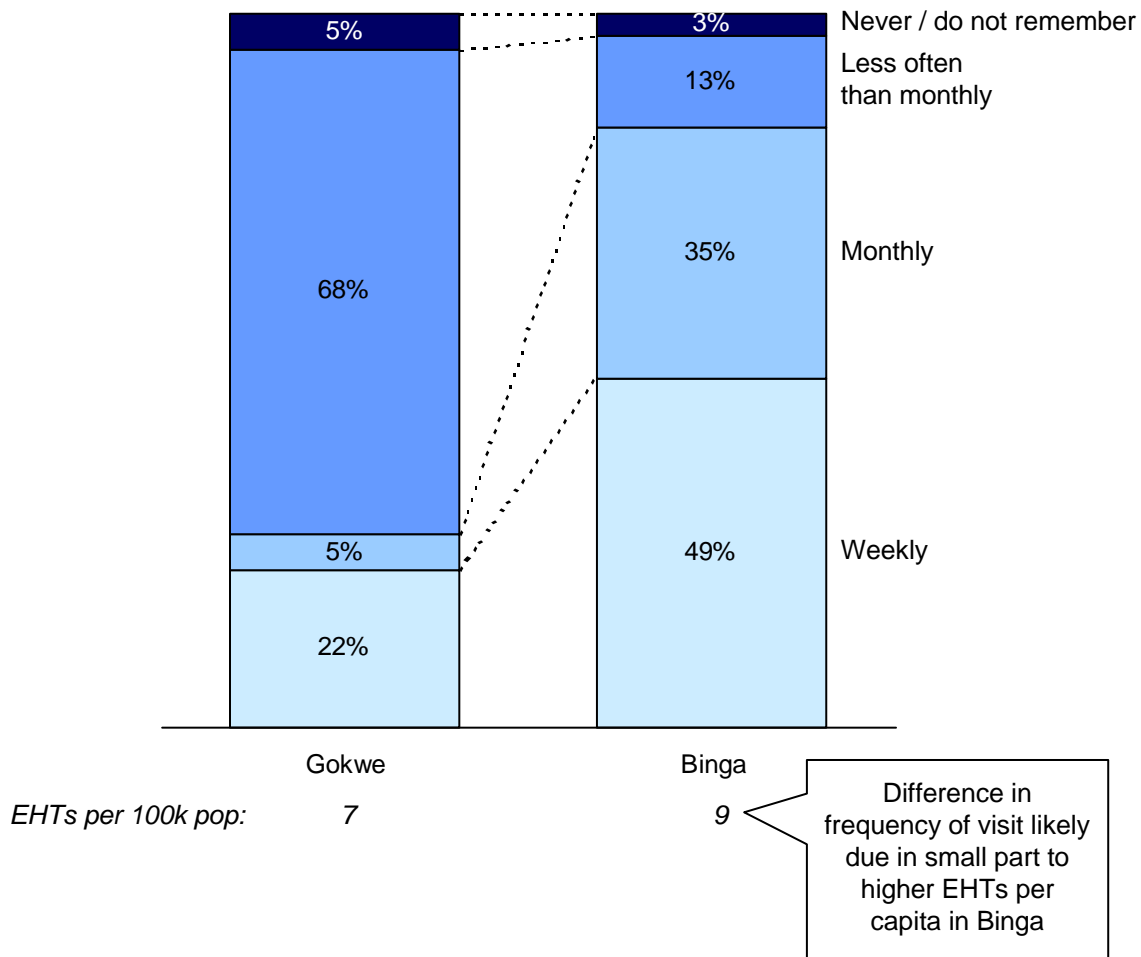
1. Assumes one health worker per vehicle; vehicles assumed to last 100k km unmanaged, 250k managed; motorcycles assumed to last 20k km unmanaged, 80k km managed
2. Some of the budget included here was paid for by the World Bank

Source: RfH Vehicle Data, Interviews, OC&C analysis



Frequency of EHT Visits, Gokwe vs. Binga

%



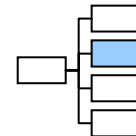
Source: RfH, OC&C analysis

Verbatim

Mobile health workers can reach more people ...

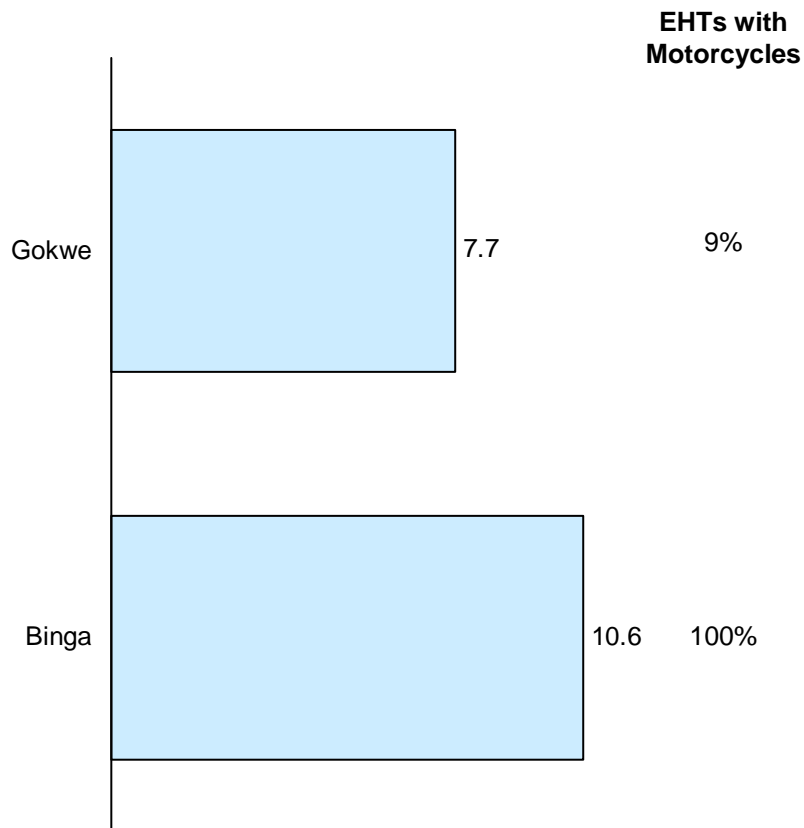
- *"The only time you see an EHT working is when they have the means to do so. And that's the motorcycle."*
– Permanent Secretary, Dpt. Of Health, Zimbabwe
 - *"Before EHTs got motorcycles, our lives were very much harder. Now we are always informed about disease before they happen."*
– Community Leader, Zimbabwe
 - *"If the EHT is not mobile, disease outbreaks will go unnoticed. No one will get help."*
– District EHT Head, Zimbabwe
 - *"We see 250-350 people a day in our remote clinics. We take the ambulance and go out to meet the people."*
– Nurse, The Gambia
- ... and visit them more frequently**
- *"It was very difficult before the motorcycles. We had to walk 50km to reach some villages. A village could wait 3 months before receiving a visit."*
– EHT, Zimbabwe
 - *"Before I had a motorcycle, I had to walk and cycle. Now I can visit 4 or 5 times a month, before it was only sometimes once a month."*
– Nurse, The Gambia

Mobile health workers supported by Riders appear to reach more people, and to visit them more frequently

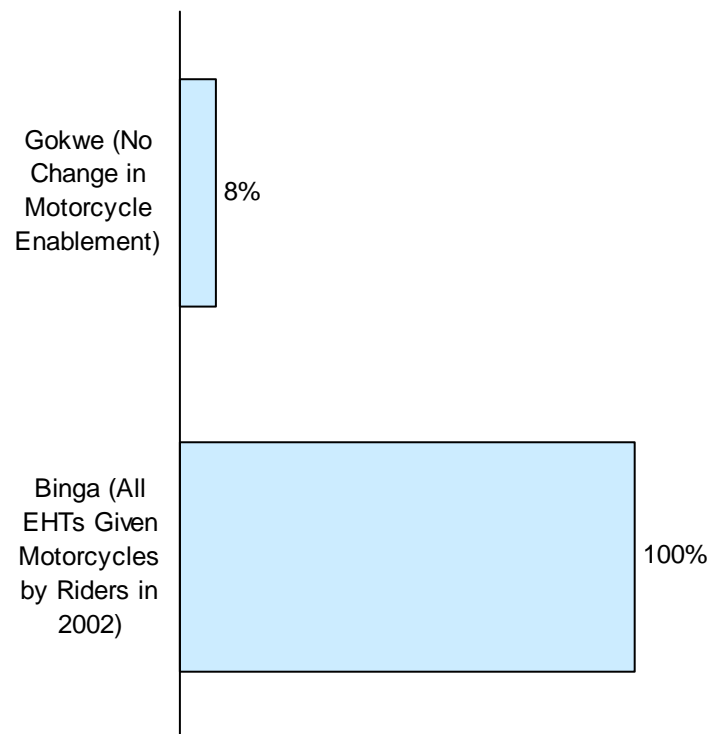


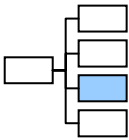
Visit Frequency

Population Visited Over Two Months per EHT
000 people



Percent of Population Surveyed Indicating Increase in EHT Visits, Binga vs Gokwe, 2001–02
%





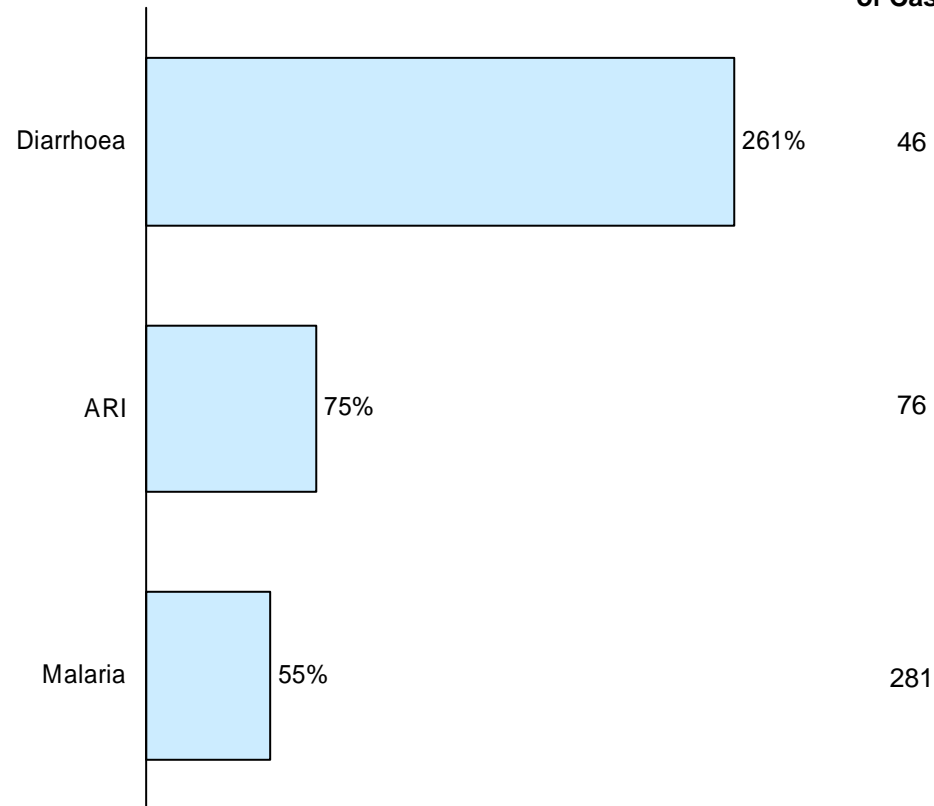
The mobility afforded by Riders enables health workers to diagnose and treat more patients

Riders Impact on Patient Diagnoses and Treatment

Change in Cases Diagnosed Before and After Riders Operations Began in Gambia, 2001vs. 2002

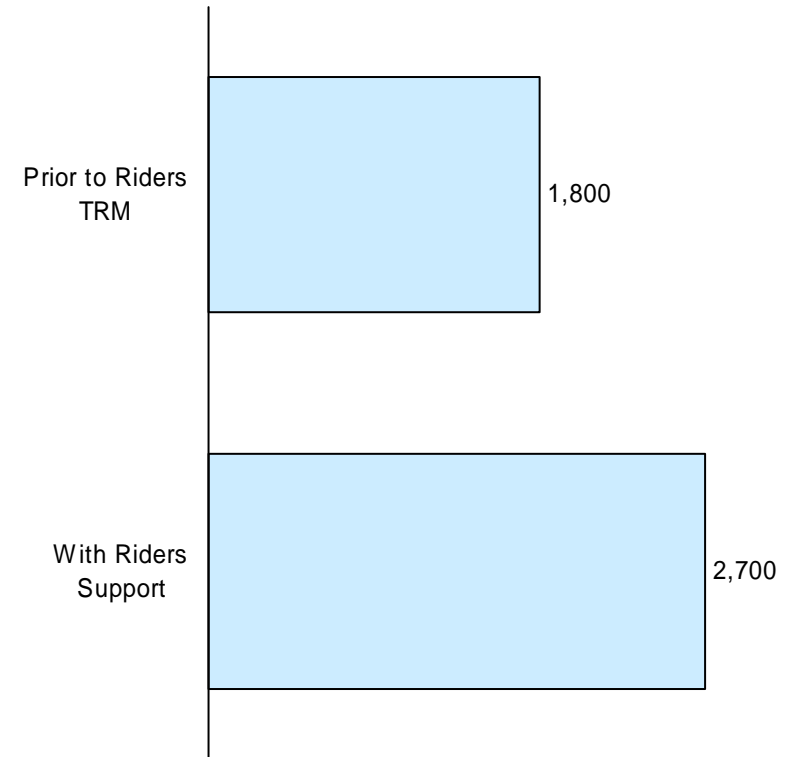
%

2002 No.
of Cases

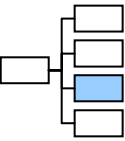


Number of Patients Treated at Field Clinics Set Up Using a Single Ambulance, Kuntair Health Centre The Gambia, Pre vs. Post Riders

No. of Patients per Month

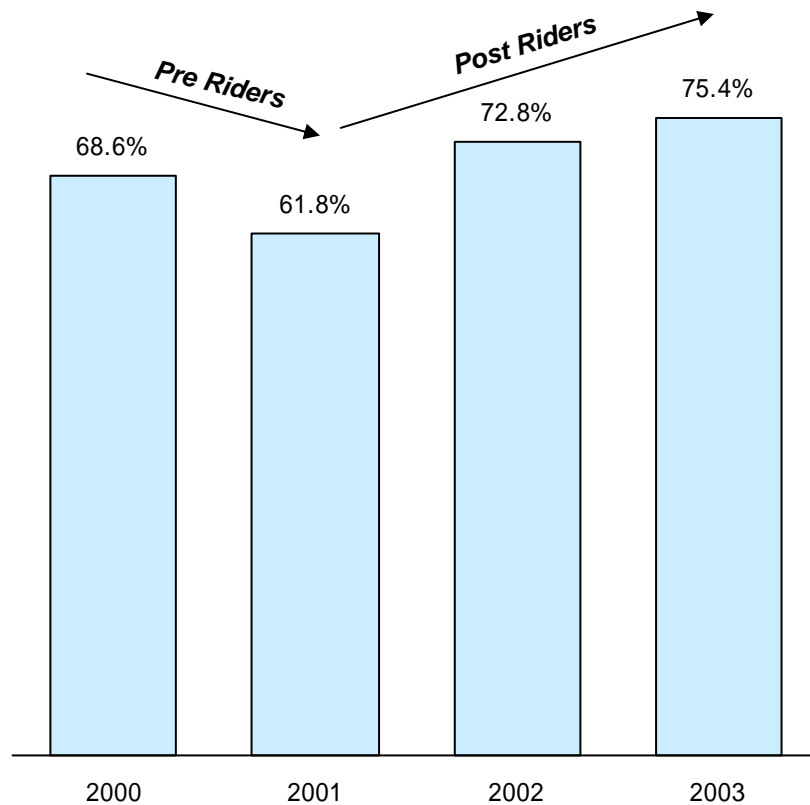


Riders appears to have enabled an increase in the proportion of fully immunised infants in The Gambia, and a decrease in Malaria deaths in Zimbabwe

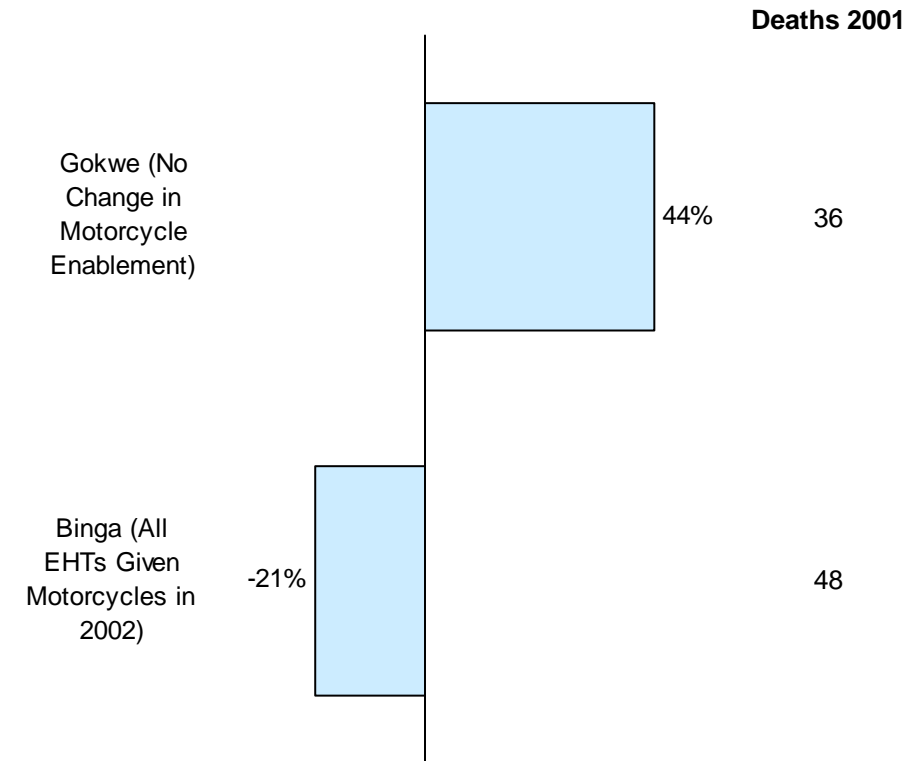


Impact of Riders on Health

Infants Fully Immunised, The Gambia, 2000–03
%



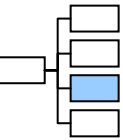
Change in Malaria Deaths in Neighbouring Districts,
Binga vs Gokwe, 2001–02
%



Left: Health worker Manyo Gibba visits a community in the Gambia

Right: Health workers in Binga district, Zimbabwe





Health workers and community leaders attest to both a reduction in illness and improved access to treatment as a result of Riders' activities

Impact of Riders on Health

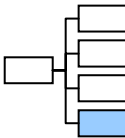
Reduction in Illness

- *"We used to have annual cholera outbreaks. But since we got the motorcycles [in 1998], there have been only 3 outbreaks... We are having our first anthrax outbreak in five years. Before the motorcycles, we had them every year."*
 - EHT Regional Director, Zimbabwe
- *"People are quite happy with Riders because they are getting less sick. We are seeing diseases reducing."*
 - Director HEAD Zimbabwe
- *"Riders provides my motorcycle and my monthly fuel. Now I can visit my villages several times a month. Diarrhoea and malaria have reduced. The locals are providing better health care for themselves."*
 - Nurse, The Gambia

Access to Treatment: Uhuru¹ Pilot Program

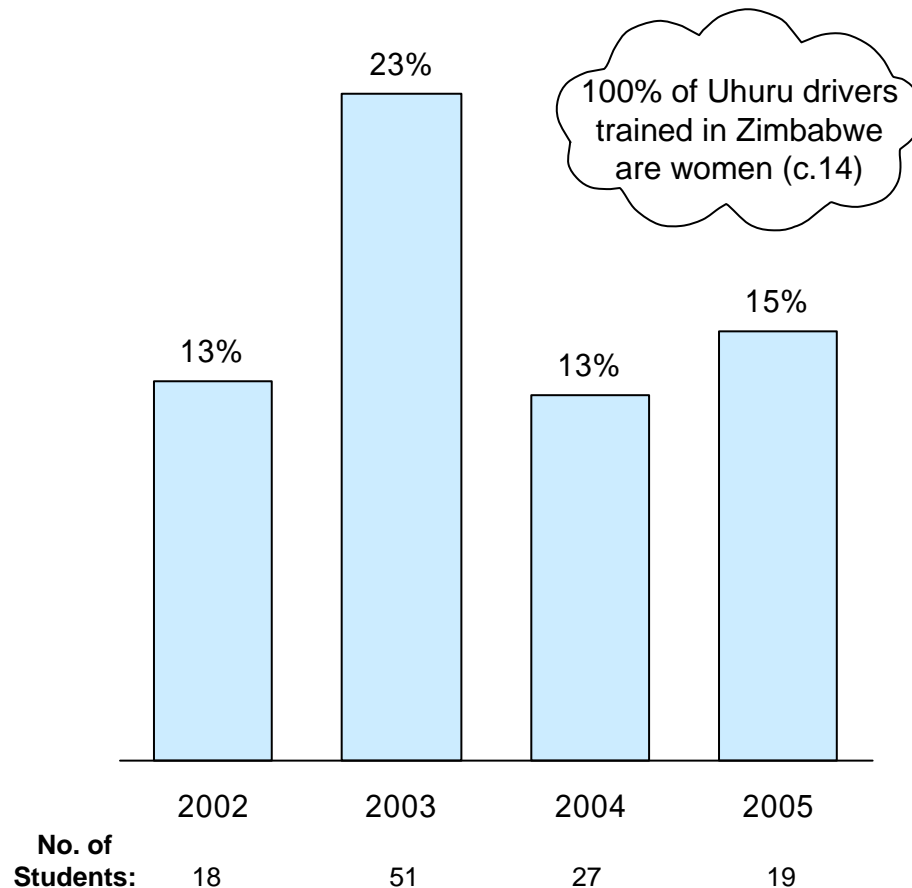
- *"The ambulance we have decreed can only go on tarred road. This is to maintain the vehicle. As a result, the Uhuru is making a big difference by taking people from the village to the clinic and from the clinic to the hospital."*
 - EHT Regional Director, Zimbabwe
- *"We have this bike, it has really helped by taking the sick to the clinics, produce to the markets and pumping water. People are having a better life now."*
 - Community Leader, Zimbabwe
- *"When I am on duty. I am up at 6am and home at 6pm. I ride all day taking the sick people to the hospital."*
 - Uhuru Driver, Zimbabwe





Riders has empowered women in Zimbabwe

Female IAVM Students, 2002–05 % of Total

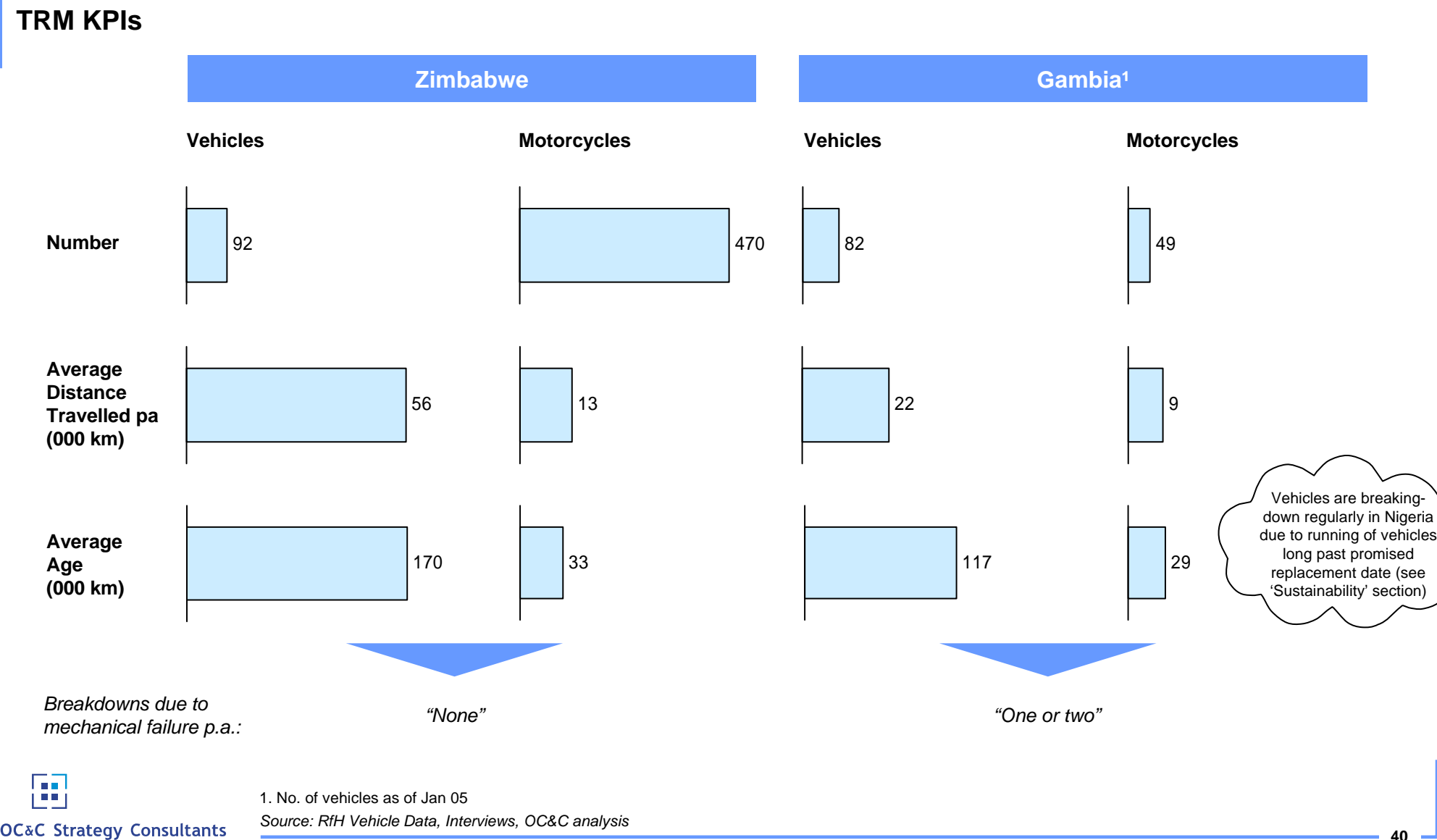


Commentary / Verbatim

- Riders trains substantial numbers of professional women health workers to ride motorcycles – traditionally a taboo
 - “We have a culture where men do some things and women do other things. Now here we have a program for children. The men will not work with children and the women can’t go to the children. The training puts the women on the bikes and gets them there.”
– Deputy Director, FCTZ
- The Uhuru project has empowered ‘civilian’ women by training them to ride and maintain motorcycles...
 - “Most of the Uhuru drivers are women. They are very much empowered. They are able to get jobs because of their work coordinating their communities and riding the bikes.”
– Director, HEAD
- ... and to run the Uhurus in their communities
 - “The Uhurus are run in the communities by committees – these are mostly women. They were most interested in the health care. Now you have men coming in because they can see how important the Uhuru is and how it can make money by taking things to the market.”
– Riders Uhuru Program Director

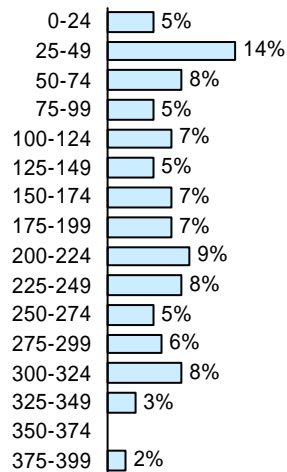


Riders appears to largely deliver on its zero-breakdown policy despite managing old, heavily driven vehicle fleets



Percent of TRM Vehicle Fleet by Age, Zimbabwe

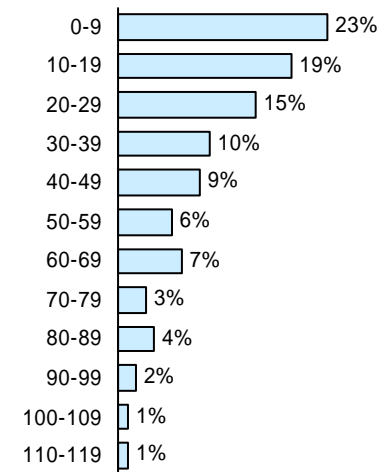
Age of Vehicle 000km



Source: RfH Vehicle Data, OC&C analysis

Percent of TRM Motorcycle Fleet by Age, Zimbabwe

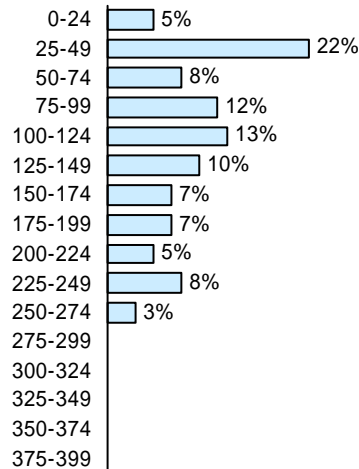
Age of Motorcycle 000km



Source: RfH Vehicle Data, OC&C analysis

Percent of TRM Vehicle Fleet by Age, Gambia

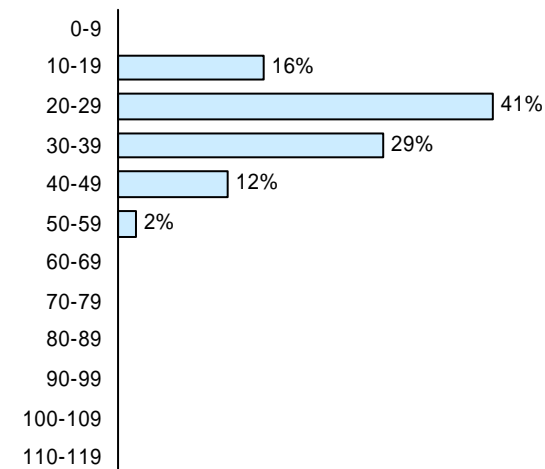
Age of Vehicle 000km



Source: RfH Vehicle Data, OC&C analysis

Percent of TRM Motorcycle Fleet by Age, Gambia

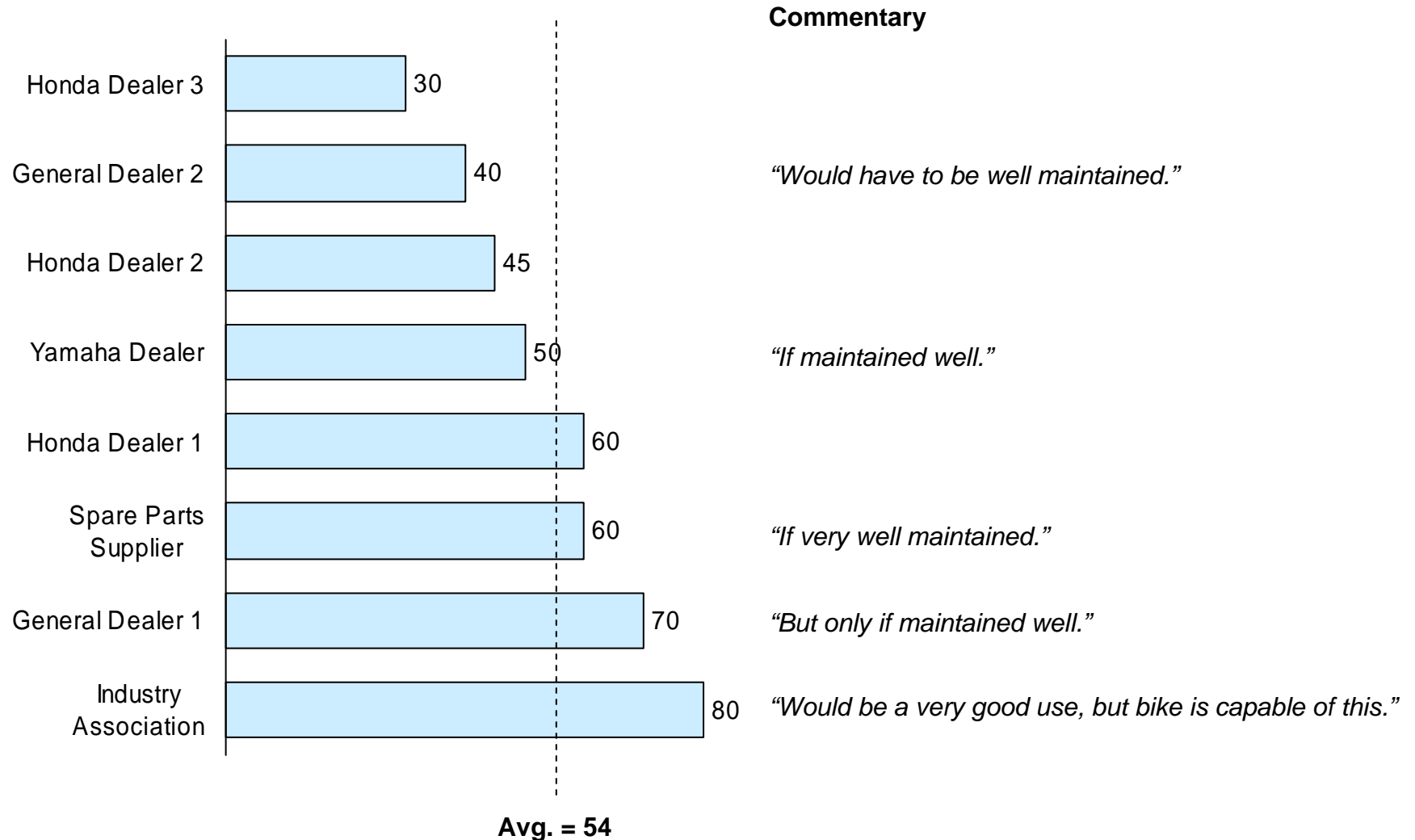
Age of Motorcycle 000km



Source: RfH Vehicle Data, OC&C analysis

“How long would you expect a well maintained motorcycle to last on bad roads like those you might find in Africa?”

000 km

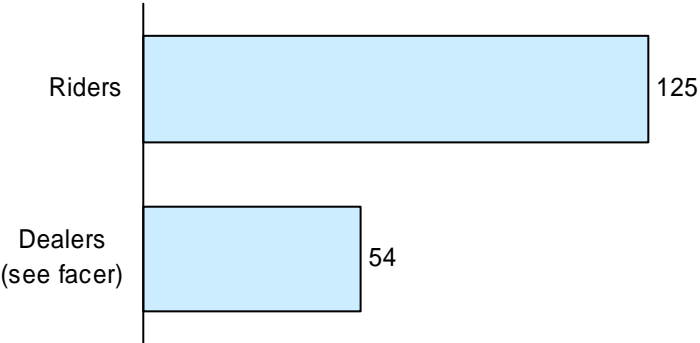


Source: Interviews OC&C analysis

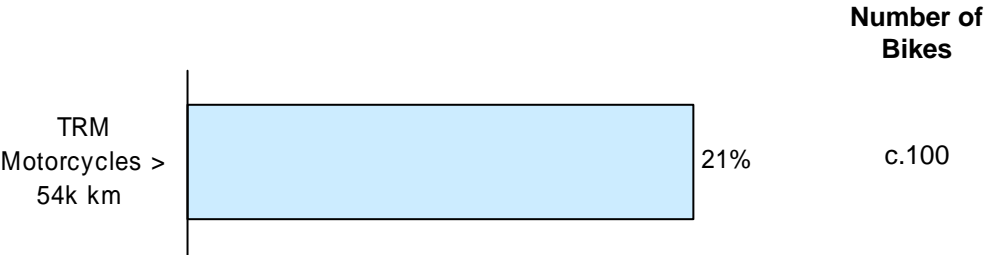
Riders' TRM program greatly extends vehicle life

TRM Performance Exceeds Expectations

Anticipated Life of a Well Maintained Motorcycle, Riders vs Dealers
'000 km



Percent of Motorcycles in Zimbabwe TRM that Exceed Dealers' Expected Useful Life of 54k km (see facer)
%



Verbatim

■ “We thought we would retire bikes at 80k km and vehicles at 250k km, but many are still meeting the TRM zero-breakdown policy, so we keep running them. The maximum depends on the terrain, we have one that is over 400k km. I’d say that on average the vehicles are staying in TRM to about 350k km and motorcycles to 125k km.”

– Data Manager, Zimbabwe

■ “At 200k they were supposed to replace the vehicles, but they keep raising the km. But they don’t breakdown.”

– Permanent Secretary, Dpt. Of Health, Zimbabwe

■ “Before Riders, we got motorcycles sometimes and they would be gone in a year or two. Some would not even be reaching 10k km. Riders has extended the life of our motorcycles five or six times.”

– EHT Regional Director, Zimbabwe



Riders' Garage in Harare



Riders' TRM integrated training program appears comprehensive, and is highly rated by participants

Driver Training

Training Programs

- Motorcycle Riding and Basic Maintenance
 - Ten day course focused on theory and practice of motorcycle riding and maintenance
 - Teaches PLANS (Petrol, Lubrication, Adjustment, Nuts, Stop) driver motorcycle maintenance program
- Motor vehicle Driving and Basic Maintenance
 - Typically 3 day course on defensive, low-impact driving and preventative maintenance
 - Teaches FLOWERS (Fuel, Fluid, Lubrication, Oils, Water, Equipment, Rubbers, Stop) vehicle driver maintenance program
- Other courses include
 - Uhuru Riding and Maintenance
 - Motorcycle Fleet Management
 - General Fleet Management

Commentary on Quality of Training

Participants Remark on Quality

- *"The quality of the training and its atmosphere was friendly and done splendidly".*
- *"Knowledge and information regarding both practical and theory was passed to students well".*
- *"I just want to thank the staff for the job well done."*
- *"The training was an eye opener."*

Customers Believe Training Extends Life of Vehicles

- *"The training is excellent. Now we even have training for management. They develop vehicle sympathy' and then vehicles last longer."*
 - Deputy Director, Farm Community Trust Zimbabwe
- *"The training is really helping us maintain our vehicles."*
 - Permanent Secretary, Dept. Of Health Zimbabwe
- *"I was trained by Riders and if you look at the vehicle I am driving after two years compared to someone using a vehicle for only 6 months you see a very major difference – my vehicle is like new and theirs is like old."*
 - National Logistics Officer, Christian Care

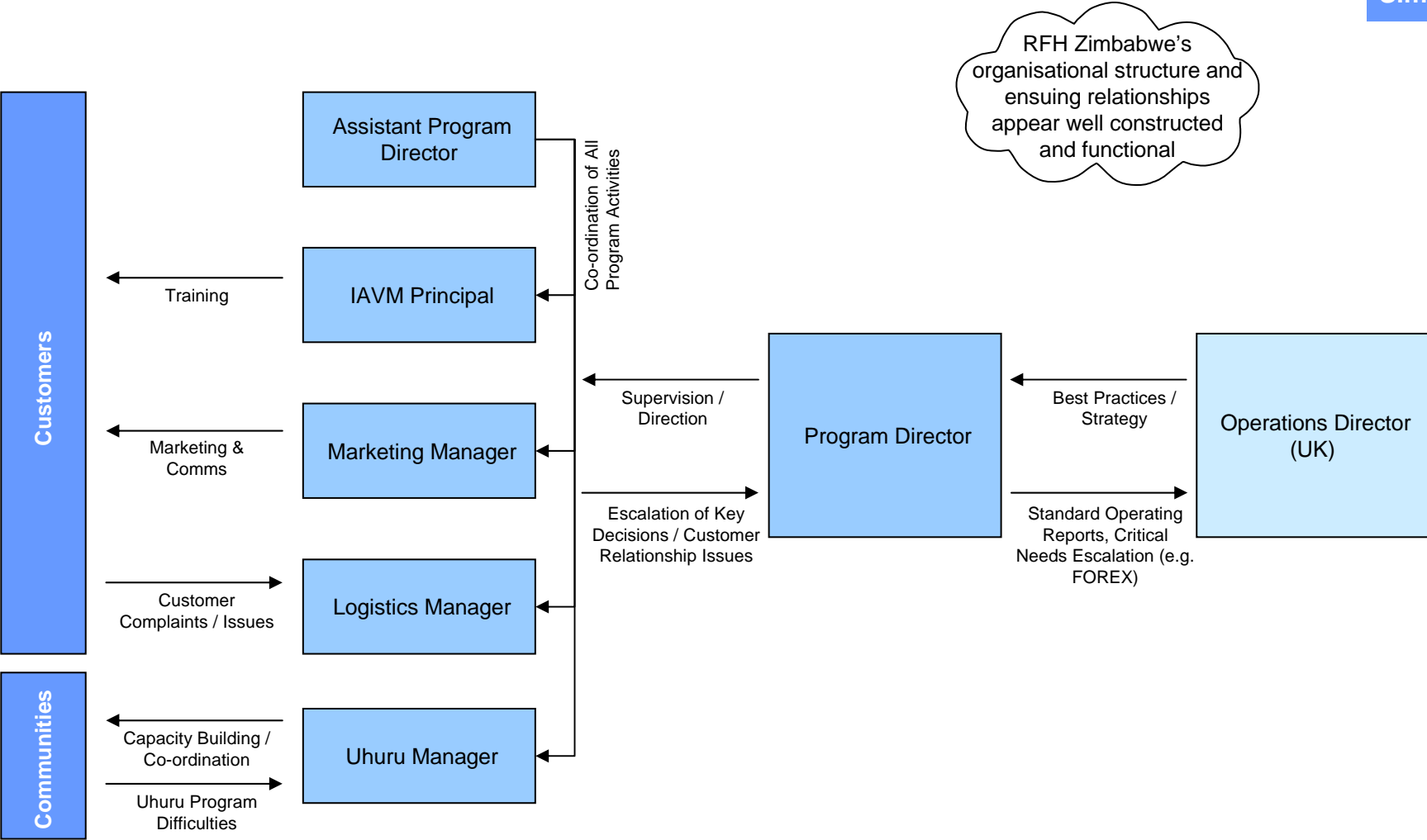


The International Academy of Vehicle Management (IAVM)



Zimbabwe organisational Relationships / Information Flows

Simplified



Source: RFH Org Chart, Interviews, OC&C analysis

Riders exhibits a high degree of organisational sustainability

Organisational Sustainability

Reliance on CEOs

- *"Andrea and Barry are the big picture people. They give us direction and it is our job to execute."*
 - Operations Director (UK)
- *"Andrea has final approval on outgoing material; Barry has similar approval on internal comms and comms to governments. Increasingly, they only really look at final copy."*
 - Communications Director (UK)
- *"Barry comes down once or twice a year. He comes and moves around to see what is here compared to before."*
 - Program Director (Zimbabwe)
- *"Barry did all the negotiations. He comes down once year."*
 - Assistant Program Director (The Gambia)
- *"We do the negotiations ourselves now"*
 - Program Director (The Gambia)

CEOs are not critical to operational sustainability

Independence of Country Ops.

- *"The country programs are autonomous, I just co-ordinate them so that they are all moving in the same direction. I also try to get them things that they need to keep going, like computer equipment."*
 - Operations Director (UK)
- *"The programs run themselves and simply send the figures through."*
 - Finance Director (UK)
- *"We do a lot of our decisions here. We report monthly to the UK on our activities. In a week, we will communicate by phone. They are coming down from the UK once every three months, and we have a management meeting once a year."*
 - Program Director (Zimbabwe)
- *"The UK is supporting us. They are making sure that when there is advancement in one country, it is in all countries."*
 - Assistant Program Director (The Gambia)

Decision-making is devolved to Country Ops

HR & Career Progression

- *"I started with Riders in 1996 as a mechanic and worked my way up to program director here in Zimbabwe."*
 - Program Director (Zimbabwe)
- *"I was working for Save the Children and came to Riders as a receptionist. One job led to another and now I am assistant program director."*
 - Assistant Program Director (Zimbabwe)
- *"Mohale, our UK based Operations Director, was trained on the motorcycles in 1991."*
 - Program Director (Zimbabwe)
- *"I was Director of Planning and our Program Director – Therese – was Permanent Secretary of Dpt. Of Health"*
 - Assistant Program Director (The Gambia)
- *"I have been doing the [drivers'] training with Riders since 1999. I am now the Principal of the IAVM."*
 - IAVM Principal

Employees are unlikely to churn en masse



The Riders model could be replicated in other geographies, with some adaptation to the local environment

Replicability of Model

Market Similarities

- Many Sub-Saharan African countries appear to share Zimbabwe's attributes
 - Large markets
 - Large NGO communities
 - Large numbers of government managed vehicles
 - Low competitive intensity
 - Riders appears to be only TRM solutions provider in SSA
 - Potential for high impact
 - Lack of accessible health care in rural areas
 - Substantial rural populations

Replication Potential

General Applicability of Riders Solution

- Riders hub and spoke model likely to be appropriate for most countries
- Riders solution proven to work in multiple geographies
 - Zimbabwe
 - The Gambia
 - Nigeria
- Riders has managed to successfully replicate itself in the past
 - Replication teams are in place and experienced: *"In 1999 we helped set up the program in Nigeria. Then we were involved in the formation of the Gambia operation in 2002. Giving them support and also having their technicians coming here for training."*
 - Program Director, Zimbabwe





END OF PRESENTATION