

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



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

Executive Summary

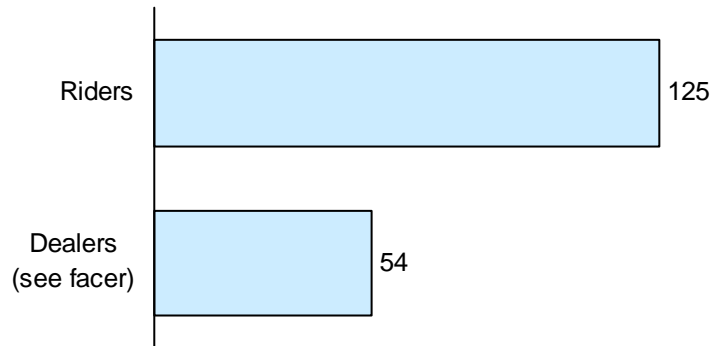
- Riders provides sustainable development benefits by creating self-sustaining, indigenised organisations to maintain health worker vehicles (see facer)
 - Economic benefits
 - Riders has created significant skilled employment in challenging economic conditions (i.e. high / hyper inflation, poor GDP 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



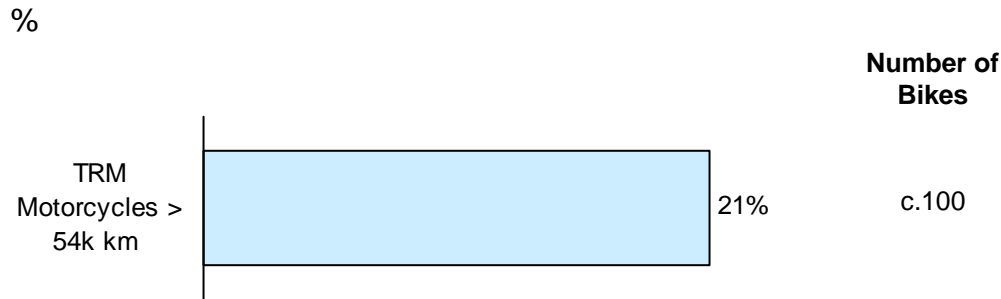
Riders' TRM program greatly extends vehicle life

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

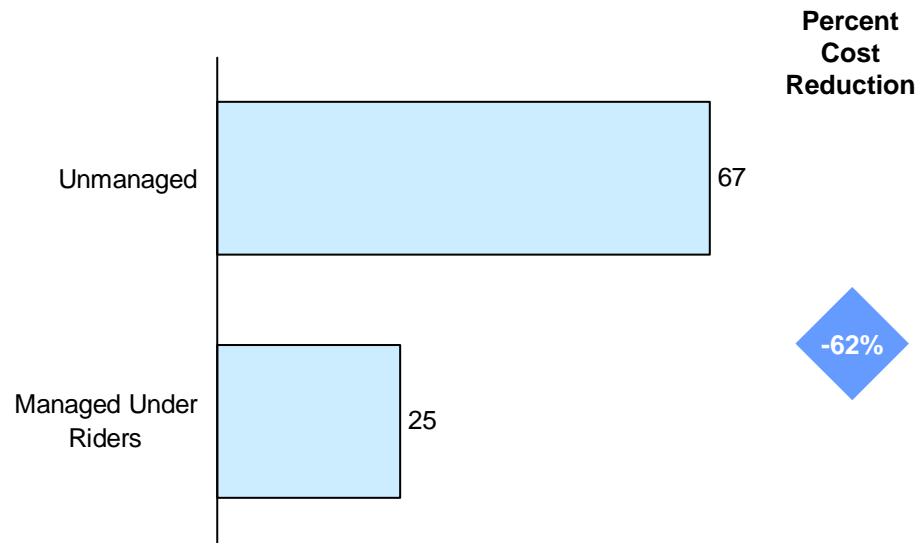


Riders has dramatically reduced the fleet maintenance costs associated with health worker outreach in Zimbabwe and Gambia

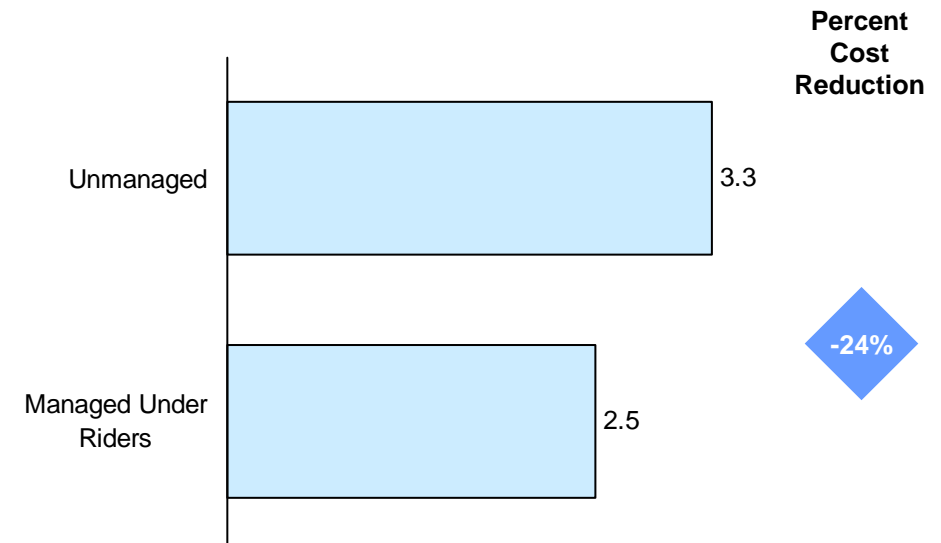
Fleet Maintenance Savings, Unmanaged vs. Managed Under Riders

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

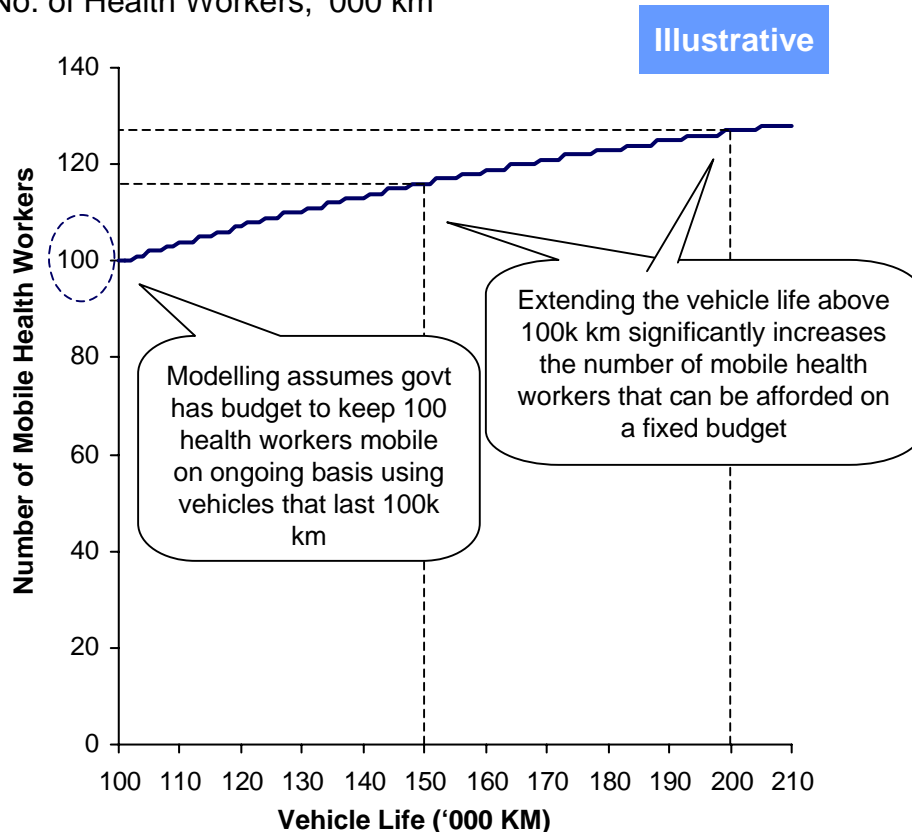


Transport resource management / interval servicing can increase health worker mobility by extending the life of vehicles and reducing breakdowns

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



1. Excludes accidents, conservatively assumes equal cost per km for maintained vs. non-maintained vehicle (i.e. no major events)

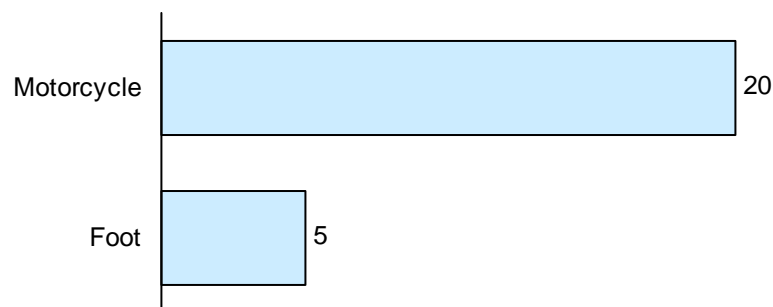
Source: RfH 999 Document, Interviews, OC&C analysis

Creating 'mobile health workers' dramatically improves access

Impact of Mobility on Health Access

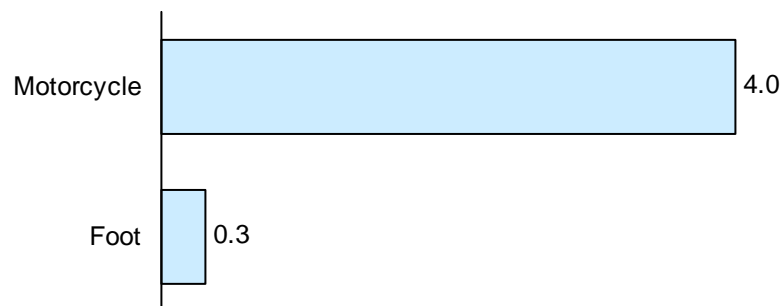
Population Covered by Health Worker in Zimbabwe by Mode of Transport

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



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"> ■ <i>“With Riders, we can deliver our emergency services, we can visit the communities, we can help people.”</i> – 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"> ■ <i>“Without Riders, nothing would move. Our health programs would stop”</i> – 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"> ■ <i>“The vehicle maintenance provided by Riders is critical in servicing the health needs of the Nigerian people”</i> – Manager, UN House
WHO, Nigeria	<ul style="list-style-type: none"> ■ Polio vaccination program 	0	127	<ul style="list-style-type: none"> ■ <i>“Currently, no-one else could maintain our vehicles... if the vehicles can’t run we can’t go into the field”</i> – 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"> ■ <i>“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.”</i> - 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"> ■ <i>“Most of these [disadvantaged] children live off unbelievably bad roads. Riders enables us to get to these communities.”</i> – Director
Christian Care Zimbabwe	<ul style="list-style-type: none"> ■ Food distribution ■ Sanitation activities ■ Education 	37	0	<ul style="list-style-type: none"> ■ <i>“We are happy with Riders. They help us do what we have to do.”</i> - National Logistics Officer

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

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

