Riders for Health (Riders) is an international non-governmental organisation (NGO) that works to ensure all health workers in Africa have access to reliable transportation so they can reach the most isolated people with regular and reliable healthcare.

By managing and maintaining the vehicles used in the delivery of healthcare and other vital services to rural communities in Africa, Riders allows a number of partners (including ministries of health and local and international NGOs) to deliver their services predictably and cost-effectively. In addition, Riders trains public health workers in how to ride or drive vehicles safely and carry out basic checks and maintenance.

Since Riders launched its first national programme in 1991 in Lesotho, it has successfully replicated its work in Zimbabwe, the Gambia, Nigeria, Kenya, Tanzania and Zambia. In 2010, Riders employed 275 people in Africa, maintained more than 1,400 vehicles and enabled health workers to reach 10.8 million people. In the Gambia, Riders has helped increase the proportion of fully-immunised infants from 62 per cent to 73 per cent. In Zimbabwe, there has been a 21 per cent decline in malaria in the Binga district, where all health workers are now mobile, compared with a 44 per cent increase in a neighbouring district.
For governments and organisations across Africa to use the Riders service to manage their vehicle fleets effectively

- For health workers and outreach staff to maintain two- and four-wheeled vehicles and ride/drive them safely

### 2. CUSTOMER ORIENTATION
- Consultations with public health workers
- Examination of motorcycle use and maintenance arrangements
- In-depth review of funding and policy environments of international development and African health funding
- Mapping of potential supporters of transport for development assistance

### 3. THEORY
- **Social Cognitive Theory:** People learn behaviours based on personal, environmental and behavioural factors

### 4. INSIGHT
- Basic preventive maintenance has a big impact on the operational lives of vehicles
- Failure to prioritise transport
- Lack of mechanical expertise
- Lack of training for health workers on properly using vehicles
- Purchase of inappropriate vehicles

### 5. EXCHANGE
**Barriers:**
- Financial – Lack of money or resources of organisations to invest in vehicle maintenance programmes
- Physical – Rugged, treacherous terrain; Poor electricity and telecommunications infrastructure

**Benefits:**
- Health – Health workers can reach isolated communities and diagnose and treat more patients
- Social – Health workers develop skills and knowledge needed to keep vehicles on the road and reaching people
- Economic – Reduces fleet maintenance costs

### 6. COMPETITION
- Preference of organisations and donors to fund drugs and healthcare staff, rather than transportation

### 7. SEGMENTATION
**Target audiences:**
- African governments
- Local community-based groups
- Health workers and outreach staff

### 8. METHODS MIX
- Four transport management systems developed, suitable for different kinds of scale and partnership
- Unique Cost-Per-Kilometre calculator helps organisations budget transport expenditures, based on distance travelled rather than for labour and parts
- International Academy of Vehicle Management set up in Zimbabwe to train health workers and fleet managers in safe riding/driving, basic maintenance and fleet management
- Promotion through networking, word of mouth, fundraising events, website, social networking sites and other media

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