Health profile:

- **Adult mortality ratio:**
  - Africa: 38.3% (383/1,000)
  - UK: 7.7% (77/1,000)

- **Maternal mortality ratio:**
  - Africa: 0.48% (480/100,000)
  - UK: 0.01% (12/100,000)

- **Incidence of tuberculosis:**
  - Africa: 0.28% (276/100,000)
  - UK: 0.01% (13/100,000)

- **Prevalence of HIV in adults:**
  - Africa: 4.7% (47/1,000)
  - UK: 0.2% (2/1,000)

Riders for Health are working to tackle one of the biggest challenges in health care development: transport and logistics. Strengthening health systems across sub-Saharan Africa, we manage vehicles on a reliable, predictable and cost-effective basis supporting our health-focused partners.

**Top five causes of death among children under five years**

1. Pneumonia
2. Diseases other than malaria
3. Malaria
4. Prematurity
5. Diarrhoea

Our vision is of a world in which no one will die of an easily preventable or curable disease because barriers of distance, terrain or poverty prevent them from being reached.

Outreach health workers can **see nearly six times more people** after being mobilised on a Riders-managed motorcycle.
Riders in Africa

Founders: Andrea and Barry Coleman
Staff: 300 (Africa)
35 (UK/USA)
Managed vehicles: 1,300

Main programme areas:
1) Mobilising health workers: Riders’ core programme provides professional outreach health workers with the transport (motorcycles, ambulances, trekking vehicles) they need to do their jobs.
2) Sample Transport (ST): a unique motorcycle courier service that addresses a fundamental need in health care delivery – the transportation of patient medical samples and test results between rural health centres and laboratories for testing.

HISTORY

1989
Operations in Nigeria are launched.

1999
A new programme with the Gambian Ministry of Health begins.

2001
Operations begin in Zambia.

2002
Riders starts working in Kenya.

2009
A ground-breaking vehicle leasing model is launched in partnership with the Ministry of Health in The Gambia.

2010
Our first-ever driving school opens in Zimbabwe.

2011
‘Sample Transport’ is introduced into Zimbabwe.

‘The best tools in the world don’t make a bit of difference if they don’t get out to where they’re needed.’
Nils Daulaire, former CEO and President, Global Health Council
Outreach health workers can double the time they spend in the community each week with reliable transportation. If health workers can spend more time offering health care services on an outreach basis, then they can reach more people and villages to ensure that all areas have access to these services.

Outreach health workers can see nearly six times more people after being mobilised on a Riders-managed motorcycle. This means that they can monitor disease burdens more effectively and also offer an important link for referring rural communities to formal health care when they need it.

Outreach health workers can organise nearly 3,500 extra health education meetings a month across Africa thanks to having available transport. Sharing information on disease control and prevention, means that community members are more likely to keep in good health as they will know how to prevent getting ill and will also recognise symptoms so that they know when to seek treatment.

60% more outreach health workers in Lesotho provide follow up care at least every six weeks since being mobilised. During these visits, they counsel patients, increasing the likelihood that the patient adheres to their treatment regime.

A mobilised outreach health worker in Kenya discovered a case of polio which launched a vaccination campaign. Catching a disease before it becomes an outbreak means that preventive measures can be taken which makes the disease easier to contain and control.

No outreach clinic is cancelled due to transport or fuel constraints in The Gambia thanks to reliable transportation at the health centres. If an outreach clinic is cancelled, many mothers will not walk the extra distance to receive services at the health centre.

Riders in The Gambia has ensured that high immunisation coverage can be maintained thanks to supporting the whole immunisation process with transport. Immunisation is one of the most important means of preventing childhood illness and death.

In Lesotho, the Sample Transport programme has cut the average turnaround time for test results in half. This means patients could be diagnosed more quickly and put on necessary treatment to make them better or to help them live healthier lives.

If you’d like more detail about Riders’ impact in each country, please see the country impact reports at www.riders.org
Introducing...The Riders story

1. Rural communities can be isolated from formal health care and often forced to walk for hours in harsh terrain to see a health professional...

2. ...so Riders for Health mobilise health workers with motorcycles and four-wheeled vehicles so they can deliver vital health care and advice to remote areas...

3. ...and because Riders trains health workers to carry out daily checks on their vehicles and technicians service them once a month, they never break down...

4. ...allowing health workers to travel further, reach more isolated villages, and spend longer with their communities...

5. ...as Riders’ reliable service contributes to strengthened health systems, this improves people’s faith in the health care system leading to healthier, happier communities.

Riders’ Vision
A world in which no one will die of an easily preventable or curable disease because barriers of distance, terrain or poverty prevent them from being reached.
Meet...Ngwarati Mashonga

Ngwarati Mashonga, Operations Director, Riders for Health

In 1996 Ngwarati Mashonga joined Riders for Health’s Zimbabwe programme as a motorcycle mechanic. He had been training as an apprentice technician since 1992, and he was now responsible for servicing bikes in Mashonaland Central province and in the west of the country in Binga.

As the programme grew and Riders’ technicians began managing more and more motorcycles, Ngwarati progressed through the organisation. In 2000 he began studying for his bachelors’ degree in commerce, specialising in transport economics, and the following October he became programme director for Zimbabwe.

After graduating with his degree in 2004, Ngwarati moved to Riders UK resource office in 2007 to work in our operations team, overseeing all of our programmes.

In 2009, Ngwarati was made operations director and is now studying for his MSc in International Logistics and Supply Chain Management.

Ngwarati is now working with our programmes and partners to achieve Riders’ goal of managing more vehicles and helping our partners to reach millions more people with reliable health care.

Riding forward

In 2012 Riders for Health plans to:

- Develop and leverage new partnerships.
- Maximise the potential of existing infrastructure in Kenya and expand our in-country operations to include a sample transport programme.
- Grow our partnership network in Nigeria in order to facilitate a broader health impact.
- Expand our work in Zambia into Southern Province, where it will be fully documented and assessed by the research team from Stanford University.
- Support the professional development of in-country teams through cross-programme mentoring opportunities and the hosting of the biennial Management Council in the UK.
- Continue developing our M&E system and work with external partners to demonstrate the role and potential of transport for development.

1996 – joined Riders as a motorcycle technician.
1997 – promoted to technical manager
1998 – became transport resource manager
2000 – began studying for his batchers in commerce
2001 – made programme director for Zimbabwe
2007 – moved to the UK with his family
2009 – named operations director of Riders
2011 – began his MSc in International Logistics and Supply Chain Management
Riders for Health knows how important it is to share with you the difference our programmes make, but we also use the information to make sure we’re accountable to our beneficiaries and that we have accurate information to help us make informed decisions to improve our work.

So, how do we come by this information? Each of Riders’ country programmes employs a Monitoring and Evaluation Officer supported by our UK-based M&E team. Just like the rest of Riders, our M&E Officers are locals of the countries we work in, so they can easily interact with and understand our beneficiaries and stakeholders.

We conduct interviews with health centre staff, we ask for feedback from outreach health workers, we ask our sample couriers to complete logsheets and we access government health data, where possible. But that’s just the tip of the iceberg. We also do surveys with patients, we conduct focus group discussions with communities and we give outreach health workers disposable cameras to take photos of the health services they offer using their motorcycles.

One exciting new project that we are testing out is using GPS to map and track the coverage of the outreach health workers we mobilise. Outreach health workers often tell us that being able to use a Riders motorcycle means they can visit more villages, more regularly, see more people and reach areas they couldn’t reach before to deliver health care services. We’re hoping these GPS maps will help us to measure and demonstrate this.

So, you can see that our M&E team is kept very busy. We do face some challenges along the way but we’re constantly striving to work around these obstacles so we can do the important task of checking we’re on the track that’s signposted “Riders vision”!

Focus on Kat

Please meet Kat Harrison, the M&E Manager at Riders.

Kat says...‘As the late British Prime Minister, Winston Churchill once said, ‘However beautiful the strategy, you should occasionally look at the results.’ Well, at Riders we look a bit more than occasionally at the results, but we know that monitoring and evaluating our work is vital to ensure that we are working towards our vision – after all, that’s what everyone at Riders works so hard to achieve: a world in which no-one dies of an easily preventable or curable disease because barriers of distance, terrain or poverty prevent them from being reached.’

If you have any questions or comments about how we do our M&E or what you would like to see more of, just send Jessica Brown an email at jbrown@riders.org