

A MOTORCYCLE THAT

THE NUTS AND BOLTS OF EFFECTIVE FLEET MANAGEMENT

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Photo by Riders for Health



Mosquito nets, vaccines, condoms and other public health care measures must reach the people who need them if lives are to be saved in the developing world. This may seem like sheer common sense and yet, for millions of people across Africa, even the most basic public health care remains frustratingly out of reach.

Motorised vehicles are the missing link in the health care supply chain. From health education and other public health measures, to the timely and effective delivery of medical interventions – all are dependent on predictable, reliable transport and, more specifically, transport that is managed for predictability and cost-effectiveness. This is the most neglected and yet the most vital aspect of health systems.

The consequences of not having predictable transportation in an already harsh environment can be deadly. Just ask Sheriff Senghore. Sheriff has been a public health worker in the Gambia for over 20 years. For the first 15 years, he was responsible for 34,000 men, women and children whom he simply could not reach. This was because time and again the vehicles he had been given would break down and there would be no means of repairing them.

“All the donated drugs in the world won’t do any good without an infrastructure for their delivery.” Dr. Margaret Chan, Director-General of the World Health Organization

“I’d stand by and watch children die of treatable diseases because there was no means of getting them to treatment or treatment to them,” he explains. In the absence of any supply chain or maintenance schedule, health workers reached into their own pockets for the repairs they needed to stay on the road. And with no protective clothing or training in safe riding, accidents were all too common and the health professionals frequently became patients themselves.



DIDN'T BREAK DOWN

An African ministry of health must have a reliable fleet of mechanised vehicles if it is to reach its rural population. Recognising this, many development institutions and donors supply vehicles to ministries of health, but they place these costly items in an environment that cannot support them. The developed world is well-served by the infrastructure, automotive and fuel industries – so much so that little thought is given by vehicle users to vehicle requirements. But the simple fact remains that in most of Africa there is no reliable infrastructure for the regular maintenance and management of vehicles. Where workshops do exist, they tend to be located in urban areas miles from the health workers on the rural frontline. Qualified mechanics and fleet managers are few and far between. Inevitably, in this situation, the motorised vehicles fail, and rural health and life expectancy targets fail with them.

Riders for Health entered this picture in 1988, realising that what was needed to support motorised vehicles in harsh rural African conditions was a system of vehicle management techniques adapted and developed for precisely those conditions.

“Riders for Health quizzed me on what I really needed,” recalls Sheriff. “The answer was not new drugs or more drugs. It was a motorcycle that didn’t break down.”

“Suddenly the dream came true,” says Sheriff. “I used to go to villages and they would say ‘Yesterday a child died here.’ Not anymore.”

Transport Resource Management

Drawing on 20 years of experience in sub-Saharan Africa, Riders has designed, stress tested and costed an appropriate infrastructure in which to manage the vehicles used in the harshest of conditions. Retaining a single focus and core competence in vehicle management, Riders now manages over 1,200 vehicles and supports the work of health-focused partners in six countries across Africa.

Riders’ Transport Resource Management system (TRM), run by highly-trained African staff, places vehicles on strict preventive maintenance schedules in accordance with the manufacturers’ instructions. “When this is done, whatever the environment, there is no need for any modern vehicle to experience any kind of negligence breakdown,” explains co-founder and executive director, Barry Coleman. “To achieve ‘zero breakdown’ performance the maintenance system depends on training, consistent supervision, and excellent supply-chain logistics, with frequent and detailed audits.”

Central to the effectiveness of the TRM system are several key elements. The first is the practice known as outreach maintenance, or in other words, ‘taking the service to the customer’. In some countries ministries of health and other humanitarian agencies sometimes attempt to bring vehicles into capital and provincial cities for servicing. Even when rarely this approach results in appropriate servicing, the cost (in money and in time) is unacceptably high. Forcing customers to travel for service lowers adherence rates for

servicing, wastes fuel, and increases the burden on the already strained health worker resources. In contrast, Riders’ technicians meet health workers in the field, in distant rural locations, to service the vehicles regularly.

The second element is high-quality training of the vehicle users. The quality of driving and riding is possibly the largest factor in the longevity and cost-effectiveness of any vehicle. Riders’ training is highly successful at instilling a culture of pride and preventive maintenance in drivers and riders, who are trained to conduct daily checks on their vehicles to identify potential issues before they cause damage, extending the vehicle life and ensuring correct performance until the next service.

Third is that each aspect of Riders’ system is designed, with allowances for local differences, to be replicable on a national scale. It is all very well having an inspired or dedicated individual management of vehicles in one area or in one NGO, but Riders has focused on developing replicable models so that replication can be systematic and independent of individual commitment or characteristics. Another fundamental principle is that the system must be managed and staffed entirely by nationals of the country in which the programme operates. Unless this was the case, the systems would have a finite life and that life would be constantly disrupted by the comings and goings of expatriate staff.

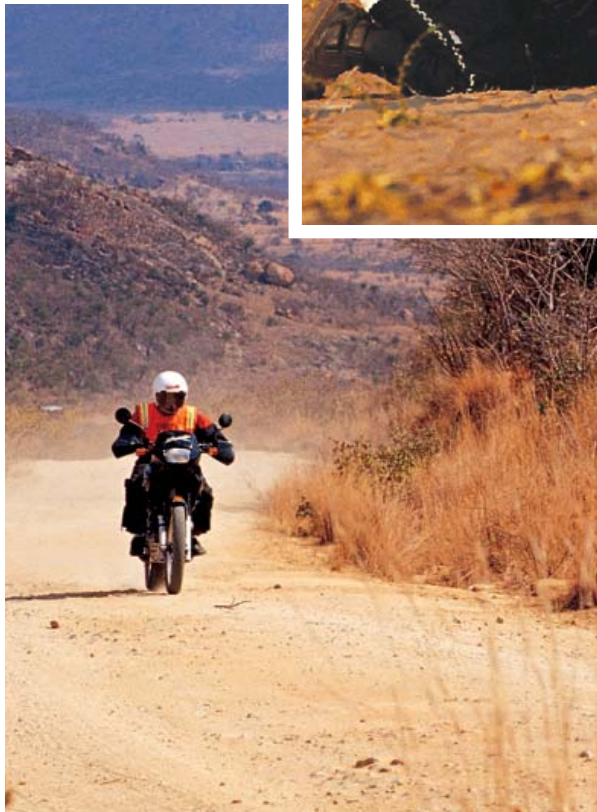
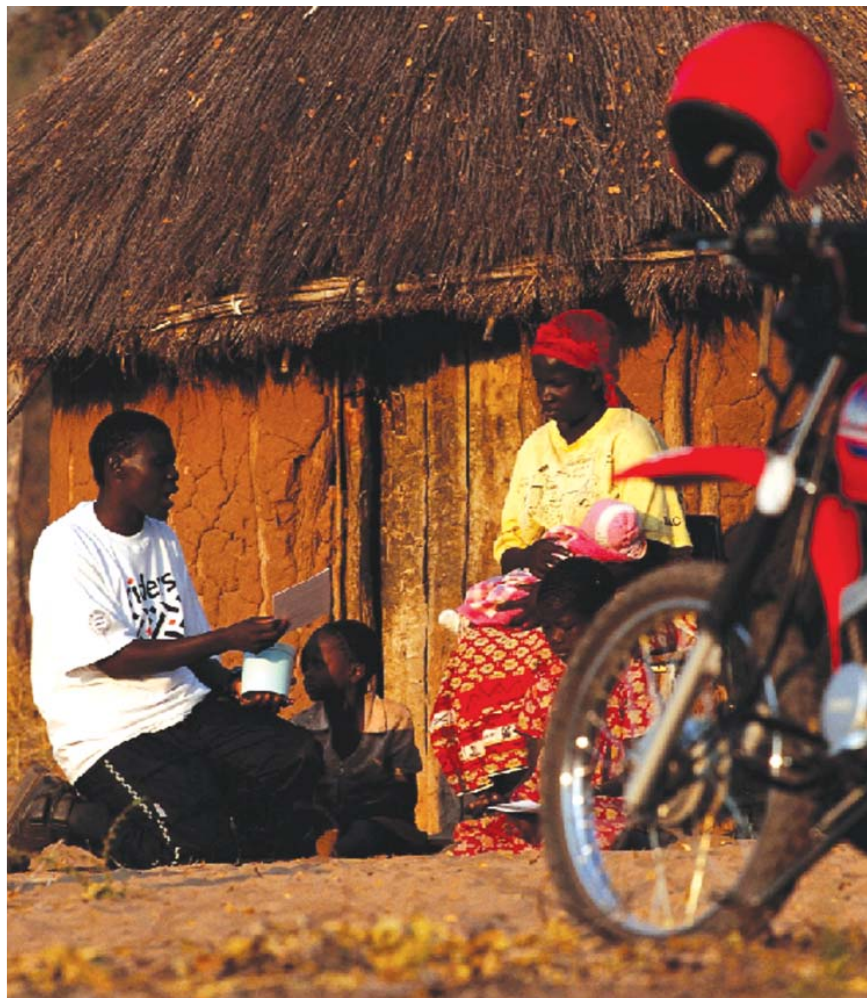
And finally, Riders’ maintenance system is underpinned by its pricing mechanism, based on its unique ‘cost per kilometre’ calculator (CPK), which enables vehicle management to be based on a precise understanding of how much money vehicles are using in terms of management, fuel and part. CPK calculates charges on distance travelled rather than for specific labour and parts. This smoothes the normally uneven costs of vehicle maintenance and allows the vehicle user to budget expenditures accurately. Once established, costing by the unit of travel also acts as an incentive to responsible behaviour, because every kilometre travelled generates additional charges. It also ensures complete transparency in vehicle use, because every journey must be logged as part of the payment mechanism.

This consolidated costing system also has other, wider-reaching benefits. Through our extensive work with African ministries of health Riders has learned that, once a government is willing seriously to assess its resources in collaboration with an organization like Riders for Health and see the value of reliable vehicles, they quickly realize how much money, collectively, they are spending ineffectively on transport. Currently, ministries and agencies tend to spend money on vehicles in small, disparate pockets which are not easily visible in the system. Bringing all vehicles together under TRM allows this spending to be counted, consolidated and concentrated into a value that is greater than its separate, innocuous parts. In the long-term, this consolidation of vehicle management and its associated costs overcomes

the tendency towards uncoordinated vertical programming, enables more streamlined management systems, increases cost-effectiveness, improves efficiency through reorganized services, and enables health systems to be decentralised with resources being better allocated to address the needs of the population.

Ultimately, of course, the single objective of fleet management is to ensure that the wonders of 21st century health care reach the people who so desperately need them – by keeping dedicated health workers like Sheriff Senghore on the road. Thanks to Riders' work with the Gambian ministry of health, Sheriff now has a reliable vehicle which enables him to reach all the people under his care predictably and regularly. And across Africa, Riders' technicians and fleet managers are helping over 10 million people to receive the kind of basic health care which is so often taken for granted in the developed world.

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