

A woman with braided hair, wearing a blue cap and a blue button-down uniform with a "riders" logo, is seated at a desk. She is focused on writing in a large notebook with a pen. Her left hand rests on the notebook. The background is a blue wall with a wooden chair and a window with a blue frame.

LEARNING TO LOVE FLEET MANAGEMENT

By Ngwarati Mashonga, Operations Director, Riders for Health
Photo by Riders for Health



Why bother with fleet management? After all, most agencies do not. Tradition has been to select vehicles, whether appropriate or not from a list and then simply send them to the designated country. The tradition lives on, alive and well.

Of course those of us who read CarNation know why. We know that unless the vehicles thus delivered are managed correctly – from the technical and the usage points of view – they will fail. And that has nothing to do with the harshness of the conditions. Unmanaged, they will fail just as quickly in Melbourne or Chicago.

Technical management of individually-owned vehicles in Melbourne and Chicago – in other words throughout the developed world – now happens automatically. The owner-operator has no reason to know what a timing belt is, still less how to change one. Like almost every other technical aspect of modern life, vehicle maintenance has become specialized and highly ‘packaged’. You take your Toyota to the Toyota dealership and it comes back serviced. Less expensive items have another life-cycle. Your DVD player gets a fault – you buy a new one. It is easy to muddle the two up. In Africa, it seems that they are often well and truly muddled.

In any event, fleet management for vehicles in humanitarian service is rare and when it is found it is not very effective. That is hardly surprising. Toyota, Honda, Nissan or Yamaha dealerships are rarer by far than white rhinos in rural Africa. You are on your own.

Training will not help much. Train the technician to change a Mitsubishi oil filter by all means. There is no harm in that. But if the nearest filter of the needed kind is in Japan, there is not much value in the training.

Technical skills, supply chain, administration, accounting, fuel supply management, vehicle data capture and management, and above all ferocious cost-control are the vital elements of fleet management – anywhere.

So how do you put all those together in, for example, rural Africa? With difficulty, but it is worth it. Riders for Health has spent twenty years learning how to do it and we think we are beginning to get the hang of it. To start with, we trained motorcycle riders and motorcycle technicians to operate a ‘zero-breakdown’ system of preventive maintenance. It went well. In our first seven years of operation in Lesotho, we never had unplanned downtime.

But learning at that pace was too slow. After two years in Lesotho we began learning, in parallel, in Ghana and Zimbabwe. In Ghana we learned that you cannot run a large fleet of anything unless you control the supply of replacement parts. In Zimbabwe we learned to work with the Ministry of Health on a regional basis. Things have been challenging at times in Zimbabwe but in 2009 we are opening a brand new headquarters compound on the outskirts of Harare. In spite of the economical tsunami, we continue to run vehicles for the ministry, local and international NGOs. For our partners, this means predictable and reliable access to their beneficiaries:

“Most of the disadvantaged children live off unbelievably bad roads. Riders enables us to reach these communities.”

Director of the Farm Orphan Support Trust in Zimbabwe

‘Most of the disadvantaged children live off unbelievably bad roads. When we were looking for a transport system to cover our area, we realized that we needed experts in vehicles, mechanics and training to ensure that everything functioned efficiently. Riders enables us to reach these communities.’
Director of the Farm Orphan Support Trust, Zimbabwe.



For six and a half years we worked with the WHO on the polio eradication programme in Nigeria. We learned vital lessons there, not least in adapting to the needs and procedures of a global multinational. Our main lesson was in control of the disposal point of fully-functioning vehicles. They must be recycled at their point of maximum residual value. Of course you must know every minute element that makes up the cost-per-kilometre of running any given vehicle in any given set of geographical and economical circumstances. It is no good knowing merely what a shock absorber costs if you do not know how long it will last in a particular district of Western Zambia.

For good measure, we based all these programmes on the fundamental principle that every aspect of the work should be in the hands of local men and women, so that the benefits of those years of accumulated expertise and training would stay in-country and not leave with any expatriate staff.

All of this we have learned and now we are putting every single lesson to work in our transport asset management programme, beginning in the Gambia. We own the vehicles and lease them to the Ministry of Health. We employ the drivers of the ambulances and trekking vehicles so they will only be used for their authorized purpose. No wasted

kilometres. Especially not since the cost-per-kilometre includes the capital cost of the vehicle written down over five years. That money has to be repaid.

Since the fleet has been tailored to the needs of each health centre, each hospital and each district, the balance of vehicles is correct and for the first time an African country will be able to reach every man, woman and child with health care. Forever, as far as we know. But that is another lesson.

It has been about twenty years of successful fleet management in hostile conditions based on learning. Then learning some more. Which brings us to a point to consider: what NGO dedicated to its humanitarian purpose has twenty years to spare for learning on this scale? Or the resources to focus its attention on oil filters instead of vaccines and bed-nets?

Not many, we believe. For those who do not have that time at their disposal and for those who constantly find their programmes impaired or even undermined by failing vehicles, talking to professional fleet management experts might be helpful.

During a recent visit to Zimbabwe I asked my colleague Alec Makuyana – Riders’ technician for Manicaland province – why he continued to work for Riders.

‘We are helping organizations to realize their dreams through a sound transport management system,’ he replied. ‘When we do not hear of terms such as vehicle “breakdown”, it means health delivery targets are being fulfilled’.

For more information about Riders’ transport management services, visit www.riders.org or e-mail nmashonga@riders.org