Mission

Save lives and improve health by increasing access to quality healthcare for the most underserved communities

Annual Report 2013
Executive Summary

I am pleased to present VillageReach’s 2013 annual report. Through collaboration with public and private sector partners, VillageReach continues to apply its expertise with the primary goal of saving lives and improving health by increasing access to quality healthcare for the most underserved communities.

In many respects, the past year has been the most formative year for VillageReach since its founding. In 2013 VillageReach was recognized by a growing number of ministries of health, technical partners, and funders for our system innovations that address critical last mile healthcare delivery challenges, as well as our determination to see these innovations scaled and sustained.

One of the year’s highlights was the 2013 Gates Vaccine Innovation Award, bestowed to Margarida Matsinhe, VillageReach’s Field Officer in Maputo Province, Mozambique, on behalf of her work to improve access to vaccines for the underserved. Margarida embodies the determination, skill and creativity that makes progress possible. We see that same unique combination in all our staff, including the dedicated teams working in Malawi on the Pharmacy Assistants Program, and our mHealth program, Chipatala cha pa Foni (Health Center by Phone); in our Kwitanda Community Health Program; in the team that has lead the development of OpenLMIS, an open source health information system that has deployed in two countries with a third planned for 2014.

In addition to new programs, our work with the Mozambique Ministry of Health and provincial governments to expand the Dedicated Logistics System in Mozambique remains central to our vision of long-term scale and sustainably. The past year was a critical year in our continued work in Mozambique where, with the support of the Bill and Melinda Gates Foundation, we continued to support the provincial governments to improve vaccine distribution with the goal of reaching the final 20% of children, especially those who live in the most remote areas.

The VillageReach team continues to grow. In 2013, we more than doubled our staff in Seattle headquarters and expanded our field office teams, contributing greatly to the diversity of our expertise and capabilities across public health, logistics, information and communications technology, and advocacy.

The past year has laid the groundwork for a promising year ahead – where new programs are poised to scale, where new technology is proven and will be implemented, and where new partnerships will be forged in order to save more lives.

Thank you to all of our partners and supporters who make this work possible. Your support is critical to progress and impact.

Sincerely,

Allen Wilcox
President

www.villagereach.org
2013 Highlights

**The Final 20 Project** - The [Bill & Melinda Gates Foundation](http://www.bmgf.org) recognized our work to improve vaccine distribution with a $2.9 million grant to support streamlined vaccine distribution, an improved information system, and increased advocacy in Mozambique with the goal of reaching the final 20% of children who live in the most remote areas with the lowest rates of vaccination.

**OpenLMIS** - OpenLMIS is a global initiative to support the development of shareable, interoperable, open-source software for electronic logistics management information systems. In 2013, VillageReach celebrated the implementations of OpenLMIS in Tanzania and Zambia in collaboration with leading global health organizations to better manage the flow of all medical commodities across both nations.

![Pharmacy Assistants Training Program Class of 2015](image)

**Launch of the Malawi Pharmacy Assistant Training Program** – Together with our partners, the Malawi Ministry of Health, the Malawi College of Health Sciences, and the University of Washington Global Medicines Program, we designed and implemented a new approach to the training, deployment, and support of pharmacy assistants in Malawi. The three-year initiative was developed to address key barriers to medicines availability at the health facility and district level. We anticipate seeing significant improvements in the amount of time that clinical health workers spend on logistics tasks, improved commodity availability for community case management, improved logistics reporting from the health center level, and improved quality of the dispensing practice. In 2013, 50 students completed their first year of studies, and 100 additional students will enroll and begin their coursework in March, 2014.

**ODK Scan mobile data collection application** was developed and piloted in Mozambique with our partner, the University of Washington Computer Science and Engineering Department, to capture the logistics information collected by community health workers so these workers always have the life-saving medicines and supplies for their patients. In 2014, we look forward to applying the learning from the pilot to develop improvements of ODK Scan with the goal of testing the new version and evaluating potential for implementation.

![VillageReach Health Worker answers calls for CCPF](image)

We expanded our mHealth initiative, [Chipatala cha pa Foni / Health Center by Phone](http://www.villagereach.org), in Malawi to additional communities to provide life-saving advice, information and referrals for pregnant women and mothers with young children via a toll-free hotline and a “tips and reminders” service via regular text or voice messages on MNCH topics. In 2014, the program’s impact will be evaluated by Invest in Knowledge (IKI) to provide Ministry of Health with input for scaling the program nationally.

**Mezzanine** - We partnered with the African-based mobile carrier Vodacom to implement a mobile application for registering child vaccination data as well as health center stock data in Mozambique.

**Margarida Matsinhe**, VillageReach’s Field Officer in Maputo province, Mozambique was [selected as the 2013 recipient of the Gates Vaccine Innovation Award](http://www.villagereach.org), bestowed on an individual or organization nominated by the public that has made a uniquely innovative contribution to the Decade of Vaccines, in the hope of shining a light on the most powerful innovations in global health.

[www.villagereach.org](http://www.villagereach.org)
Why the Last Mile?

VillageReach seeks to increase access to quality healthcare for the world’s most underserved communities, by improving the capacity and efficiency of health systems in low-middle income countries (LMICs).

These countries account for a disproportionate share of worldwide deaths, many from vaccine-preventable diseases which continue to kill 1.5 million children annually. The lack of access to healthcare for both prevention and treatment affects peoples’ ability to attain an education, acquire employment, and raise healthy families to improve their economic and social quality of life, thereby perpetuating poverty in the world’s marginalized communities.

Improving the health and welfare of these communities requires more attention and resources be paid to strengthening the final segment or “last-mile” of health systems—where healthcare is actually delivered, and the infrastructure that support them.

While significant investment has been made to ensure that essential medical commodities are available to all countries that need them, barriers to delivering these commodities efficiently remains a significant challenge, especially at the last mile.

Over time, communities receiving reliable services will come to trust and rely on the health system, thereby improving the overall health of the community.

By improving **productivity, quality and access**, VillageReach simultaneously seeks to increase the use of health services by increasing trust in the health system.

Through collaboration with public and private sector partners, VillageReach develops, tests and implements innovations that uniquely address key barriers at the lower levels or “last mile” of healthcare delivery. Effective solutions at the last mile require a deep understanding of local health systems, a diverse set of skills and expertise, and strong relationships on the ground in order to achieve sustainable impact.

We are building partnerships with health systems of national and local governments and engaging other contributing organizations throughout sub Saharan Africa and Asia in our mission to improve health – starting at the last mile. There is still much to be done. We encourage you to join us in this collaboration to bring life-saving innovation to scale and sustainability.
Our Approach- Focus for Impact

Our Experience -- over a decade of studying and working in low-resource communities in sub-Saharan Africa and around the globe -- has greatly influenced our approach. We focus on the areas that have the greatest potential for large-scale impact to save lives and improve health outcomes. Focusing on these key barriers is essential if we are to bridge the gap between the quality medical commodities and services that exist, and the remote, underserved communities that need them most:

**Medicine Availability**- One of the most common issues at the last mile is the unreliable supply of vaccines and other medical commodities. This is most often due to the inefficiencies of the supply chain and distribution systems that are greatly impacted by limitations in human resources, data visibility and infrastructure. VillageReach focuses on supply chain system design and improvements to facilitate more efficient distribution of medical commodities and other supplies to the last-mile level, taking into consideration the available human and financial resources, infrastructure conditions and local governments and policies in order to achieve scalable and sustainable results.

**Human Resource Constraints**- Low-income countries face significant challenges regarding the limited number of health workers combined with inadequate training and capacity due to multiple roles and responsibilities beyond primary care. VillageReach helps increase the quality, productivity and job satisfaction of health workers by improving the training, resources and infrastructure required to reduce the burden on health workers, resulting in better quality health services.

**Data Visibility**- In the communities we work in, the lack of data visibility is significant, preventing accurate and timely data capture and reporting to make critical decisions regarding health system needs. The design and deployment of high-capacity, low-cost distributions systems are dependent on the development and application of appropriate information and communications technologies. VillageReach develops logistics management information systems, defines requirements for and conducts evaluations of information and communication systems, and works with partners to develop new technologies that aim to illuminate data more effectively.

**Infrastructure**- Critical gaps in transport, logistics and energy supply significantly prevent delivery of quality healthcare. VillageReach evaluates these gaps and develops solutions that assess opportunities for private sector engagement with a goal of producing scalable and sustainable social businesses that serve a broad customer base beyond the health system.
Leadership

Seattle
Allen Wilcox, President
Emily Bancroft, Program Director, Group Lead, Health Systems Group
John Beale, Strategic Development Director, Group Lead, Social Business Group
Mike Kinney, Finance and Operations Director
Ron Pankiewicz, Technology Director, Group Lead, Information Systems Group

Mozambique
Ruth Bechtel, Country Director

Malawi
Jessica Crawford, Country Director
Zachariah Jezman, Project Manager, ICT /To Improve Health Services for Mothers and Children Project
Saiti Chikwapulo, Project Manager, Kwitanda Community Health Project

Board of Directors
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Paul Suzman President, OfficeLease
Allen Wilcox, President, VillageReach

Financial Report

VillageReach provides its financial reporting online for convenient access. Copies of our Articles of Incorporation, Bylaws, Proof of 501 (c)(3), and archived financial reports can be found here.

The following financial reports are also available online:

- 2013 Audited Financial Report
- 2012 tax filing – Form 990

Partners

VillageReach funding and implementation partners make our work possible:

Barr Foundation
The Bill and Melinda Gates Foundation
GAVI Alliance
John Snow Inc. (JSI)
The Miami Foundation
The Mulago Foundation
Seattle International Foundation
USAID
Vitol Foundation