Opportunities at the Last Mile

2018 ANNUAL IMPACT REPORT

Our Mission
Save lives and improve health by increasing access to quality healthcare for the most underserved communities.
When I came to VillageReach in 2010, I joined a small global team of 15 people, based in Malawi, Mozambique and the United States, who shared a vision of improving health care delivery in rural communities. At that point, it was impossible for me to foresee where we would be eight years later — with a network of nearly 200 professionals working in 10 countries to replicate and scale the work we started many years ago. VillageReach’s past success comes from the passion and tenacity of our staff and partners and the commitment from the Ministries of Health in the countries in which we work.

I am proud of our accomplishments in 2018. In our three primary countries—Malawi, Mozambique and the Democratic Republic of Congo—we have surpassed many of our expectations.

- **In the Democratic Republic of Congo**, I visited health centers in Équateur with the Honorable Health Minister Oly Ilunga Kalenga to observe supply chain improvements firsthand. Frequent stockouts of vaccines had prevented children from gaining immunity from diseases such as measles. An independent evaluation revealed there were no stockouts of vaccines in VillageReach-supported health zones in 2018. Just months after the visit, the Ministry of Health responded to an Ebola outbreak. To assist, VillageReach employed the last mile delivery system to an additional four affected health zones.

- **In Malawi**, we celebrated the move of Chipatala cha pa Foni (CCPF), or “Health Center by Phone,” from its original home in Balaka to the Ministry of Health and Population’s Clinical Services unit in Lilongwe. CCPF also expanded to a 24-hour hotline and added support for adolescent health. The Ministry of Health and Population now views CCPF as an essential part of its primary health care system, working with VillageReach to fully transition program ownership and operations in 2019.

- **In Mozambique**, VillageReach received its first direct award from the United States Agency for International Development (USAID), for $14.7 million, and developed a plan to improve access to medicines — from HIV and malaria treatments to critical antibiotics and family planning products. This program, called Last Mile Supply Chain (LMSC), is based on the successful model developed in Tete province. By outsourcing deliveries to private third-party logistics providers, VillageReach improved distribution efficiency all the way to the last mile.

As our work across sub-Saharan Africa expands, one of our priorities is to increase executive leadership in proximity to the communities where we work. In October, Patrick Sikana joined VillageReach as Vice President. Based in South Africa, Patrick manages and further develops our portfolio of last mile health care delivery solutions.

Improving health care at the last mile means addressing some of the most difficult accessibility challenges that exist across sub-Saharan Africa. However, where others see the impossible, VillageReach sees opportunity. We never shy away from obstacles. Instead, we work with methodical focus to bring partners together, develop creative solutions and solve problems. Above all, we are making a difference in the world because of the generosity and support from our community.

Warm regards,

Emily Bancroft, President
Our Focus Areas

Our programs focus on three areas of the health system to improve access to quality health care for communities at the last mile.

1) Health Workers:
We improve the productivity and capacity of health workers, so they can deliver quality care.

2) Access to Products:
We improve the availability of vaccines, medicines and supplies at the last mile, so people have access to the treatment they need.

3) Data Systems:
We integrate data-driven decision-making at all levels of the health system, because smart decisions lead to improved health.

In 2018, we made progress across our focus areas. For example:

The Pharmacy Assistant Training Program in Malawi addresses the shortage of pharmacy assistants to improve the quality of care in rural health centers across the country. Through the introduction of a two-year certificate-level training program focused on improving medicines management and pharmaceutical practice in health centers, students are also trained to dispense lifesaving medications while providing patients with advice. In 2018, 74 pharmacy assistants graduated. This brings the total number to 270 since the program started in 2015.

SampleTaxi is an innovative program designed to reduce the time it takes to transport patients’ samples to a laboratory for HIV and TB testing. Similar to a ride-sharing service like Uber, health staff use an application to alert registered delivery drivers that a lab sample awaits pickup. Prompt delivery of samples to laboratories improves the time from test to treatment, so patients receive care more quickly. After six months of program development, drivers picked up the first samples in rural Mozambique in August 2018.

Immunization supply chain decision-makers in Mozambique rely on data to drive vaccine supply chain planning and performance management. In 2018, we improved reports and data visualizations in OpenLMIS to monitor stock status and help partners and stakeholders understand the movement. Key features of the stock status report are:

- **Stock management** — to provide an aggregate of stock usage.
- **Stock inventory at direct delivery** — to provide an aggregate and provincial-level view of stock inventory across several provinces.
- **Stock reporting** — to report the rates of stock movement and stock inventory at the point of direct delivery resupply.
DEMOCRATIC REPUBLIC OF CONGO

Next-Generation Immunization Supply Chain: Nouvelle Génération des Chaînes d’Approvisionnement

Vaccine Availability Strengthens the Health System

VillageReach’s immunization supply chain model developed in Mozambique informed the designs for the immunization supply chain in the Democratic Republic of Congo (DRC). During the first year, three zones in Équateur province saw transformative changes by improving the last mile delivery of products. An independent study by Acasus verified that average monthly consumption of vaccine doses increased 22 percent in the three health districts supported by VillageReach compared to four percent in other health districts. This means that many more people accessed the health system and received vaccinations after the NGCA Initiative began.

“Average monthly consumption of vaccine doses increased 22 percent in the three health districts supported by VillageReach compared to four percent in other health districts.”

Opportunity

By investing in stronger health supply chains, VillageReach helps governments build a stronger and lasting foundation for primary health services.

From the Edge of the Congo River to the Last Mile and Beyond

Richard is a health worker whose tiny clinic sits at the edge of the Congo River, where the waters reach his door. With the immunization supply chain improvements in place, Richard no longer makes the 24-mile monthly trek by canoe for vaccines and supplies. Now he has more time to deliver care and can keep his clinic’s refrigerator and pharmacy organized and well stocked. He has doubled his outreach sessions per month, vaccinating more children in the rural communities that sit off the river, beyond the last mile.
Help is Just a Call Away

CCPF extends the reach of the healthcare system across households in Malawi by providing access to certified health and nutrition information via a toll-free number. An external evaluation of CCPF in 2018 demonstrated a correlation between improved knowledge and behavior change in a wide range of health indicators. Young people gained an understanding of the importance of modern contraceptives. Women increased their awareness of the importance of prenatal care. By improving access to health information and providing a direct line to health workers, CCPF helped empower people in communities across Malawi to make wise health decisions.

Opportunity

CCPF is a nationwide initiative that serves more than 18 million people. VillageReach is working to transition full ownership and operations of CCPF in 2019. “Health Center by Phone” is now a proven model with the opportunity to be replicated in other countries. The Malawi Ministry of Health’s commitment, support and partnership with mobile telecommunications carrier Airtel have been essential to national scale-up and sustainability.

“CCPF is an important part of achieving universal health coverage in Malawi and reaching rural communities, which make up almost 74 percent of the population.”

–Atupele Muluzi, Minister of Health and Population, Malawi

A Lifeline for Families

Patuma’s 5-year-old daughter had frequent nosebleeds made worse by hot weather and malnutrition. When they returned from a long trip to the health center, her daughter’s condition persisted. A CCPF health worker provided her with additional information and explained the root cause of the condition. Patuma was relieved to see her daughter’s condition greatly improve. She and her family now use CCPF regularly to get timely answers to routine health questions.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>CCPF Callers</th>
<th>Non-Callers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Started antenatal care during first trimester</td>
<td>75%</td>
<td>49%</td>
</tr>
<tr>
<td>Maternal Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sought treatment for danger signs in pregnancy</td>
<td>71%</td>
<td>58%</td>
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<tr>
<td>Sexual and Reproductive Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used modern contraceptives in the last two years</td>
<td>67%</td>
<td>46%</td>
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</table>

Source: CCPF impact evaluation report by Jimat Development Consultants
EXTENDING IMPACT BEYOND VACCINES

VillageReach has worked with the Government of Mozambique for nearly 20 years, leading to improved vaccine availability through the implementation of next-generation supply chains. In Zambézia province, VillageReach adapted a comprehensive supply chain which now includes a broad range of essential medicines and supplies. In the first six months of program operations, plans were already in place to reach 12 of 22 districts at the last mile. Over the next five years, LMSC will strengthen the supply chain between the provincial level and the health center level, with plans to transition the reins to the government.

A NEW SUPPLY CHAIN IMPROVES ACCESS TO HEALTH CARE IN COMMUNITIES

In several districts across Zambézia, a lack of reliable transportation from the districts frequently caused delays in deliveries to health centers. Often, these delays caused health workers to close and leave their clinics to personally pick up vaccines and other essential medications and supplies. Sometimes the distributions from the warehouse were not properly coordinated; each health center would send its request at different times, requiring daily deliveries.

Pedro, the district manager of the pharmaceutical warehouse in Milange, said he saw immediate benefits from the new LMSC outsourced distribution model.

"Previously we took a lot of time to do the distribution, which meant that patients had to wait several days to get their medicines. In just two days, we managed to distribute medicines to 12 health centers, compared to 10 days."

In Mocuba, Jose, a warehouse supervisor, said LMSC was already making a difference at health centers in his district.

"From now on, they [health workers] will be able to receive medicines at their health centers, so they will have more time to treat patients and have the medications they need at hand."

By helping supply chain managers like Pedro and Jose, the LMSC program is improving health care at the last mile by ensuring that transportation issues won’t get in the way of treating patients.
Revenue and Expenses* for FY 2018
(10/1/2017 – 9/30/2018)

**REVENUE**

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<tr>
<th>Source</th>
<th>Amount</th>
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<td>Grants and Contracts</td>
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<td>Individual Donations</td>
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<tr>
<td>In-Kind</td>
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<td>Interest and Dividends</td>
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<tr>
<td>Other Income</td>
<td>$1,511</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$9,737,721</strong></td>
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**EXPENSES**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Program</td>
<td>$11,696,608</td>
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<td>Management and General</td>
<td>$1,794,430</td>
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<tr>
<td>Fundraising</td>
<td>$193,717</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$13,684,755</strong></td>
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*VillageReach received a large multiyear grant in 2016; expenditures relating to the grant occurred in FY18.*

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