VillageReach Anti-Racism & Anti-Colonialism/Neo-colonialism Statement

“For to be free is not merely to cast off one’s chains, but to live in a way that respects and enhances the freedom of others.” – Nelson Mandela

Racism is a public health issue. It always has been. As an organization that works primarily in Africa, we recognize the continued impact of the history of racism and colonialism in our industry and in the countries where we work. We know that organizations led by people of color receive less funding. We know that investments made in health care for a high-income country are called ‘unsustainable’ by donors when made for a low-income country, even when the investment is necessary to save lives. In the United States, where VillageReach is headquartered, a history of systemic racism has created large disparities between white and Black Americans. Disparities in death rates from COVID-19 is merely one of many examples of this, along with significantly higher maternal mortality rates, lower rates of health insurance coverage, and overall lower quality of care.

It is clear that we cannot accept or ignore the myriad of ways in which racism has shaped and continues to operate in our world, our societies, our organizations and institutions, and our communities. To uphold our values and hold ourselves accountable we are committed to take concrete actions to support the eradication of racism and colonialism. We will work to counteract the effects of racism on our staff; to promote anti-racist and anti-colonialist practices in our industry; and to ensure that racist structures and policies do not impede or diminish our impact in pursuit of our mission.

VillageReach’s Commitments

To hold ourselves accountable to our values and commitments, for the rest of FY20 and FY21 our focus will be on the following initiatives.

- We commit to dismantling structural racism in our hiring, raise, and promotion policies
  - We hire in Africa unless there is a compelling reason or business requirement to hire outside of Africa
  - Set targets for diversity of candidate pools for all US hires and hold hiring processes until targets are met
  - Review raise and promotion trend data to identify internal bias or inequity in raises and promotions
  - Continue to make equity a central tenant in cross-organizational salary scales, raise reviews, and hiring decisions
  - Conduct annual survey of staff to monitor wellbeing, belonging, and inclusion practices and to identify areas of improvement and disaggregate based on demographics

- Commit that leadership of the organization will reflect the diversity of our global team
  - Recruit Africa-based board members for at least 50% of open board seats between November 2020 – November 2022
- Increase the % of leadership positions held by African staff over the next two years (need baseline) – includes program leads, solution leads, management team members, deputys, and GTT leads

- Prioritize D&I work in annual plans
  - Include diversity, equity and inclusion targets in our organizational OKRs so that progress is measured and tracked and resources are allocated
  - Increase the funding for diversity & inclusion related priorities by adding D&I work to our program budgets and/or fundraising for specific efforts

- Continually encourage and recognize personal learning, open dialogue and reflection on systemic racism and colonialism within the development sector and how racism impacts health outcomes
  - Continue to offer (at least quarterly) staff-driven discussion groups for personal learning, education, and development on systemic racism and colonialism which are organized by staff
  - Encourage continued identification and sharing of resources events, webinars, conferences, or other opportunities for individual education that staff can access/attend
  - Continue to promote, utilize, and reference our Internal Communications Guidelines as a way to encourage open communication and action

- Use our voice and our influence to increase the dialogue and discourse around anti-racism and anti-colonialism in the global health sector
  - Develop an anti-racism / anti-colonialism statement that we share with all partners and ask them to hold us accountable to it
  - Continue our participation in the DEI CoP in Seattle and begin discussions with peer organizations in Seattle about starting a community of practice with GH orgs around racism and colonialism/DEI
  - Support African- and BIPOC-led organizations which typically receive less funding by facilitating introductions to donors and developing coalitions or partnerships with shared power
  - Use our external communications channels and influence to highlight work/voices/organizations of Black people and the impact of racism and colonialism on health outcomes (be strategic not “white noise”)

- Increase employee involvement in local/community issues in each of our offices
  - Encourage all offices to have a Community Engagement Group – include activities related to social justice and health disparities
  - In the US office, connect and engage with organizations working locally on racial health disparities to share learning and best practices (ex. global to local, local health systems)