ANNUAL IMPACT REPORT 2020

Mission
VillageReach transforms health care delivery to reach everyone.

Photo Credit: Paul Joseph Brown
This past year was filled with unprecedented change and heartbreaking loss. The COVID-19 pandemic exposed what so many know too well from personal experience—although we were all in the same storm, how we survived varied drastically across race, nationality and gender lines. This past year tested the health sector like never before. Through it all, the VillageReach team stepped up and spent our twentieth year doing what we do best: building systems that deliver.

When the pandemic began, we saw a rise in misinformation throughout communities in Malawi, Mozambique and the Democratic Republic of Congo. People were searching for key steps they could take to protect themselves from the virus. We also noticed a worrying trend among the workforce tackling COVID-19 head on. Health workers—including Community Health Workers (CHWs)—were working without adequate personal protective equipment (PPE), risking their lives to keep performing their vital tasks.

VillageReach jumped into action and used our existing Health Center by Phone solution to disseminate rapid response communications to the general population and to provide health workers with phone-based training. We then joined the COVID-19 Action Fund for Africa as the supply chain lead to protect CHWs with over 66 million pieces of PPE in 20 African countries, advocating with governments about the need for CHWs to be equipped, trained, compensated, protected and supported as part of a well-functioning health system.

To stop the tide of COVID-19, we knew we had to carry on in our mission to strengthen and accelerate responsive health systems. Our twenty years of work in strengthening supply chains paid off as we were able to effectively continue routine medicine and vaccine deliveries, use those same supply chains to distribute PPE to CHWs and advance our Drones for Health efforts in remote areas. In fact, the Last Mile Supply Chain program in Mozambique expanded from three provinces to eight provinces, covering more than 75 percent of the country’s health facilities, where it distributes essential medicines and vaccines directly to health workers.

We did not let COVID-19 halt our progress. As you make your way through our annual report, you’ll see several examples of how VillageReach pivoted our focus to COVID-19 and continued essential services, building on what we know works in collaboration with government leaders and our partners.

As the year drew to a close, we saw hope with the first COVID-19 vaccines arriving in the US and Europe, and we started counting the days until vaccines would also arrive in the countries where we work in Africa. While we waited, two of our US team members joined the King County team to help create high-volume vaccinations sites in Washington State, using the knowledge and experience from our work in Mozambique and the Democratic Republic of Congo to support US vaccine distribution. Other team members provided their expertise in vaccine planning and delivery to governments and global organizing mechanisms. Our work in logistics, cold chain infrastructure, data systems and health workforce capacity prepared us for this moment, and we will help ensure governments are ready to meet their vaccine delivery challenges.

2020 may forever be ingrained in history as the year of the COVID-19 pandemic. But here at VillageReach, we will remember 2020—our 20th Anniversary—as the year that reconfirmed our passion, drive and commitment to creating a world where everyone has the health care needed to thrive.

All the best,

Emily Bancroft
President, VillageReach
VillageReach is founded to improve access to vaccines and medicines in Mozambique.

Chipatala Cha Pa Foni (Health Center by Phone) community health hotline goes nationwide and expands to include information on all health topics.

VillageReach helps integrate third party logistics providers into Mozambique supply chain as a proof of concept for an outsourced delivery model.

VillageReach opens a country office in Democratic Republic of Congo (DRC) and launches Next Generation Supply Chain.

VillageReach coverage in Mozambique reaches two provinces and 250 health centers serving 5 million people.

Malawi College of Health Sciences and VillageReach collaborate to open the Pharmacy Assistant Training Program.

VillageReach helps start Chipatala Cha Pa Foni, or Health Center by Phone, a community health hotline for maternal and child health needs in Balaka district, Malawi.

VillageReach named leader of OpenLMIS open source logistics management information system.

VillageReach joins the COVID-19 Action Fund for Africa.

VillageReach transitions Chipatala Cha Pa Foni to the Malawi Ministry of Health.

Mozambique’s outsourced supply chain program reaches eight provinces and 800 health facilities serving 18 million people.
In the early months of 2020, Malawians watched as COVID-19 spread rapidly around the world. When the president announced the first coronavirus case in April 2020, Chipatala Cha Pa Foni (CCPF), or Health Center by Phone, was flooded with new callers seeking COVID-19 information.

The Malawi Ministry of Health (MoH) had just taken on full operation of the 24-hour, free national health hotline before COVID-19 hit. But with so many calls coming in, the government needed its partners to bring pandemic information to the hotline as quickly as possible.

“Clients who interact with the hotline know they’re getting a direct connection to the health system, and that has built trust and confidence in the overall health system of the country,” Upile Kachila, Senior Program Manager for Health Center by Phone, said.

The MoH leveraged CCPF as the go-to resource for COVID-19 information. VillageReach helped develop COVID-19 modules for hotline workers to answer caller questions and added pre-recorded messages that callers could listen to from a reliable, qualified source.

When individuals call about COVID-19, they receive prevention tips and symptom information. If they do have symptoms of the virus, they are referred to a testing facility. The hotline is also conducting follow-up calls with those tested and providing care instructions to those who test positive. CCPF is even providing information in regards to the COVID-19 vaccine to dispel misinformation and encourage vaccine adoption.

Health hotlines provide value beyond disseminating health information. They can be used to get a pulse on callers’ health needs, allowing the government to tailor their public health communication strategy. VillageReach has begun to replicate this model in Mozambique and the Democratic Republic of Congo.

“Health Center by Phone’s value goes beyond the clients. It will spill over to the entire health system, to the health workers at the health facility level and to the decision makers at the government level, allowing everyone to make informed decisions that will bring improvements to the health system. This translates into an improved livelihood for all,” Kachila said.
Bébé Bola is a community health worker in the Limete health district in Kinshasa.

In April 2020, VillageReach united with over 30 organizations and 20 governments to form the COVID-19 Action Fund for Africa (CAF-Africa), with a goal to provide PPE to CHWs during the pandemic and raise awareness about their vital role in community health.

In the Democratic Republic of Congo (DRC), community health workers (CHWs) like Bébé Bola help their communities every day. Bola sees her role in the COVID-19 pandemic as raising awareness. “We do not abandon our work,” she said, even if that means working without personal protective equipment (PPE) to keep herself and her community safe.

As PPE became scarce around the world, VillageReach joined CAF-Africa to help CHWs like Bola. VillageReach worked with the DRC government’s COVID-19 Response Committee to quantify the PPE needs for CHWs, and plan for its arrival and distribution to the last mile.

However, receiving, storing and transporting PPE is not like other health products—its size and volume meant large scale collaboration between DRC government, partners and provincial ministries of health.

Once received, warehouse workers had to be trained to safely unpack the PPE at the national warehouse and then repack in smaller containers for transport to provincial warehouses and individual health facilities. In Equateur province, one of the hardest to reach provinces in DRC, PPE was flown in via VillageReach’s Drones for Health program.

When PPE reached CHWs in Kinshasa province, it was used to protect workers as they vaccinated children against polio across 35 health districts. Armed with PPE, CHWs vaccinated over one million children in Kinshasa.

As PPE was distributed across nine DRC provinces, CHWs like Bola could finally take a deep breath. Bola knows her community needs her to keep working no matter what. She said, “They come to me when someone is in trouble, they come to me for solutions even at night. They look for me to help them.”

1 Million+

Children vaccinated in Kinshasa by CHWs with CAF-Africa PPE

9
As COVID-19 disrupted health services around the world, expanding or starting new programs seemed impossible. But in Mozambique, we met this challenge.

Since 2018, VillageReach has been working with the government of Mozambique to implement the Last Mile Supply Chain program, an innovative solution for medicine and vaccine distribution via outsourcing to the private sector.

The Last Mile Supply Chain (LMSC) program started 2020 serving three provinces, but by the end of the year it had expanded to eight out of 11 provinces.

This incredible growth would not have happened without the strong, collaborative partnership of VillageReach, the Mozambique Ministry of Health, USAID and private sector partners Bolloré and Agility. LMSC’s trusted partnerships allowed the government to be confident in its ability to get products to people across the country during a pandemic.

During 2020, LMSC’s growth was something to celebrate. It delivered health products to over 800 health facilities, 500 more than 2019. Even with the constraints of COVID-19, LMSC was able to ensure uninterrupted deliveries of essential medicines and vaccines, which meant more health workers had the lifesaving supplies for patient care.

In addition to LMSC’s geographic expansion it also seamlessly integrated the transport of donated personal protective equipment into routine deliveries, allowing health workers to stay safe while treating their patients during a pandemic.

Thanks to hard work and the power of partnership, LMSC expanded during COVID-19 to reach more health facilities and ultimately save more lives.

Distribution worker gets health products to the last mile in Zambezia province, Mozambique. Photo Credit: Denis Onyodi

Health worker immunizes child at Niassa province health center, Mozambique. Photo Credit: Denis Onyodi

18 Million+ people have access to facilities reached by LMSC

64,000+ kilometers driven

7,200+ deliveries

439,000+ deliveries

880+ health facilities

1198x24 10 36x255

10 11
Revenue and Expenses

**2020 REVENUE**

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants and Contracts</td>
<td>$20,771,473</td>
</tr>
<tr>
<td>Individual Donations</td>
<td>$272,442</td>
</tr>
<tr>
<td>In-kind Contributions</td>
<td>$32,299</td>
</tr>
<tr>
<td>Interest and Dividends</td>
<td>$1,310</td>
</tr>
<tr>
<td>Other Income</td>
<td>$501</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$21,078,025</strong></td>
</tr>
</tbody>
</table>

**2020 EXPENSES**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program</td>
<td>$14,566,831</td>
</tr>
<tr>
<td>Management and General</td>
<td>$2,658,707</td>
</tr>
<tr>
<td>Fundraising</td>
<td>$180,397</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$17,405,935</strong></td>
</tr>
</tbody>
</table>

Leadership Circle

We are honored by the generosity of these Leadership Circle donors who contributed $500 or more between October 1, 2019 and September 30, 2020.

CHAMPIONS

Dean and Vicki Allen  
Marilynn Anderson and Terry Green  
Alexandra Brookshire and Bert Green  
Joan Egie  
Rebecca Hatton  
Jascha Hoffman  
Murray Family Foundation  
Tim and Melissa Stumbles  
Maia Suhr and Tim Carver  
Allen Wilcox and Connie Collingsworth

INNOVATORS

Fraser and Deidre Black  
Cheryl Butler  
Stephan Coonrod and Cheryl Clark  
Ashby Jones  
Sena and Jennifer Kwawu  
Stephen Langdon and Sarah Dale  
H. Clay McElrowney  
Admiral Bill Owens and Monika Owens  
G. Mark and Monica Simpson  
Anonymous (4)

ADVOCATES

Emily Bancroft and Andy Johnson*  
John Dew  
William Dolan and Katharine Hunt*  
Margaret Griffiths*  
Christine Larsen and Glen Cooper  
David Menz and Pamela Smith Menz  
Johanna Miller*  
William Poole and Janet Levinger  
Randall Rasmussen and Heather Ross*  
Paul and Linda Suzman  
Melissa and Lowry West*  
Anonymous (2)

FRIENDS

Paolo Adecasis*  
Colin Anderson and Melinda Owens  
Julie Averill and Cindy Bolam  
Lucia Ballard*  
Judy and Mark Bloomber  
Jennifer Crouch*  
Jane Dalrymple-Hollo  
Emer Dooley and Rob Short  
Richard and Myrna Fant  
Michael Free and Judith Van Arnam  
Steven Hakusa  
Laura Haddertolf  
Christine Huddler  
Yumi Iwasaki and Anoop Gupta  
Claire and Jesse Johnson  
Iyabo Tinubu-Karch and Byron Karch  
Brian and Sharon Kidd  
Mike Kinsey  
Carla and Donald Lewis  
Trevor Lillywhite  
Jason Oubre and Areezo Orouji  
Luc and Susie Pellan  
Diane Scott  
Vivien Tsu  
Gerald and Veronica Walton  
Christopher Young

CONTRIBUTORS

Ron and Sally Bancroft  
M. Barusch and Greg Price*  
Valerie Kimbago Bemo and Tane Malentin  
Brandon and Kevin Bowersox-Johnson*  
Ian Craig*  
Nancy Geiger and Michael Krasik*  
Carrie George  
Daniella Jaff-Klein  
Stefan Krasowski and Tess Zhao  
Peter Kulikis  
Ellen Lackermann and Neal Stephenson  
Benjamin Maslow*  
Jason McCann  
Beverly and Thomas Miller  
Vincent Recco  
Christine and Douglas Rohde  
Brooks Simpson  
Sheldon Stone  
Angela Weinman  
Kristen Wilhelm  
Andy Zhu

*Member of the ChangeMakers Club, providing monthly support for VillageReach

John Dew, Board Chair  
Sena Kwawu, Board Vice Chair  
Mari Anderson  
Valerie Kimbago Bemo, M.D., MPH  
Stephan Coonrod, JD  
Richard Fant  
Margaret Griffith  
Will Poole  
Paul Suzman  
Iyabo Tinubu-Karch, MD  
Vivien Tsu, PhD  
Allen Wilcox  
John Dew, Board Chair  
Sena Kwawu, Board Vice Chair  
Mari Anderson  
Valerie Kimbago Bemo, M.D., MPH  
Stephan Coonrod, JD  
Richard Fant  
Margaret Griffith  
Will Poole  
Paul Suzman  
Iyabo Tinubu-Karch, MD  
Vivien Tsu, PhD  
Allen Wilcox  
John Dew, Board Chair  
Sena Kwawu, Board Vice Chair  
Mari Anderson  
Valerie Kimbago Bemo, M.D., MPH  
Stephan Coonrod, JD  
Richard Fant  
Margaret Griffith  
Will Poole  
Paul Suzman  
Iyabo Tinubu-Karch, MD  
Vivien Tsu, PhD  
Allen Wilcox  
John Dew, Board Chair  
Sena Kwawu, Board Vice Chair  
Mari Anderson  
Valerie Kimbago Bemo, M.D., MPH  
Stephan Coonrod, JD  
Richard Fant  
Margaret Griffith  
Will Poole  
Paul Suzman  
Iyabo Tinubu-Karch, MD  
Vivien Tsu, PhD  
Allen Wilcox
Organizational Supporters & Partners

Thank you to these donors who kindly supported VillageReach between October 1, 2019 and September 30, 2020.

VillageReach also wants to acknowledge our collaborative partners: ministries of health in the Democratic Republic of Congo, Malawi and Mozambique, private sector partners, and trusted allies and friends.
For more information or to donate to our work, visit villagereach.org

Photo credit: Paul Joseph Brown