



Building Responsive Health Systems

Putting People at the Center

2022

ANNUAL IMPACT REPORT



Letter from the President

In an uncertain world, VillageReach remains committed to making quality health care accessible to the most under-reached people in our communities. We recognize one constant: people must be at the center of our strategy. For 23 years, VillageReach has been helping to build responsive primary health care systems.

Throughout the last year, VillageReach has worked in new ways to reach more people, increase our impact, and scale what we can accomplish organizationally.

We've done this through nimble and innovative approaches, coupling robust service delivery data with user feedback, community needs and health worker observations to build a responsive health care delivery system that addresses the unique needs of under-reached individuals.

In Mozambique and Malawi, we are using deep community research to build solutions that reduce immunization dropouts in children under two. The *Bate-Papo!*—or *Let's Talk About Vaccines!*—Study analyzed community-based participatory research data, using caregiver and health worker experiences to inform a solution that is built for and with the community. Traditionally, approaches that aim to increase routine vaccination coverage for children are driven by international stakeholders and national government decision makers. We worked closely with caregivers, health workers and the government to deeply understand their experiences and build a solution together for the greatest impact.

We are strengthening how community health workers (CHWs) extend access to primary health care. Working with the Liberian government, Last Mile Health, and the Global Fund, we're finding new ways to connect CHWs to medicines and health products by providing technical assistance to improve supply chain planning, transparency, accountability and service delivery. Through this collaboration, we've seen more frequent on-time delivery of products and increased health commodity supply for community health workers to provide important services. A new partnership in Kenya with Lwala Community Alliance allows us to continue to expand and evolve our approach, building on our work in Liberia and applying it in a new context. Our work researching and advocating for CHWs as vaccinators is intended to expand the convenience and accessibility of immunizations and has driven forward global conversations among CHW practitioners, funders, and policy makers on how to maximize the contributions of CHWs in immunization efforts.

As regions in Africa grapple with an uptick in polio cases, we're working quickly to deliver polio samples to labs to stop outbreaks before they expand. Partnering with the World Health Organization and each Ministries of Health in 15 countries, our Polio Lab Sample Transport Program aims to reduce the journey of a sample from the health

center to the provincial lab and on up to the national level down to 72 hours. The goal is to maintain quality and reliable samples in 15 countries across Africa. Before starting this project, samples would take around upwards of three weeks to reach a laboratory, not allowing enough time to detect and—ultimately—address active cases. By acting quickly to detect the virus, we can make a huge difference in containing polio outbreaks before the virus spreads, protecting children with polio immunizations to defend against possible paralysis or death.

Our Health Center by Phone (HCBP) telehealth solution extends the health system to every home, allowing people to have access to care when and where they need it. Since co-developing the solution with the Malawi Ministry of Health to empower communities—especially those in remote and hard-to-reach areas—to make informed health decisions and have consistent access to health information, HCBP has evolved into a scalable and sustainable solution that engages users through voice, mobile and AI technology to improve health outcomes. We're working with eight nations in Africa to build or enhance their digital telehealth solutions.

To deliver more health products at the last mile, we're helping governments leverage the private sector at the local, national and regional levels. Achieving Universal Health Coverage requires us to use all available resources in the countries where we work. In countries with limited public health capabilities, the private sector has financial resources, specialized skills, physical assets and technologies needed by the government to provide quality health care to all communities. We're bridging the gap between the transportation needs of governments and the private sector, starting in Mozambique and now expanding to include regional partnerships through the Outsourced Transport Resource Center and the integration of drones and private sector distributors as additional methods of outsourcing to improve last mile supply chains.

In Côte d'Ivoire and the Democratic Republic of Congo (DRC), our vaccinodromes work supported over 300,000 COVID-19 vaccinations. Partnering with community health workers and governments, we installed five high-volume vaccine sites in the capital cities of Abidjan and Kinshasa to reach the most people. Through this work, we were not only able to vaccinate more people against COVID-19, but we demonstrated that primary health care can be delivered better, in a way that is more accessible, convenient and impactful. The vaccinodromes in the DRC were integrated with primary health centers, expanding routine immunization access.

Working in both remote and urban environments, and across geographies, we're continually defining what it means to be locally driven and globally connected. For us, it means where we're needed, we will be. To create sustainable change in the health systems in which we work, we will continue to co-create with communities, health workers and governments and institutionalize change through radical collaboration with national, regional and global partners.

This incredible capacity for growth, learning, impact and partnership is why I am so excited about our path forward as we continue to provide greater access to quality health care for those who need it most.

All the best,

Emily Bancroft
President, VillageReach

In 2022,

VillageReach with partners:



Helped increase access to quality health care for
70 million people
in sub-Saharan Africa

Supported
11,500 health workers'

ability to deliver products and quality health services to the most under-reached



Assisted in the delivery of health products to
3,000 health facilities



PROGRAM SNAPSHOT

Let's talk about vaccines!

In Mozambique, where 20% of children who start routine immunizations do not complete them, VillageReach launched the *Let's Talk About Vaccines! Study (Bate-Papo! in Portuguese)* to identify and implement solutions to reduce immunization drop-outs. Historically, solutions that seek to improve childhood routine vaccination coverage have been driven by international stakeholders and national government decision makers. At VillageReach, we center our study around people—the caregivers with children under two and the health workers who support them. We know that when primary healthcare systems reflect the population's needs and preferences, they will reach the most people, provide the highest quality services and deliver the greatest impact.

Collaborating with the Zambézia Provincial Health Department and local caregivers and health workers, we co-conducted a participatory study to identify the barriers that prevent full routine vaccination. Using participatory approaches like



Photo taken by a caregiver in Zambézia province, Mozambique

PhotoVoice, live messaging and semi-structured interview and human-centered design workshops, we identified the patterns of vaccination drop-out, including social norms and limited family support, perceived quality of health services, concern about side effects and power imbalances between caregivers and health workers. Together, with communities, health workers and health authorities we identified and have implemented a solution to tackle these barriers, focusing on immunization education, mobile brigade prioritization and collaborative immunization activity planning—aiming to make vaccination more accessible for the most under-reached.



Expanding our community-based approach to Malawi
Building from our work in Mozambique, we are working in Malawi to identify the drivers of routine immunization dropout and community-based solutions. Malawi offers a different context to Mozambique, with contrasts between the rural and urban landscape and the health workforce. Applying this study in additional contexts allows us to develop a scalable, resilient solution to use in new countries.



Colette Wabongo Vuvu encourages COVID-19 vaccine uptake in N'Djili. Photo credit: Wolff Mugos; Location: Democratic Republic of Congo

PROGRAM SNAPSHOT

Building high-volume vaccine sites to halt COVID-19, improve primary healthcare

Thirty kilometers northeast of the Democratic Republic of Congo's (DRC) sprawling urban center of Kinshasa, community health worker Colette Wabongo Vuvu provides health education to her community. On describing her interest in community health work, she says:

"Long before [I became a community health worker], when I went to [the hospital for] prenatal care, I saw women who were raising awareness to mothers about children's immunization schedule, which also motivated me to become a [community health worker]," Colette said. *"It is through my dynamic work and proximity to my community that I am always selected among the [community health workers] each time there are mass community sensitization activities."*

Colette has been working as a community health worker—or RECO as they're known in DRC—for the last 10 years, joining VillageReach's COVID-19 vaccinodrome efforts in 2021 at the Place Sainte Thérèse high-volume vaccine site in N'djili.

Bridging the gap for communities

When the global COVID-19 vaccination campaign began in December 2020 and the majority of vaccine supplies were allocated to high-income countries, DRC faced unpredictable supply. By November 2021, the COVID-19 vaccination rate in DRC was less than 1%, with vaccine hesitancy and complacency among the primary reasons for diminished uptake. To increase vaccine demand and provide more products to people, VillageReach partnered with the DRC Ministry of Health (MoH) to open four vaccinodromes in heavily populated, urban areas around DRC's capital of Kinshasa, using RECOs as critical enablers of vaccine uptake.

"Our role generally is to bridge the gap between the community and the Health Zone by bringing information from the Zone to the community and from the community's concerns to the Health Zone," Colette said.

To do this, Colette noted that RECOs would conduct door-to-door sensitization activities. They would share the importance of the COVID-19 vaccine with community members and answer any concerns or questions they had. At the end of their conversation, they would share the location of the nearest vaccinodrome, registering them for a vaccine at a time that was most convenient for them.

"I enjoyed that I was able to convince a large number of people in my own community, who did not accept the existence of the [COVID-19] pandemic, to get vaccinated," Colette said. *"Thanks to my sensitization, all these people were vaccinated at the vaccinodrome."*

For Colette, government and VillageReach training provided her with the tools she needed to effectively engage with community members.

"What I appreciate a lot was also the different trainings that we received to equip us to better sensitize and, personally, this work brought me even closer to the community and especially the relationship of trust that was strengthened with the community," she said.

Expanding our reach

At VillageReach, we focus on providing quality health care access to hard-to-reach populations. Working in an urban environment was a new challenge. To have the most impact, we looked to what we know works—an approach centered around people and built on strong partnerships.

Colette and other RECOs' sensitization efforts underpinned our strategy of listening to community needs and pivoting our approach to address these needs.

Early traffic at the vaccinodromes was low, indicating that community members still faced barriers to vaccination. After reviewing local data related to vaccine perceptions, we addressed community barriers by making COVID-19 vaccine access highly convenient and building vaccine demand around the vaccinodromes. Outreach by RECOs started from day one. It took time for people to discover the new site; we also adjusted the locations of new vaccinodromes, which N'djili was the last one to open, and increased the number of RECOs.



Photo credit: Wolff Mugos; Location: Democratic Republic of Congo

In DRC, we noted that a low number of women were receiving COVID-19 vaccines at the vaccinodromes. After targeted outreach efforts, the proportion of women vaccinated against COVID-19 increased over the year from **10% in November 2021 to 43% in August 2022**.

Working hand-in-hand with the Ministry of Health and building on government and donor resources provided us with both the foundation and momentum to develop effective intensification campaigns to target specific groups. Through this strong partnership, the vaccinodrome team administered over **229,983 COVID-19 vaccines**, with around **68% of COVID-19 vaccinations** occurring during outreach sessions in Democratic Republic of Congo from November 2021 to September 2022.

Driving sustained impact

As more people were vaccinated against COVID-19 and the urgency in providing these services reduced, we considered alternative, sustainable uses for the vaccinodrome sites. To increase pathways to primary care and expand routine immunization, we worked with the government to transition these sites to primary health centers. These centers allowed us to routinely vaccinate diverse categories of people, including zero-dose and under-vaccinated children—groups of children that were identified during the RECO outreach sessions.

"Many women in the N'djili community did not respect [their children's vaccination schedule]," Colette said. *"It is during the integration of routine immunization service into the COVID-19 vaccination rollout that we noticed that many children were not on schedule with their immunization. Therefore, through the sensitization we were able to identify and vaccinate a large number of zero-dose and under-immunized children."*

Between July and September 2022, **three out of the four vaccinodromes** have transitioned to government-run primary health centers to expand quality health care access to people.

Revenue & Expenses

2022 REVENUE

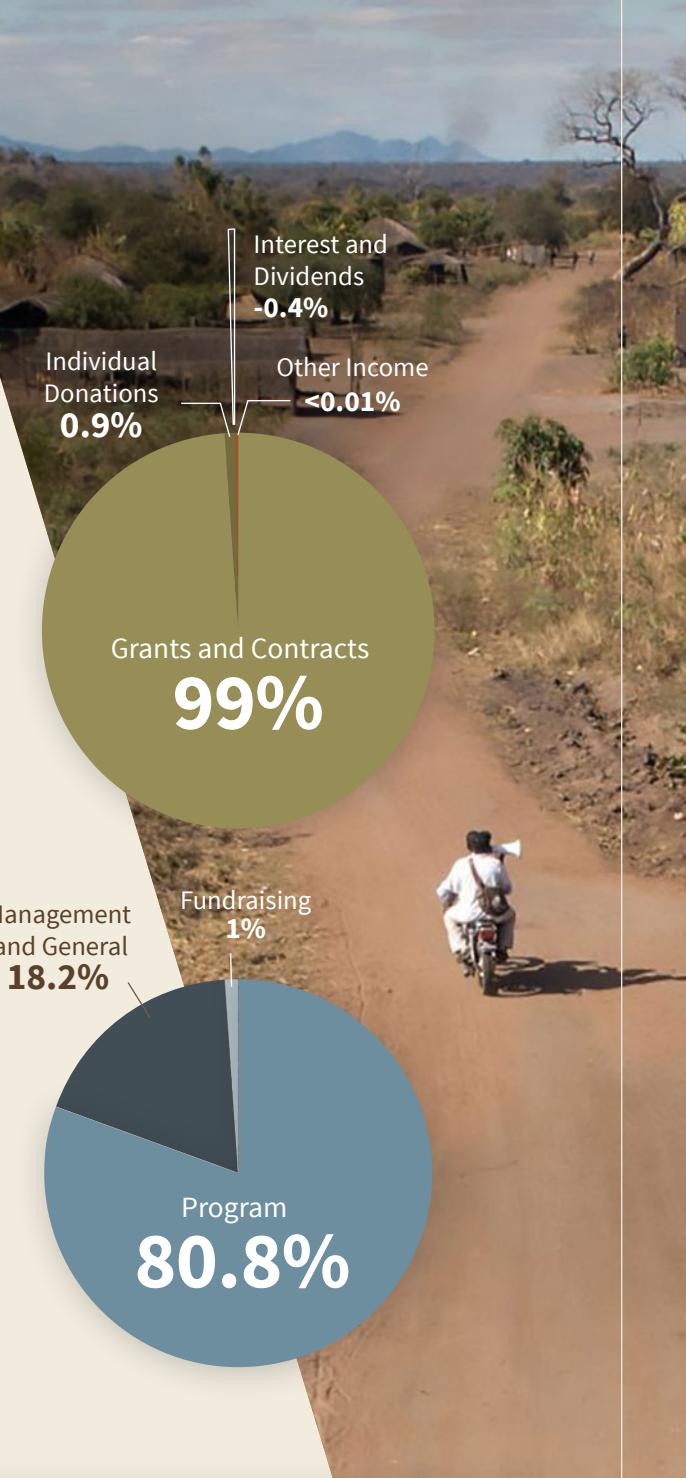
Grants and Contracts	\$37,629,448
Individual Donations	\$358,741
Interest and Dividends	\$(161,575)
Other Income	\$202
Total	\$37,826,816

2022 EXPENSES

Program	\$17,723,627
Management and General	\$3,984,539
Fundraising	\$232,190
Total	\$21,940,356

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Photo credit:
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Location: Mozambique

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Location: Mozambique



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Location: Mozambique



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