



Implementing the VillageReach Immunization Support System in Mozambique

Funding Proposal

September 2009

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Executive Summary

As a result of VillageReach's successful pilot project in the Cabo Delgado Province of Mozambique, the Mozambique Ministry of Health, with the support of the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), has asked VillageReach to expand its "Immunization Support System" across the country. The Immunization Support System establishes a logistics platform that greatly enhances community access to vaccine services by improving the cold chain, enhancing supervision of vaccines services and drastically lowering the incidence of stock outs of critical vaccines, all at a lower operating cost. Two provinces are currently under consideration as the starting point for the national expansion: Tete and Niassa. A 2005 survey found Tete and Niassa had only 60.5% and 55.6% DPT3 coverage rates, respectively (DPT3 is the final vaccine in a series so it is a generally accepted proxy for full immunization of children less than five years of age). These rates are far below the international goal of 80% and the coverage of 95.4% achieved in Cabo Delgado under the VillageReach pilot project.

VillageReach is currently seeking charitable donations to support VillageReach's portion of the budget needed to begin expansion of the Immunization Support System. Remaining portions of the budget are expected to be funded by the government and its donors. VillageReach has budgeted approximately \$125,000 a year for three years to establish a fully functional Immunization Support System in one or more zones in Tete or Niassa before transferring it to the provincial government. VillageReach has secured a \$125,000 commitment from Mulago Foundation subject to a 2:1 match. VillageReach has already raised (from individual donations) over 50% of the \$250,000 needed to meet Mulago's challenge grant. Once the \$375,000 budget for the initial zones is funded and implementation has begun, VillageReach will continue to raise incremental funding to expand the system to all zones within Tete and Niassa provinces.

I. Introduction

VillageReach is a non-profit social entrepreneur founded in 2001. Its mission is to save lives and improve well being in developing countries by increasing last-mile access to healthcare and investing in social businesses that address gaps in community infrastructure. In carrying out its mission, VillageReach combines health system logistics (i.e., cold chain performance, vaccine delivery, and information management) with the establishment of a local, social business to provide important infrastructure services not specific to the health system (e.g., transportation, energy, and information technology /communications). By addressing these key weak points, VillageReach is able to build capacity at the last mile of the health system and extend its reach to remote, previously underserved communities.



More than 2.4 million children die each year of vaccine preventable diseases. The VillageReach Immunization Support System significantly increases vaccine coverage rates by improving the cold chain, enhancing supervision of vaccines services and drastically lowering the incidence of stock outs of critical vaccines.

VillageReach developed its model in Mozambique. In 2001, VillageReach partnered with the Foundation for Community Development (FDC) to conduct an assessment in Mozambique and

determined that logistics, availability of information and supervision issues were major impediments to the effective delivery of immunization services. From 2002-2007, VillageReach, the Mozambique Ministry of Health (MISAU), and FDC undertook a successful pilot project to improve vaccination coverage in rural health centers in Cabo Delgado.

In response to a critical lack of fuel to support the cold chain in northern Mozambique, VillageReach and FDC established VidaGas, a local for-profit propane distribution company. While the business was established initially to supply propane for refrigerators in remote health centers to support the vaccine cold chain, the company has increased its scale to take advantage of additional markets. Today VidaGas is the largest propane distributor in northern Mozambique, ships 26 tons of propane monthly, and serves health centers, homes, businesses and government agencies.

In 2006, the partners expanded the project to Nampula province. As a result, a population of over 5.2 million is served today through 261 health centers. A July 2008 independent impact evaluation showed marked improvement in the health system's performance in Cabo Delgado:

- Immunization coverage has increased from 68.9% to 95.4%; and
- Vaccine stock outs were reduced from 80% to 1%.

In addition to being more effective, a June 2009 cost study showed the Immunization Support System costs less for MISAU to operate than its existing last mile distribution system.

In October 2008, based on these results, MISAU decided to expand the successful pilot into a national policy, fully integrated with MISAU's overall health strategy and goals. MISAU, FDC and VillageReach are each working on various components of this national policy of strengthening health system logistics at the last mile. To implement the new policy and at MISAU's request, VillageReach will focus first on strengthening health system logistics in either Tete or Niassa. The purpose of this proposal is to explain the work to be performed in the first province and how the charitable donations will be applied to achieve the desired results.



II. Health Need in Tete and Niassa

Tete and Niassa provinces are excellent candidates for VillageReach's Immunization Support System because of their remoteness, poverty and poor health. Each province is divided into three zones. Implementation will start in a single zone then expand. VillageReach is currently working with MISAU and local provincial authorities to determine the province and specific zone in which the expansion will start.

Tete has a population of 1,832,339 spread over an area of 100,724 km², which corresponds to a density of 18 inhabitants per km². Tete has 81 health units in 12 districts. With a life expectancy of 44.3 years and a GDP per capita of \$86, Tete is a very poor, rural province. Approximately 57% of the population in the province is illiterate and the average woman has 6.9 children in her

lifetime. Less than half of births in the province take place in a health facility and the health units are great distances apart. There is an average of 0.9 hospital beds per 1,000 people in the province.

Niassa is Mozambique's largest geographic province and least populated. Niassa's 1,178,117 people are spread over an area of 129,050 km², which corresponds to a density of nine inhabitants per km². With a life expectancy of 44.7 years and a GDP per capita of \$87, Niassa is a very poor, rural province. Over 65% of the population in the province is illiterate and the average woman has 7.2 children in her lifetime. Niassa has 98 health units in 15 districts. Although 75.4% of births take place in a health facility, the health units are few and far between and there is an average of only 0.7 hospital beds per 1,000 people in the province. The difficult access to healthcare is evidenced in high a maternal mortality rate of 0.2% and infant mortality rate of 18.4%. Nearly half of the children under five years in the province are malnourished.¹

In Mozambique, health facilities in remote areas experience frequent stock outs of vaccines and supplies. For example, field research VillageReach conducted in May 2009 found 33% of rural health facilities experienced a stock out of at least one type of vaccine in a three month period. Most rural facilities lack access to energy to provide the most basic necessities: lights for nighttime medical emergencies, refrigeration to store vaccines, and proper sterilization and disposal of needles and other medical equipment. Two thirds of people living in rural communities must walk more than an hour to reach a public health facility.² The variability of health services and undependable availability of supplies have resulted in decreased confidence in the health system.



Women and children wait for vaccine services at a last mile clinic. Two thirds of people living in rural communities must walk more than an hour to reach a public health facility.

A 2005 survey found Tete had 29.6% and Niassa had 24.4% dropout rates (BCG – Measles).³ Confidence in the health system is often measured by the vaccine series drop-out rate (i.e., how many children stop receiving vaccines before they have completed the entire series required to be fully immunized). The low coverage rate and high dropout rate indicate that the Immunization Support System will improve overall health services in the province and save the lives of children in Tete and Niassa.

¹ Statistics from “Indicadores Sociais, Económicos e Populacionais ao Nível do Distrito, Fundação para o Desenvolvimento da Comunidade, Maputo, 2007”

² Rural Poverty Portal: Mozambique, <http://www.ruralpovertyportal.org/web/guest/country/home/tags/mozambique>.

³ Campanha Nacional de Vacinação: Resultados Finais – Moçambique – 2005, MISAU, Maputo 2006.

III. Objective

For this project, the objective is:

To strengthen rural health units in one or more zones in Tete or Niassa by establishing a functioning and sustainable Immunization Support System to meet logistics, information, and supervision needs and then transfer the system to local authorities within three years.

IV. Implementation

VillageReach will work with the Provincial Department of Health (DPS) to establish the Immunization Support System and incorporate the new approach as the standard vaccine distribution practice within one or more zones. The Immunization Support System includes logistics management, deployment of a management information system, and supportive supervision, as discussed below.

A. Logistics Management

The Immunization Support System establishes functional units comprised of government workers called “field coordinators” who are trained and dedicated to provide logistical support for the government’s immunization program. The system replaces a passive, collection-based approach in which health workers travel to their district office to collect supplies.



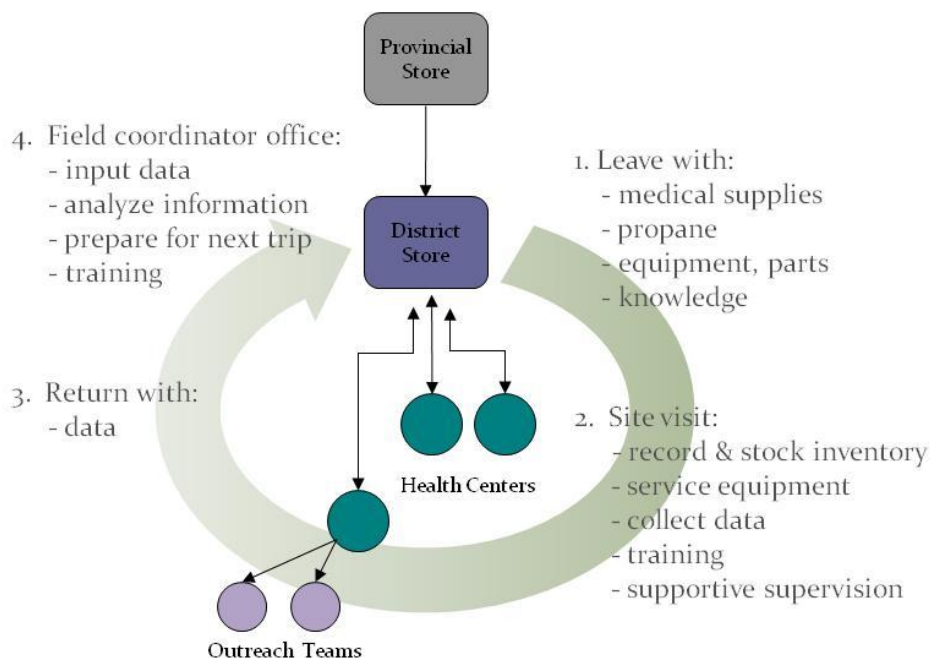
A field coordinator delivers vaccines to rural health workers. VillageReach’s 2009 cost study found that using the VillageReach model frees up 216 days of staff time for rural health workers each month.

Each field coordinator is responsible for a group of health units and related outreach teams and visits each health unit for which he⁴ is responsible on a monthly schedule. *Groups 1-4* in the diagram below list the activities and responsibilities of a field coordinator. He leaves his provincial office with the items shown in *group 1*, which includes vaccines, syringes, diluents, safety boxes, and energy for cold chain and other health center infrastructure use. At each health unit, the field coordinator performs a site visit covering activities identified in *group 2*. He distributes stock and records the inventory. Before distributing the goods, he works with the health worker responsible for immunization services to review the ideal stock amounts for the health unit. They review any changes to forecasted need for the month and adjust the ideal stock amounts accordingly.

⁴ The pivotal role in the VillageReach system is the field coordinator, herein referred to as “he,” since to date, only one female field coordinator has been recruited.

During the health unit visit, the field coordinator also collects data on other immunization activities including the status of the cold chain and other equipment, reasons for stock outs, and immunization data such as the number of children vaccinated, overall stock flow through the health unit, and wastage rates. The process of filling out the data forms aids in the training and supportive supervision activities.

Activities and responsibilities of the Field Coordinator



B. Deployment of a Management Information System

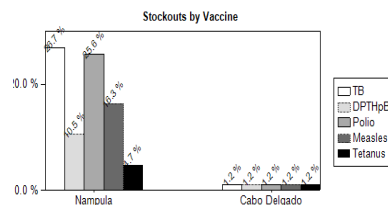
After visiting all the health units in his catchment, the field coordinator returns to the provincial office with data and information. When he leaves the provincial store, he leaves with information about policies and news from the provincial level and feeds that information to the district level. Similarly, he leaves the districts with information to share with the health units. The cycle continues as he moves back up from the health units to districts to the provincial headquarters. As he moves, he carries information about the happenings and status of the health units and shares that information. This regular, cyclical sharing of real-time information leads to a greater understanding of the status of immunization services throughout the province and within the districts and therefore, the knowledge necessary to resolve problems and spread best practices.

Upon returning to his office with data and information collected during the site visit, the field coordinator will perform the tasks in *group 4*. Field coordinators use a management information system tool developed by VillageReach to enter and analyze data.⁵ The tool provides two types of reports that add to the field coordinator's knowledge referred to in *group 1*. First, the tool produces an indicator report tracking the following indicators:

⁵ The tool is an Internet-enabled, SQL, form-based web application where customized code performs the complex data entry validations and analysis. Ability to submit data and access information via cellular telephone text messaging is currently being added to the application.

- Stock outs;
- Refrigerator problems;
- Health units visited;
- Delivery interval (the number of days between health unit visits);
- Complete delivery (the percentage of health units that received the full ideal stock amounts);
- Delivery costs;
- Wastage rates;
- Vaccines administered;
- Dropout rates; and
- Supplies delivered and used.

Erati	100.0 %	100.0 %	14.3 %	100.0 %	100.0 %
Memba	22.2 %	33.3 %	0.0 %	55.6 %	33.3 %
Mossunil	33.3 %	33.3 %	16.7 %	33.3 %	50.0 %
Cabacera-Grande	No Stockout	No Stockout	No Stockout	No Stockout	No Stockout
Chocas-Mar	Stockout	Stockout	No Stockout	No Stockout	Stockout
Lunga	Stockout	No Stockout	No Stockout	No Stockout	Stockout
Matibane	No Stockout	No Stockout	No Stockout	Stockout	No Stockout
MossunilSede	No Stockout	No Stockout	No Stockout	No Stockout	No Stockout
Nacucha	No Stockout	Stockout	Stockout	Stockout	Stockout
NacalaAvelha	16.7 %	16.7 %	0.0 %	0.0 %	16.7 %
NacalaPorto	33.3 %	33.3 %	0.0 %	0.0 %	33.3 %
Nacaroba	100.0 %	100.0 %	0.0 %	60.0 %	100.0 %



The tool can produce reports over any time period requested to allow for identifying trends. The tool can also report on the indicators from a national level down to the health unit level to target problem areas. Reports on the indicators can be accessed through the application or via an Internet browser.

The second report produced by the tool is an “auto evaluation report.” These reports identify health unit trends and actions to be taken by the field coordinator at each health center during the next visit. For example, if the health unit had a refrigerator problem at any given time for three months or more or at least three refrigerator problems in the last six months, the “auto evaluation report” will tell the field coordinator to follow-up to resolve the problem. Another example is when a health center receives their full ideal stock amount, yet experiences a stock out. In this situation, the report advises the field coordinator to review the ideal stock amounts for the health unit.

After producing the automated reports, the field coordinators meet with the immunization manager for the province to review their activities and findings. They discuss and document what they found going well and the problems they discovered and they provide recommendations for resolving problems. With this analysis, they prepare for the next month’s health unit visits.

C. Supportive Supervision

VillageReach has defined supportive supervision as the process in which experienced technical staff assesses other staff members’ job performance, give positive and negative feedback and then work cooperatively with the staff to improve weaker performance areas. The field coordinators perform supportive supervision in all areas of immunization services as they identify the needs. They systematically perform supportive supervision in cold chain management, data collection and reporting, safe waste management, stock conservation, and general services management (e.g., is the area clean and organized?). As the field coordinator and health worker identify



Rural health workers organize a vaccine refrigerator. Vaccines are temperature sensitive and require the maintenance of a careful cold chain to ensure viability. The VillageReach Immunization Support System provides training and supervision for the cold chain.

problems together, they also work to solve the problems together. For example, if they find the refrigerator is not maintaining the correct temperature, the field coordinator will verify that the health worker knows the correct temperature for the refrigerator and teach the health worker how to maintain the refrigerator at the correct temperature. The Cabo Delgado evaluation found supportive supervision one of the most significant activities for the health workers because through frequent interactions with the field coordinators, they gained a greater sense of empowerment in their jobs as health workers. In addition, as the field coordinator supports health workers by maintaining the cold chain and delivering a reliable supply of vaccines and medical supplies each month, he increases health worker productivity because by being responsible for vaccine delivery, he allows health workers to remain at their posts and provide health services, thereby eliminating the need for health workers to spend time on vaccine logistics and away from their posts. For example, VillageReach's 2009 cost study found that using the VillageReach system frees up 216 days of precious health worker time each month in Cabo Delgado Province.

D. Steps Toward Implementation

Recent meetings in Tete and Niassa (June 2009) confirmed broad acceptance of the Immunization Support System and strong desire to work with VillageReach. VillageReach is very encouraged by Tete and Niassa DPS officials, which are working with local donors to secure funds for the government portion of the implementation expenses. The steps for implementation are as follows:

- 1. Convene Stakeholder Meeting:** Convene a multiple stakeholder meeting in the first province to facilitate a discussion of lessons learned from the project in Cabo Delgado and Nampula in the context of planning the current and future implementation of the Immunization Support System while building ownership for the project in the province. This meeting is an extension of the June 2009 meetings to take the conversation from a theoretical level to detailed planning.
- 2. Customize the Immunization Support System for the Province:** The meeting will be followed by an assessment during which the DPS and VillageReach will work closely together to understand and analyze the challenges and needs of the immunization system in the province and jointly customize the Immunization Support System for the provincial needs.
- 3. Create Immunization Support System Implementation Plan:** The result of the assessment will be a detailed project implementation plan owned by the DPS as well as progress in some logistical activities to begin implementation.
- 4. Formalize Partnership and Roles:** Following approvals and adoption of the implementation plan, MISAU and DPS will sign memorandums of understanding with VillageReach and other system implementation partners as appropriate.
- 5. Secure Staff:** Once the above activities are complete, Immunization Support System staff will be hired/assigned and trained. The DPS will hire (or reallocate from other government positions) field coordinators and drivers to operate the Immunization Support System and VillageReach will hire a local project manager.
- 6. Conduct Baseline Assessment:** Implement a baseline assessment consisting of collecting data through cluster surveys for district level coverage rates and basic health center information. This baseline will be used to predict impact of the Immunization Support

System. The field coordinators will lead the data collection teams, which will further familiarize the field coordinators with the districts, build additional capacity at the DPS to implement coverage rate studies, create ownership of the data to maximize the use of the data in operating and improving immunization services, and serve as a mechanism for communicating the upcoming Immunization Support System activities at the districts and health centers in the province. Other immunization services staff and management will be involved in the baseline preparation, implementation, and completion activities. As such, the baseline study is an integrated component of the Immunization Support System.

- 7. Establish Immunization Support System Procedures:** During the baseline activities, DPS and VillageReach staff will set up the Immunization Support System procedures including distribution routes, coordinating equipment inventory to ensure functioning cold chain equipment at each health center, and partnership roles and responsibilities.
- 8. Conduct Immunization Support System Training:** DPS staff undergo training to implement the Immunization Support System including the system methodology and operations, techniques for supportive supervision, and use of the management information system.
- 9. Implement Monthly Site Visits from Field Staff:** The field staff will begin the vaccine distribution and the accompanying supportive supervision, and data collection on a monthly basis. In other words, once a month, field coordinators will distribute vaccines and other medical supplies, collect and analyze data, carry out supportive supervision, and troubleshoot cold chain breakdowns for each of the districts and health units. During this phase, districts and health units will receive monthly visits for vaccine and other medical supply distribution, supportive supervision, and data collection and analysis.
- 10. Deploy Management Information System:** Once the monthly site visits begin, the field coordinators and other DPS and MISAU staff will use the management information system for data collection and analysis to support better inventory management and forecasting.
- 11. Design On-the-Job Health Worker Training:** The Immunization Support System staff will offer one health center level training and two district-level trainings each year to advance and formalize the health worker skills in immunization operations and management. Training specifically targeted to build district capacity will include financial management and execution and building district capacity in immunization logistics, supportive supervision, and data analysis and use.
- 12. Phase Out VillageReach Local Project Manager:** At the end of three years, the VillageReach local project manager will transition out of Immunization Support System activities. As is indicated in the system staffing and activities, the transition will be planned from the beginning of the project. The transition to will be closely monitored by VillageReach to ensure the DPS maintains a high-quality system without on-site technical support.
- 13. Conduct Final Evaluation:** Following the transition, a final evaluation will be conducted including a district level coverage rate survey to discern the impact of the implementation of the Immunization Support System.

E. Timeline

In the first quarter of the three-year program, VillageReach will sign memorandums of understanding with MISAU and the DPS and secure the local implementation staff. During the first six months of the project VillageReach will conduct a baseline, coordinate the placement of equipment in health centers in the province and finalize the procedures and activities of the system and partnership. Following those initial activities, the health staff in the province will be thoroughly trained to carry out the project activities. From the third quarter of year one to the second quarter of year two, the monthly distribution, supervision, and information management activities will be conducted. Through this period the activities will be refined in response to the results. For the final three quarters, VillageReach will actively transition out of the province ensuring that the local DPS staff can continue the activities successfully without outside intervention.

Activities	Year 1				Year 2				Year 3			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
New Province 1												
Sign MOU with MISAU for provincial activities												
Sign MOU with DPS												
Hire / assign system staff												
Conduct baseline and collect basic information for activity planning												
Coordinate equipment placement												
Set up system and partnership procedures												
System Staff Training												
Train DPS Staff												
Implement monthly site visits												
Transition out VillageReach on-site technical support												

V. Monitoring and Evaluation and Expected Results

The baseline study, supported by the DPS' funding sources, will determine vaccination coverage rates as a starting point for the expansion of the Immunization Support System. The following indicators will be reported, analyzed, and monitored each month: vaccine stock outs, regular health center visits, regular and consistent vaccine supply, refrigerator "up" time, wastage rates, cost-effectiveness, and data management. They form the basis of the monthly report from each health center, which is fed into the data management system at the provincial level and serves as the basis for project monitoring and measuring outcomes.

The Cabo Delgado pilot project showed significant impact on the designated indicators. Similar outcomes are to be expected in Tete, Niassa and in future provinces in which the expansion is implemented. As in the Cabo Delgado pilot project, indicators will be reported, analyzed and monitored every month as part of the project's data management activities. Based on the success of the pilot project, the following targets have been set for all provinces where the system will operate:

- *Vaccine Stock Outs.* In Cabo Delgado, vaccine stock outs were reduced from over 80% at the start of the project to regularly 1% or below. Similarly in Nampula, vaccine stock outs were reduced from 40% to 4% or below. Accordingly, the goal of maintaining vaccine stock out rates below 4% on a monthly basis in all provinces has been set.
- *Regular Health Unit Visits.* The Immunization Support System seeks to visit 100% of all health units every month for the distribution and supportive supervision. Due to inaccessibility during the rainy season, however, this goal is often not achievable. Consequently, the goal is to visit at least 90% of all health centers every month. This target was met in the pilot project in Cabo Delgado and is a key factor in its success.
- *Regular and Consistent Vaccine Supply.* The Immunization Support System expects to visit every health unit within an interval of 33 days or less. Frequent visits are a way to prevent stock outs while minimizing wastage. Pilot project performance held up to this high standard with some exceptions for upstream supply problems and holiday seasons.
- *Refrigerator Up-Time.* With the regular visits and training of health unit staff, the pilot project successfully kept the percent of refrigerators experiencing a problem during a month below 4%. This same outcome is expected in all future provinces.
- *Wastage Rates.* Based on success in Cabo Delgado, the open and closed vial wastage rates will remain within MISAU criteria for each vaccine type. Regular health unit visits ensure this indicator goal is feasible.
- *Cost-Effectiveness.* In Cabo Delgado, the cost of deliveries over the full project period was \$0.68 per child fully vaccinated. The costs of deliveries should stay at \$0.65 or less per child fully vaccinated during the project period in all provinces where the Immunization Support System is implemented. This cost includes only the costs of distributing the vaccines from DPS to the health units. Included in this amount are per diems, fuel, vehicle maintenance and supplies. The figure does not include salary costs of field coordinators/drivers or the cost of vaccines.

- *Data Management.* The management information system will be installed to support data-based decision making in 100% of the districts where the Immunization Support System operates.
- *Vaccination Coverage Rate.* The impact evaluation shows the pilot project increased DPT3 vaccination rates in Cabo Delgado province to over 95%. It is expected that vaccination rates will increase to reach at a minimum MISAU's goal 80% coverage in each district.

VI. Budget and Justification

The Immunization Support System consists of a core set of activities that can be combined and refined for effective implementation in every province of Mozambique. For each provincial activity there are three main categories of expenses:

- Infrastructure (e.g., vehicles)
- Operating costs (e.g., salaries and fuel costs)
- VillageReach technical assistance

As a step towards long-term sustainability, it is proposed that the Immunization Support System infrastructure and operating costs be supported by MISAU and its donors.⁶ In this way, while the program operates only for three years, the investment in creating the system will serve as a catalyst for change that lasts far beyond the actual period of VillageReach engagement. VillageReach technical assistance costs will be funded through donors and contributions from partners.

VillageReach is currently seeking to raise an additional \$125,000 to support project implementation in one or more zones of Tete or Niassa. This support along with over \$250,000 already raised by VillageReach will be used to begin the national expansion. VillageReach will continue to raise funds to expand to additional zones. Adding zones will reduce the per health center cost of the expansion and increase the speed of the expansion.

The budget for VillageReach's expenses for expanding into one and possibly two zones of Tete or Niassa, and its justification are presented below.

⁶ Note 73% of MISAU's annual budget is supported by donations from multilateral and bilateral agencies (e.g., UNICEF and USAID).

	Year 1	Year 2	Year 3	Total
VillageReach Management Expenses				
VillageReach Technical Support	\$84,769	\$89,007	\$93,457	\$267,233
<i>Maputo Office Staff</i>	\$62,333	\$65,450	\$68,723	
<i>VillageReach Headquarters Staff</i>	\$22,435	\$23,557	\$24,735	
Field Training, Monitoring, Supervision, & Support	\$5,553	\$4,503	\$3,803	\$13,860
<i>International Travel - Implementation</i>	\$4,317	\$3,267	\$2,567	
<i>International Travel - Management & Supervision</i>	\$1,237	\$1,237	\$1,237	
Management Information System (version 3)	\$15,000	\$10,000	\$6,000	\$31,000
Operating Expenses	\$21,064	\$20,702	\$20,652	\$62,419
Total	\$126,386	\$124,213	\$123,913	\$374,512

VillageReach Management Expenses: VillageReach management expenses include VillageReach technical support and field training, monitoring, supervision and support. VillageReach technical support includes all of the VillageReach organizational expenses necessary to support the program; this includes VillageReach staff time and resources from both Mozambique and Seattle. This budget includes a program officer in Seattle, a program officer and a part-time logistics officer in Maputo as well as a project manager in the province. In addition to staff time, this budget includes a portion of the VillageReach operational expenses necessary to support these staff. The field training, monitoring, supervision and support include travel expenses for two trips per year to the field sites by international staff and four trips per year by domestic staff.

Management Information System (version 3): This budget includes development expenses to refine version 2 of VillageReach's management information system for deployment in the initial year of implementation. After this deployment, the budget includes maintenance and technical support expenses for the remaining two years.

VII. Conclusion

With the support of donors, VillageReach and its partners on the ground will ensure that young children in Tete or Niassa province receive the vaccines and medical supplies they need. This effort will result in improved overall health, as well as strengthened DPS for ongoing successful implementation of its immunization services.

As result of the management information system VillageReach will implement as part of the expansion, donors will be able to monitor the metrics and indicators of the health facilities. This ongoing data will allow donors to understand and monitor the true impact of their contribution.