



## VillageReach History in Mozambique

Date	Milestone Activity
February 2001	VillageReach and the Foundation for Community Development (FDC) approach the Mozambique Ministry of Health (MoH) to initiate an 18-month study that included a review of public health systems in Mozambique, other African countries, Europe and the United States of America.
March 2001	VR receives 501(c)(3) status.
March 2002	Contract is signed with the Mozambique MoH for a 5-year health logistics infrastructure project, utilizing the dedicated distribution system developed by VillageReach, FDC and the MoH.
April 2002	VidaGas is established.
July 2002	Distribution of medical commodities begins to 34 clinics in five districts in Cabo Delago Province (CDG).
November 2002	VidaGas plant opens in Pemba.
July 2003	Two districts (Pemba Metuge & Mecufi) in CDG are added to total 39 clinics in 7 districts.
November 2004	Project expands to all zones in CDG, totaling 87 clinics in 17 districts. Total population served: 1.5 million.
July/August 2004	VillageReach creates first version of its vrMIS Management Information System in CDG.
December 2004	VillageReach implements the first release of vrMIS.
September 2005	The 88 <sup>th</sup> clinic (Paquitequete in Pemba Cidade) begins offering immunization services. Total clinics served: 88.
November 2005	MoU is signed with the Mozambique MoH, FDC, and VidaGas to expand the project to neighboring Nampula Province.
August 2006	Deliveries begin in Nampula for in 85 clinics. Estimated Nampula population: 2.1 million. Total clinics served = 173 (88 CDG, 85 NPL). Total population served: 3.6 million.
October 2006	Three clinics are added in Nampula. Total clinics served: 176.
January 2007	Nampula rollout is completed. Clinics served CDG = 88. Clinics served NPL = 163. Total clinics served = 251. Total population served = 5 million. Implementation transitioned to FDC in Nampula.
June 2007	VillageReach activities are transitioned to Cabo Delgado health authorities.
August 2008	Nampula project to support immunization ends.
September 2008	VillageReach meets with the Mozambique MoH to request approval for a national rollout of the dedicated distribution system to support immunization.

April 2009	vrMIS is implemented in Nampula Province.
August 2009	VillageReach completes cost study comparing CDG and Niassa. Nampula project ends.
October 2009	Costing study is published.
November 2009	Mozambique Minister of Health encourages provinces to consider implementation of dedicated distribution system.
January 2010	Baseline evaluation protocol is submitted to Mozambique Bioethics Committee for approval.
February 2010	Mozambique MoH requests assistance for data quality analysis. Assessment work is conducted in CDG.
March 2010	VillageReach, CDG and Elizabeth Glaser Pediatric AIDs Foundation sign MoU for a one-year program to re-implement dedicated logistics system. Assessment work is conducted in Maputo. Training for field coordinators and provincial health staff is conducted in CDG. Bioethics committee approves proposal to conduct baseline evaluation in CDG.
April 2010	Dedicated logistics system tools are finalized. Training for the baseline evaluation field teams is completed.
May 2010	Baseline fieldwork (household, health center and costing surveys) in Cabo Delgado conducted by field teams. VillageReach and Niassa sign MoU to implement dedicated logistics system.
June 2010	Distribution of medical commodities starts in CDG. Training for baseline evaluation field teams is completed.
July 2010	Baseline fieldwork (household, health center and costing surveys) is conducted in Niassa. First analysis is conducted of distributions in CDG. First distributions are completed in CDG. Process evaluation methodology is developed and reviewed with CDG provincial staff.
August 2010	vrMIS training is conducted in Nampula. Training for field coordinators and provincial health staff is conducted in Niassa. vrMIS training for field coordinators is conducted in Niassa
September 2010	Distribution of medical commodities starts in Niassa. Training for field coordinators and provincial health staff is conducted in Maputo Province. Analysis of August distributions and monthly distributions is completed in CDG.