Annual Report 2008 Because Health Workers Save Lives



## Just Who Is a Health Worker?

IntraHealth defines "health worker" in the broadest sense of the term: from physicians, nurses, midwives and skilled birth attendants to community volunteers who have been trained to provide key services such as home-based treatment of malaria, family planning counseling and HIV testing. Our mission—to mobilize local talent for sustainable and accessible health care—also encompasses all of the individuals who support health workers in their jobs: from government officials, educators and software developers to health facility managers, lab technicians and community leaders.



## Message from our President

"A strong human infrastructure is fundamental to closing today's gaps between health promise and health reality and anticipating the needs of the 21st century" —World Health Organization

I am pleased to share with you IntraHealth's annual report for 2008, a year of continued growth and strong results in strengthening human resources for health and supporting maternal, newborn and child health and HIV/AIDS services.

During recent visits to Senegal, Mali and Rwanda, I was struck by the positive changes that have come about in just the last five years, including promising emergent health leadership at many levels. Like many of you, I am very encouraged by the formidable evolution of health indicators in Rwanda, including the more than threefold increase in modern contraceptive prevalence. I am also moved by the urgency to do more to counter the forces that still leave vast populations underserved and to move toward more functional health systems and better prepared health workers. Over our 30 years, IntraHealth has worked to build the capacity of health workers and systems to expand and support services to the world's most vulnerable communities—and this work is more vital than ever.

The challenges are there—from the global financial crisis to the day-to-day realities of poverty, gender disparities and the digital divide. But so is the potential for new opportunities brought about by renewed energy for global health and advances in technology and its reach. In 2008 we continued to focus on bringing about positive change through:



Pape A. Gaye President and CEO

Harnessing the potential of ICT. Application of information and communications technologies to health care is slowly but surely expanding what health workers know how to do and how health care leaders can better support and manage their health workforce and plan for the future. IntraHealth is excited to be a leader in the emerging field of e-health.

The power of partnership. We see partnership as essential to our work and are proud to have had a substantial increase in new partnerships over the past year. We worked with over 100 groups—local nonprofits, government ministries, faith-based organizations, global partners—and our successes and challenges are equally theirs.

A sharp focus on the health worker. At the end of the day, no matter how many technologies and medicines are made available and partnerships formed, without skilled and supported health workers there to provide care to those in need, health will not improve.

We are grateful for your continued support.

President and CEO

# **Health Systems and Human Resources for Health**

Skilled and well-supported health workers are the backbone of any health system—without them it is impossible to expand access to basic health care, much less new treatments and more affordable drugs. Yet many countries face serious shortages and poor distribution of health workers. IntraHealth focuses on assisting countries to build strong alliances and leadership to strengthen health systems and human resources for health planning, management, development and support.

## Kenya

An Emergency Hiring Plan that brought Sylvia and more than 870 other health workers to over 200 health facilities represents a partnership between Kenya's health ministry and the IntraHealth-led Capacity Project. The Project assisted the ministry to adopt new, more transparent, rapid hiring and training approaches, which reduced the normal deployment time for health workers from more than a year to less than six months—increasing access to HIV/AIDS, family planning and other critical services.

I saw the Emergency Hiring Plan advert in June. I applied immediately and was invited for an interview in July. In August I reported for employment. That was a fast and transparent process!" -Sylvia, nurse, Kajiado District Hospital, Kenya

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"Before, even if I was with my mother-in-law, I had problems and many complications while and after giving birth. At Ithis] birth, I was at the health center, where things were clean. I can say that I was in good hands. Before, I was bleeding a lot after birth, but this time it was not the case.

> -Marthe Uwizeyimana, mother, Rwanda

# **Maternal and Child Health**

Health workers are vital to helping women and families in developing countries overcome multiple challenges to maintaining health and well-being. Obstetric complications are the leading cause of death for women of reproductive age. More than 200 million women have an unmet need for family planning. And HIV, tuberculosis, malaria and malnutrition continue to take their toll. IntraHealth's main strategies for improving maternal, newborn and child health, family planning and malaria services include expanding health workers' roles, strengthening education and training systems, taking knowledge to practice and integrating key components of care for women and children.

### Rwanda

In Nyaruguru District, Rwanda, Marthe Uwizeyimana is one of many mothers who have benefited from IntraHealth's support of health worker training, health facility renovation and community mobilization for family planning, safe motherhood and child survival. In addition to experiencing an easier and healthier delivery, Uwizeyimana says she is now using modern contraception, as she decided to invest in her three healthy children rather than have more.

## **HIV/AIDS Programs**

Health workers are frequently overburdened in countries most affected by HIV/AIDS. Their working conditions are often inadequate and unsafe, exposing them to the risk of contracting HIV. And health workers may be HIVpositive and in need of better health care themselves. In its HIV/AIDS programs, IntraHealth collaborates with health care leaders and communities to find the best ways to increase access to prevention, treatment and care services: from working with the military in Southern Sudan and lay counselors in Zambia to deploying mobile district physicians to deliver antiretroviral therapy services in Rwanda.

## Ethiopia

In Ethiopia, where Sister Abiyot Bedane has been trained as a frontline provider of prevention of mother-to-child transmission of HIV services, IntraHealth's approach includes a successful Mothers' Support Group program, which alleviates some of the burden on health workers like Bedane by empowering HIV-positive mothers and mothers-to-be to help each other live positively and encourage use of services such as family planning, infant-feeding counseling, nutritional guidance and antiretroviral therapy.

Now I see pregnant women differently. When I find an HIV-positive pregnant woman, I will feel sad just like any other person, but my frustration for not providing a solution is gone now. I am capable of counseling for HIV testing and keeping the mother in medical follow-up toward institutional delivery... This way I can make a difference in one's family life." -Sister Abiyot Bedan nurse, Alem Tenna, Ethiopia " I used to feel guilty when requested to talk about the total number of gualified nurses and midwives in the country because I knew that we did not have accurate data... I can now speak boldly because of the more accurate data."

-Margaret Lutalo, senior nursing officer, Uganda Nurses and Midwives Council

# **Health Informatics**

Health care leaders need current, reliable data about their country's health workers in order to make informed decisions about planning, policies, deployment, management and support. IntraHealth's health informatics team promotes innovation and best use of available technologies anchored by practical approaches designed to build local capacity to sustain systems and use and share information effectively.

## **Human Resources Information Systems**

In Uganda and nine other sub-Saharan countries facing serious shortages of health workers, the IntraHealth-led Capacity Project has strengthened human resources information systems (HRIS) using a five-step participatory process and pioneering free open source software solutions that were recognized as a best practice by participants at a World Health Organization-sponsored meeting on public health tools. Data from the certification and licensing information system installed at the Uganda Nurses and Midwives Council are now influencing health workforce projections and funding, as well as ensuring that health workers are in good standing with their regulatory authority.

# Strengthening Learning Approaches and Systems

The education, training and support of health workers directly correspond to the quality of services and care they are able to provide to the individuals and communities they serve. As a leader in strengthening learning approaches and systems, IntraHealth builds local talent to develop and carry out effective learning and performance improvement strategies for health workers.

#### Armenia

Dr. Varditer Iskandaryan participated in a series of training courses for Armenian family doctors designed using IntraHealth's Learning for Performance approach, which streamlines training by eliminating unnecessary content and connecting learning to specific job responsibilities and competencies. Four months later she put her knowledge to the test during a routine home visit to a woman who had returned from the maternity hospital with her new baby boy. Dr. Iskandaryan checked the infant and became concerned about his breathing pattern and rapid heartbeat. "I immediately recalled everything I learned as part of the 'When and why to suspect cardiovascular problems in neonates and infants' module of the training," she recalls. Thanks to her early diagnosis of a heart defect, the baby received life-saving surgery.

"I am so incredibly glad that the knowledge I obtained during Ethe] trainings helped save a baby's life." -Dr. Varditer Iskandaryan, primary health care phisician, Armenia

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"Thanks to this study, we got accurate informatic n and data, which guided our deliberations while passing the bill on gender-based violence." -Judith Kanakuze, deputy, Rwandan parliament



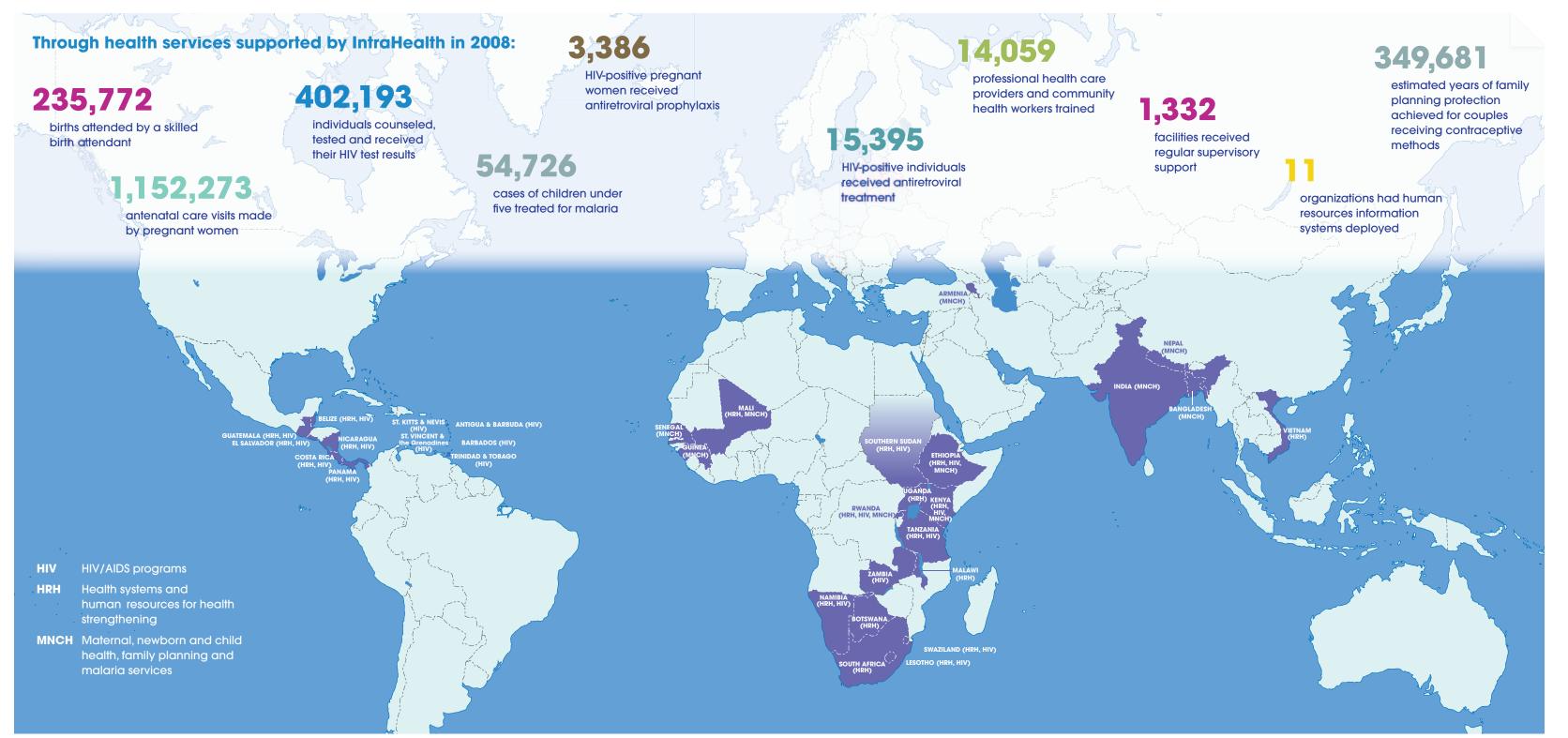
# **Gender Equality**

IntraHealth recognizes the key role that women play in the health of communities and is committed to addressing the barriers faced by women in accessing and delivering health services. Our strategies to foster gender equality include creating tools to assess gender sensitivity in health services, developing responses to gender-based violence and promoting equal participation in the health professions.

## Rwanda

The linkage between gender-based violence and HIV is a global concern as evidence demonstrates a disproportionate impact on both girls and women. In Rwanda, IntraHealth assessed the readiness of health workers and facilities delivering prevention of motherto-child transmission services, surrounding communities and the policy environment to respond to gender-based violence. In addition to the Rwandan parliament's passing new legislation on gender-based violence, the study has contributed to an improved response to the problem at health facilities, in the community, and from law enforcement.

We gratefully acknowledge the support of the U.S. Agency for International Development (USAID), which funded the assistance described on pages 4-9, and the valuable contributions of our global and local partners on these projects and programs.



## Raising the Bar of Excellence: Strategic Plan 2008-2011

IntraHealth's strategic plan charts our course and measures our progress. IntraHealth's strategic goals focus both on what we accomplish toward our mission—mobilizing local talent to create sustainable and accessible health care—and how we develop and support our organizational ability to excel.

#### Goal 1: Be a leader in our core work

We place a high priority on increasing our technical depth and breadth paired with solid monitoring and evaluation of our performance and impact. A results framework now guides our programmatic decisions and allows us to see cumulative impact. We encourage open sharing of lessons learned and application of promising practices to increase our effectiveness. We look for opportunities to accelerate improvement and innovation in global health by taking a visible, influential role in key fora.

#### Goal 2: Grow and diversify resources

Our goal is to maintain well-funded, multi-year programs in multiple geographic regions. To this end, we seek to increase the number and type of awards, especially those that allow growth in technical and programmatic innovation. We also aim to protect and increase flexible funding to secure long-term viability as a nonprofit and facilitate innovative and equitable programming.

#### Goal 3: Build systems that support excellence

As our programs expand, we will make sure that our foundational systems are able to accommodate and adapt to a broadened array of requirements. We will focus on maintaining robust business and financial systems and effective human resources, operations, information technology and knowledge services support.

#### Goal 4: Employ an outstanding and effective staff

No factor is more critical to our continued success than our own workers. We prioritize attracting and retaining top quality professionals in all our offices and projects. We are committed to providing structures that empower staff to excel.



## **Our Donors and Funders**

U.S. Agency for International Development (USAID) U.S. Centers for Disease Control and Prevention (CDC) Bill & Melinda Gates Foundation Global Fund to Fight AIDS, Tuberculosis and Malaria David and Lucile Packard Foundation William and Flora Hewlett Foundation

Pfizer, Inc. UK Department for International Development (DFID) Tides Foundation Anonymous donor Office of the U.N. High Commissioner for Refugees (UNHCR) Individual contributors

MY FELLOW CLASSMATES, TOU SHOULD TRY YOUR THAT YOU WILL F ABETTER FUTURE.

# **Financial Report**

Statement of Activities and Change in Net Assets for the Year Ended June 30, 2008

	2008			2007
	Unrestricted	Temporarily Restricted	Total	Total
REVENUE				
Grants and contracts	\$56,501,041	\$981,105	\$57,482,146	\$41,188,177
Contributed services and materials	2,535,902	-	2,535,902	5,014,226
Contributions	29,903	-	29,903	-
Interest income	25,956	-	25,956	20,931
Other revenue	-	-	-	850
Net assets released from donor restrictions	182,640	(182,640)	-	-
Total revenue	59,275,442	798,465	60,073,907	46,224,184
EXPENSES				
Program Services:				
Program Services	50,977,814	-	50,977,814	39,077,618
Program Support	1,365,683	-	1,365,683	892,025
Total program services	52,343,497	-	52,343,497	39,969,643
Supporting Services				
General and Administrative	6,620,334	-	6,620,334	5,360,614
Fundraising	513,047	-	513,047	135,666
Total supporting services	7,133,381	-	7,133,381	5,496,280
Total expenses	59,476,878	-	59,476,878	45,465,923
Change in net assets	(201,436)	798,465	597,029	758,261
Net assets at beginning of year	1,612,131		1,612,131	853,870
NET ASSETS AT END OF YEAR	\$ 1,410,695	\$ 798,465	\$ 2,209,160	\$ 1,612,131

This statement was audited by Gelman, Rosenberg & Freedman, Certified Public Accountants

## Leadership As of May 2009

#### IntraHealth Board of Directors

Jeffrey L. Houpt, MD, Chair Dean Emeritus, School of Medicine, University of North Carolina at Chapel Hill

Peggy Bentley, PhD Professor of Nutrition and Associate Dean for Global Health, University of North Carolina at Chapel Hill

#### George Brown, MD, MPH

International health specialist in reproductive health and HIV/AIDS policy and programs

#### **Barry Eveland**

Retired IBM Senior State Executive for North Carolina

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#### Duff Gillespie, PhD

Senior Scholar and Professor, Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health

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Global Health Council

Gordon Perkin, MD Co-Founder, Program for Appropriate Technology in

Health (PATH)

Khama Rogo, MD, PhD Lead Health Sector Specialist, the World Bank

Beth Traynham, MS, CPA Partner, Hughes Pittman & Gupton, L.L.P

## IntraHealth **Executive Team**

Pape Amadou Gaye, MBA President and CEO

Maureen Corbett, MIA Vice President of Programs

Thomas J. Hill Vice President of Finance and Chief Financial Officer

Rebecca Kohler, MPH Vice President of External Affairs Namibia

Mary C. Scott Vice President of Operations

Anne Wilson, MSN Director, Capacity Project

IntraHealth Country and Project Directors

## Armenia

#### Karine Gabrielyan Family Medicine and Quality of Care Team Leader,

Primary Health Sector Reform Project

Inna Sacci, MA Chief of Party, Project NOVA

#### Ethiopia

Jeanne Rideout Chief of Party, Capacity Project

#### Guatemala

José Zelava, MD, MPH Country Coordinator, Capacity Project

#### India

Laurie Noto Parker, MPH Chief of Party, Vistaar Project

#### Kenya

Kimani Mungai, MA Program Director, Capacity Project

## Mali

Cheick Touré, MD Country Director

Emad Aziz, MSc Chief of Party, Capacity Project

#### Rwanda

Program

Ousmane Faye, MD Chief of Party, Capacity Project

Laura Hoemeke. MPH Director, Twubakane Decentralization and Health Program/Rwanda

Gerard Ngendahimana, MD Acting Chief of Party HIV/AIDS Clinical Services

#### Senegal

**Rodio Diallo** 

Chief of Party, USAID Maternal, Neonatal and Child Health, Family Planning, Malaria Project

### South Africa

Stembile Mugore, RN Chief of Party, Southern Africa Human Capacity Development Coalition

#### Southern Sudan

Aanes Comfort Capacity Project Coordinator

Carol Karutu Program Manager, CDC Southern Sudan Project

#### Tanzania

Jennifer Macias Country Director, HR Capacity Project

Moshi Ntabaye, PhD Project Director, Provider-Initiated Testing and Counseling Project

## Uganda

Vincent Oketcho, MD Chief of Party, Capacity Project

#### Zambia

Namoonga Winnie Hamoonga

Team Leader, CDC Improving Access and Uptake of Routine Confidential Counseling and Testing Program



## IntraHealth International, Inc.

6340 Quadrangle Drive, Suite 200

Chapel Hill, North Carolina 27517

Tel: 919-313-9100

Fax: 919-313-9108

www.intrahealth.org

intrahealth@intrahealth.org

