

# A vision

**CELEBRATING THIRTY YEARS OF SUPPORTING THE HEALTH WORKER**



**IntraHealth**  
INTERNATIONAL  
Because Health Workers Save Lives.



# A MESSAGE FROM OUR PRESIDENT



IntraHealth's 30th anniversary provides an opportune time to reflect on both our past and our vision for the future. As we look back, we see several unbroken threads that weave through all three decades of our history. Supporting frontline health workers has been our primary focus from IntraHealth's first training programs in West Africa and the Near East in 1980 to IntraHealth's role over the past five years as a global leader in strengthening human resources for health through the Capacity Project. We built our reputation as an organization that promotes quality training while having the courage early on to say that health workers need more than training to perform well. We have always believed in the values of capacity building, partnership and local ownership, and in the importance of cross-cultural learning. And, from the beginning, we have acted on the principle that free and open access to information should be a cornerstone of development work.

Through my personal transition from serving as IntraHealth's regional director in West Africa for 17 years to becoming IntraHealth's CEO in 2004, I have had the chance to witness how our commitment to these values and principles has contributed to our growth and successes. I continue to be inspired by the dedication and commitment of the

professionals we collaborate with in developing countries, our strong partnerships with sister organizations, and the confidence placed in our work by longstanding funders such as USAID as well as by new private donors such as the Gates, Hewlett, and Packard foundations and our generous individual contributors.

As we celebrate our 30-year wealth of experience, and honor our roots as a program of The University of North Carolina at Chapel Hill, we also mark our seventh successful year as an independent nonprofit organization. During 2009, we continued to grow rapidly, to partner more creatively, and to strive for innovation, particularly in enabling countries to better support health workers through eHealth technologies and systems strengthening. Diversifying our funding and expanding the number and scope of our projects over the past seven years has made it ever more imperative that we sustain those core threads that have strengthened us from the beginning, while also continuously learning from our work and from the perspectives of our partners and stakeholders.

IntraHealth enters its fourth decade energized to meet the many health challenges that face the world today. We wholeheartedly endorse the US Global Health Initiative's and other international donors' commitment to reinforcing health systems, rewarding good governance, and seeking creative alliances. We are poised to achieve new milestones in addressing the health worker crisis through the USAID CapacityPlus Project and remain deeply committed to do our part toward meeting the Millennium Development Goals. As we take on new challenges and seek promising opportunities we will be guided by our longstanding belief that improving health care around the world requires skilled and supported health workers and capacity building that encourages local innovation and ownership.

We are grateful for your continued support.

A handwritten signature in black ink, appearing to read "Pape A. Gaye".

Pape A. Gaye  
President and CEO

**INTRODUCING**

**OUR NEW BRAND**



**Strengthening health workers** and the systems that support them to meet the needs of their communities has been our core business for three decades. IntraHealth's new logo symbolizes our ongoing commitment to mobilizing local talent for accessible, equitable, and sustainable health care around the world.

**Representing a network of people** spanning the globe, the logo conveys principles that we hold dear: partnership, family-centered approaches, and the interconnectedness of our work.

**Over 30 years of successes** and lessons learned, opportunities and challenges, working in more than 90 countries in all regions of the world...

# **FIVE KEY**

# **THEMES**

# **HAVE SHAPED OUR HISTORY**



# A vision

**for accessible health care as a basic human right**

# 1

Our work began three decades ago with the aim of empowering women and couples to decide if and when to have children and to determine their desired family size through access to high quality family planning information, counseling, and services. As our mandate has expanded over the years—to include broader reproductive, maternal, newborn and child health; and HIV/AIDS, tuberculosis, and malaria prevention and care—our vision for increasing access to health care has remained centered on the needs and voices of individuals and communities rather than being driven by diseases or demographics. Throughout our history, we have maintained a commitment to gender equality and a belief that the well-being of women and children is the cornerstone of healthy communities.

# 1998

**IN RESPONSE TO** a finding that Ugandan adolescents were not seeking health care services despite suffering myriad health problems, Intrah designs a successful program to create a youth-friendly environment at public health facilities. Adolescent views and preferences guided the design of the program, which emphasized changing health workers' attitudes and mobilizing youth to protect themselves from unwanted pregnancies and sexually transmitted infections.



# 1979

**THE PROGRAM FOR** International Training and Health (Intrah) is founded at the University of North Carolina at Chapel Hill's School of Medicine in October, and begins work on its first regional project in Africa and the Near East to train paramedical, auxiliary, and community health workers to increase access to family planning services.





## 2002

**DURING A PERIOD OF UNREST** in West Bank/Gaza, IntraHealth provides emergency obstetric training and equipment for doctors and community caregivers, reducing the number of deaths among women in labor and unable to reach hospitals because of the crisis.

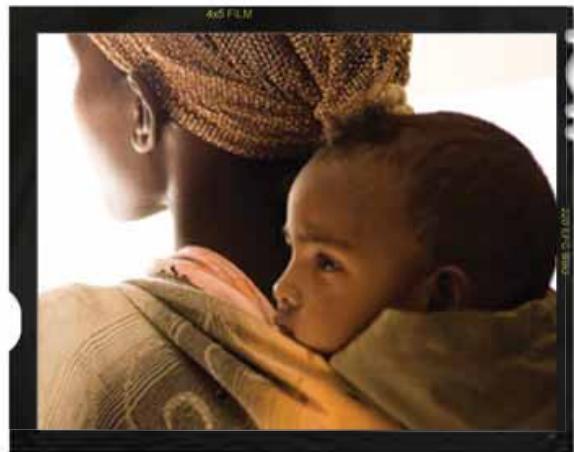
“ “

For women who want to plan their families and their husbands won't let them, I tell them to come with their kids to my house in the afternoon and we take advantage to talk about family planning.”

—Lichita, health promoter, rural El Salvador

## 2005

**INTRAHEALTH ESTABLISHES** a successful mothers' support group program as part of its effort to prevent mother-to-child transmission of HIV in Ethiopia. The approach, adapted from a South African model, enables mentor mothers to help their HIV-positive peers address unmet medical, social, and psychological needs. Graduates of the program reach out to their own communities to provide prevention education and refer pregnant women for services.



# Frontline

health workers are the foundation of any health system

# 2

From the beginning, our mission has focused on strengthening, supporting, and advocating for health workers, from nurses and primary care physicians to midwives, paramedics, pharmacy agents, and community health workers. We define health worker in the broadest sense, encompassing a wide range of personnel and including government health planners, health facility managers, lab technicians, and others in key supporting roles.

Our vision for accessible health care is borne out in our efforts to enhance what health workers can do—and are authorized and supported to do—including high-impact preventative as well as lifesaving curative care. Many of the health workers we support are women who are highly skilled, forward-thinking, strategic leaders in their communities, organizations, and institutions.



## 1985

**IN ONE OF NUMEROUS** similar programs throughout our history, Intrah begins training and supporting over 14,000 village volunteers in Sri Lanka to provide community-based distribution of family planning information and methods.

## 1995

**RESPONDING TO A NEED** to increase access to care for women suffering complications of unsafe abortions, Intrah leads an initiative in Kenya demonstrating that private nurse-midwives can provide high quality, comprehensive postabortion care, thus offering life-saving treatment and family planning services to women closer to where they live and work.



# 2009

**THE FIVE-YEAR USAID CAPACITY PROJECT**, with a mandate to strengthen health systems and workforce planning, development, and support, concludes work in 47 countries. The Project's work in Southern Africa, Kenya, Namibia, Tanzania, Uganda, and Central America continues through IntraHealth-led country and regional programs. In September 2009 USAID awards IntraHealth and partners the Capacity*Plus* project, a five-year \$300 million global initiative to expand the Capacity Project's mission.

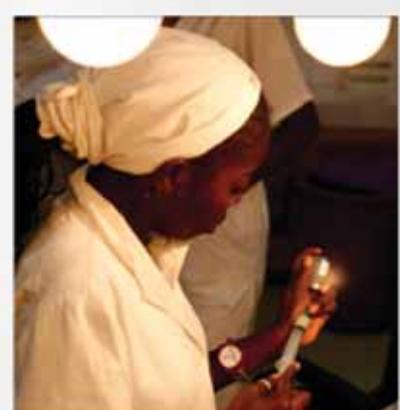
# 2003

**IN BENIN, ETHIOPIA, AND MALI**, IntraHealth demonstrates that nurses and midwives can safely perform active management of the third stage of labor, thus expanding access to this evidence-based life-saving practice that prevents postpartum hemorrhage, the leading cause of maternal deaths.



Health workers are the backbone of health service delivery, because you can put in place any system but whatever system you may put in place has to be operated by the health workers."

—Francis Ntalazi, assistant commissioner of HR management, Ministry of Health, Uganda



# Training

is essential...but it isn't enough

# 3

Intrah started off building the capacity of training institutions and professionals in family planning counseling and services, and earned a stellar reputation as a training organization. However, our leaders—from founding director James Lea to current CEO Pape Gaye—became early and vocal proponents of the idea that training, no matter how effective, is not enough to ensure that health workers can provide improved services on the job.

Over the years we have played a pioneering role in promoting the importance of policies, standards, and guidelines for service delivery, and in applying systematic approaches to identify and address the factors in addition to knowledge and skills that are essential for health workers to perform well—factors such as motivation, supportive supervision, clear job expectations, and adequate equipment and supplies.

# 1984

**IN WHAT WOULD PROVE** a model for efforts in other countries, IntraHealth works with the Ministry of Health and other stakeholders in Botswana to introduce national family planning service policy, guidelines, and standards.



# 1987

**MACMILLAN UK PUBLISHES** IntraHealth's *Teaching and Learning With Visual Aids*, co-authored by Catherine Murphy, who remains one of IntraHealth's senior technical leaders. A resource manual for community health workers and family planning workers in Africa and the Middle East, this innovative guide offers instruction on how to make and use non-electronic, low-cost visual aids for more effective, context-specific learning.



# 2007

**INTRAHEALTH LAUNCHES** *Learning for Performance: A Guide and Toolkit for Health Worker Training and Education Programs.* Building on three decades of experience, *Learning for Performance* streamlines learning interventions in the context of performance improvement and is designed to yield more efficient training by focusing on what is essential for health workers to do their jobs and meet client and community needs.

“ ”

The competency-based approach... puts the students at the center of the learning process. It gives students the opportunity to look for answers themselves.”

—**Mohamed Salia Maiga, director of studies at the nursing school in Gao, Mali, on the *Learning for Performance* approach**



# 1995

**INTRAH LEADS A NEW USAID PROJECT, PRIME** and plays a key role in establishing the Performance Improvement approach, a globally recognized systems methodology designed to address all of the factors that affect health worker performance.

# Open Access

to information, tools, and technology empowers  
health workers and communities

# 4

Providing tools, resources and access to knowledge for health workers and those who educate, manage, and support them has always been a key element of our work. We have adapted our formats and channels for knowledge sharing along the way, from distributing free resources via “snail mail,” to building interactive web-based platforms for our *Performance Improvement Stages, Steps and Tools and Learning for Performance* approaches, to developing free, open source software for health worker information systems.

# 1987

**INTRAH PUBLISHES ITS FIRST** edition of the *List of Free Materials in Reproductive Health*, setting a precedent for how we work to open up access to information for those who need it most.



# 2005

**TO ASSIST COUNTRIES IN OBTAINING** and sustaining better data on their health workers, IntraHealth develops its human resources information system (HRIS) strengthening approach and the iHRIS suite of open source software for workforce planning, human resources management, and tracking health worker training and licensure.



# 2009

**WITH A GOAL OF CHANGING** the way people think about health, technology, and the developing world, IntraHealth OPEN is launched. Developed in partnership with a council of leaders from the worlds of global health, technology, and entertainment, OPEN strives to enable African software developers and health professionals to create, customize, and grow open source systems themselves based on local expertise, needs, and realities.



# 2006

**INTRAHEALTH LAUNCHES** the Human Resources for Health (HRH) Global Resource Center ([www.hrrhresourcecenter.org](http://www.hrrhresourcecenter.org)), the world's largest online HRH collection with users in more than 170 countries.



[The HRH Global Resource Center] addresses the most relevant issues in such an effective manner. The valuable information is directly useful in strengthening the response to the containment of HIV/AIDS besides addressing the health system strengthening issues."

—Dr. Rajesh Gopal, Gujarat State AIDS Control Society, India

“

**Establishing strong**

# **Partnerships**

**and honoring local ownership supports sustainable results**

# 5

First and foremost, we build lasting relationships of mutual respect and accountability with our government, civil society, and private sector partners in the countries where we work. We strongly believe in the concept of local ownership, and our role as a resource and catalyst for assisting our partners to meet and sustain their own goals. Recognizing that addressing the protracted health challenges the world faces is a much larger task than any one institution can address, we build and nurture alliances among a range of local, national, regional, and global stakeholders and networks.

# 1981

**INTRAH OPENS ITS FIRST** regional office in Nairobi and establishes a regional advisory group, demonstrating its commitment to working with national and regional talent to solve problems.



# 1984

**INTRAH AND TRAINING RESOURCES GROUP, INC.,** form a partnership that has continued through four global projects. This relationship has provided a continuum for advancing technical work in areas of mutual strength such as health worker performance support and workforce policy and planning.

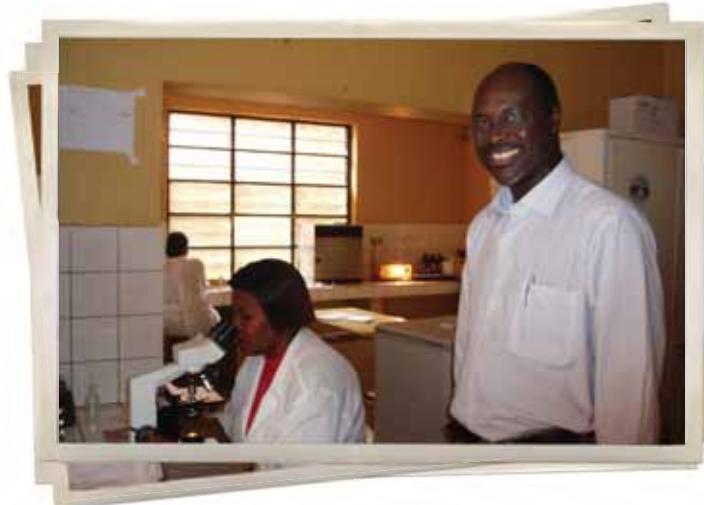
“ “

When [HIV-positive] women organize in groups and learn from each other, they begin to recognize that this problem is not only that of one mother but other women as well. They begin to say, ‘Oh, I could also address my problem in such a fashion.’ ...They begin developing hope in life.”

—Melaku Gabissa, liaison officer working with mothers' support groups, IntraHealth/Ethiopia

# 2003

**INTRAHEALTH INTERNATIONAL** incorporates as an independent nonprofit organization, allowing it to pursue a more diverse array of partnerships, alliances, and funders.



# 2004

**LAUNCHING** the Twubakane Decentralization and Health Program at a time of widespread reform in Rwanda, IntraHealth embarks on an initiative built on strong, synergistic partnerships at the national, district, and community levels—where community-health provider partnerships supported increased use of services and improved quality of care in 98% of project-supported clinics.

**Through health services supported by**

# **IntraHealth in 2009:**



BIRTHS ATTENDED BY A SKILLED BIRTH ATTENDANT:

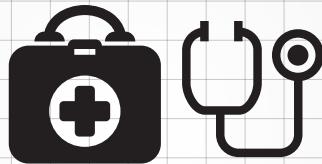
**187,615**

ANTENATAL CARE VISITS MADE BY PREGNANT WOMEN:

**1,395,005**

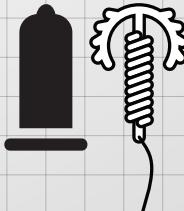
PROFESSIONAL HEALTH CARE PROVIDERS AND COMMUNITY HEALTH WORKERS TRAINED:

**20,052**



**131,237**

INDIVIDUALS INITIATED  
CONTRACEPTIVE USE





# 511,900

INDIVIDUALS COUNSELED, TESTED, AND RECEIVED THEIR HIV TEST RESULTS

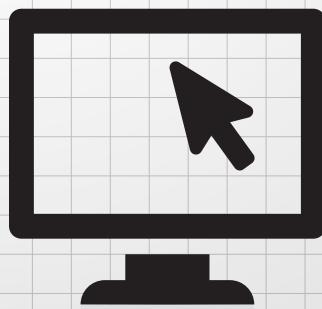


# 20,200

HIV-POSITIVE INDIVIDUALS RECEIVED ANTIRETROVIRAL TREATMENT

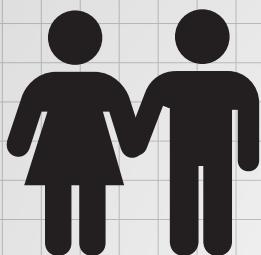
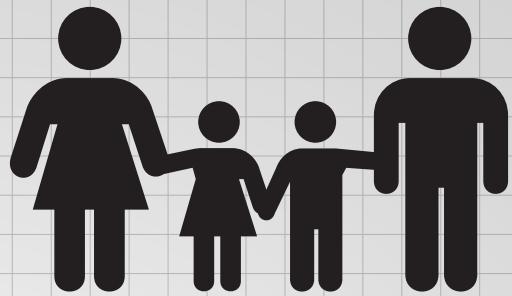
# 6

COUNTRIES DEPLOYED HUMAN RESOURCES INFORMATION  
SYSTEMS AT THE NATIONAL OR SUB-NATIONAL LEVEL



# 226,282

CASES OF CHILDREN UNDER FIVE TREATED FOR MALARIA  
ACCORDING TO NATIONAL NORMS



ESTIMATED YEARS OF FAMILY PLANNING PROTECTION ACHIEVED FOR COUPLES  
RECEIVING CONTRACEPTIVE METHODS:

# 551,897

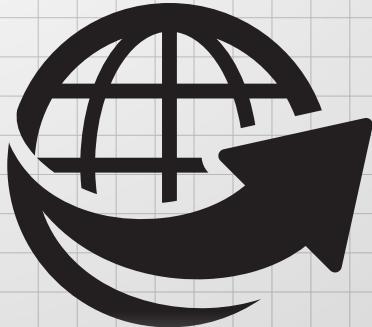


# 1,587

FACILITIES RECEIVED REGULAR SUPERVISORY SUPPORT

# 7

COUNTRIES REALIGNED OR REDISTRIBUTED THE  
HEALTH WORKFORCE TO BETTER MEET PRIORITY  
OBJECTIVES



# Our Work in 2009:



**HIV** HIV/AIDS

**HRH** Human resources for health and systems strengthening programs

**MNCH** Maternal, newborn and child health, family planning, and malaria programs



## **Our Donors and Funders**

US Agency for International Development (USAID)

US 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.

Tides Foundation

UK Department for International Development (DFID)

Office of the UN High Commissioner for Refugees (UNHCR)

World Health Organization (WHO)

Individual contributors

# Financial Report

Statement of Activities and Change in Net Assets for the Year Ended June 30, 2009

	2009		2008	
	Unrestricted	Temporarily Restricted	Total	Total
<b>Revenue</b>				
Grants and contracts	\$70,028,524	\$2,950,489	\$72,979,013	\$57,482,146
Contributed services and materials	13,246,266	-	13,246,266	2,535,902
Contributions	27,495	-	27,495	29,903
Interest Income	1,013	-	1,013	25,956
Net assets released from donor restrictions	<u>1,123,985</u>	<u>(1,123,985)</u>	—	—
Total Revenue	<u>84,427,283</u>	<u>1,826,504</u>	<u>86,253,787</u>	<u>60,073,907</u>
<b>Expenses</b>				
Program Services	<u>71,582,375</u>	—	<u>71,582,375</u>	<u>50,977,814</u>
Supporting Services:				
General and Administrative	11,655,363	-	11,655,363	7,986,017
Fundraising	119,871	-	119,871	67,311
Bid and Proposal	<u>1,216,973</u>	—	<u>1,216,973</u>	<u>445,736</u>
Total Supporting Services	<u>12,992,207</u>	—	<u>12,992,207</u>	<u>8,499,064</u>
Total Expenses	<u>84,574,582</u>	—	<u>84,574,582</u>	<u>59,476,878</u>
Change in net assets	(147,299)	1,826,504	1,679,205	597,029
Net assets at beginning of year	<u>1,410,695</u>	<u>798,465</u>	<u>2,209,160</u>	<u>1,612,131</u>
<b>Net assets at end of year</b>	<u><b>\$ 1,263,396</b></u>	<u><b>\$2,624,969</b></u>	<u><b>\$3,888,365</b></u>	<u><b>\$2,209,160</b></u>

These statements were audited by Gelman, Rosenberg & Freedman, Certified Public Accountants

## **Leadership\***

### **IntraHealth Board of Directors**

Barry Eveland (Chair)  
Retired IBM Senior State Executive for North Carolina

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

Walter Davenport, CPA  
Cherry, Bekaert and Holland (retired audit partner)

Pape Amadou Gaye, MBA  
President and CEO, IntraHealth International

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

Jeffrey L. Houp, MD (Immediate Past Chair)  
Dean Emeritus, School of Medicine, University of North Carolina at Chapel Hill

Anu Kumar, PhD, MPH  
Executive Vice President, Ipas

Cheri Lovell, MDiv  
Owner, Lovell Consulting Services

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

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

\* Leadership is current as of April 2010

## IntraHealth Executive Team

Pape Amadou Gaye, MBA

**President and CEO**

Maureen Corbett, MIA

**Vice President of Programs**

Thomas J. Hill, MBA

**Vice President of Finance and Chief Financial Officer**

Rebecca Kohler, MPH

**Vice President of Strategic Development and Communications**

Maurice Middleberg

**Vice President of Global Policy and Director, CapacityPlus**

Mary C. Scott

**Vice President of Operations**

## IntraHealth Corporate Directors

Krisila Benson, MBA  
**Director, Program Development**

Karen Blyth, MS  
**Director, HIV/AIDS Programs**

Laura Gibney, PhD, MA  
**Director, Monitoring, Evaluation & Research**

Laura Hoemeke, MPH  
**Director, Strategic Communications**

Marylin Keating, Attorney at Law  
**Director, Human Resources**

Matthew McMichaels  
**Director, Information Technology**

Marcus Pridgen  
**Director, Contracts, Grants & Procurement**

Darlene Rich, CPA, MS  
**Controller**

Hazel Ryon, CPA  
**Director, Finance for Programs & Proposal Development**

Barbara Stilwell, PhD, MS, FRCN  
**Director, Human Resources for Health and Systems Strengthening Programs**

Sara Stratton, MPH  
**Director, Maternal, Newborn & Child Health/Family Planning/Malaria Programs**

Doris Youngs, MPH  
**Director of Administration**

## IntraHealth Country and Project Directors

### **Armenia**

Inna Sacci, MA

Chief of Party, Maternal and Child Health Improvement Project

### **Ethiopia**

Patricia McLaughlin, MA, MSW

Project Director, Community PMTCT

### **Guatemala**

Yadira Villaseñor

Chief of Party, Central America Capacity Project

### **India**

Laurie Noto Parker, MPH

Project Director, Vistaar Project

### **Kenya**

Kimani Mungai, MA

Program Director, Capacity Kenya

### **Lesotho**

Phiny Hanson, PhD

Country Director, Southern Africa Human Capacity Development Coalition

### **Mali**

Cheick Touré, MD

Country Director

### **Namibia**

Emad Aziz, MSc

Chief of Party, Namibia HIV Prevention, Care and Support Program

### **Rwanda**

Denise Harrison, MBA, MA

Chief of Party, Rwanda HIV/AIDS Clinical Services Program

Gerard Ngendahimana, MD

Country Representative

## IntraHealth Country and Project Directors (cont'd)

### **Senegal**

Rodio Diallo

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

### **South Africa**

Perle Combaré

Regional Project Director, Southern Africa Human Capacity Development Coalition

### **Southern Sudan**

Carol Karutu

Program Manager, Southern Sudan Project

### **Swaziland**

Jonas Chanda, MD

Country Director, Southern Africa Human Capacity Development Coalition

### **Tanzania**

Jennifer Macias, MPH

Country Director, Tanzania Human Resources Capacity Project

Lucy Mphuru

Acting Project Director, Provider-Initiated Testing and Counseling Project

### **Uganda**

Vincent Oketcho, MD, MCH

Chief of Party, Uganda Capacity Program

### **Zambia**

Namoonga Winnie Hamoonga

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

## **Global Health Advisory Committee**

Marcia Angle

Preston Brown

Leslie Byrd

Fred Hutchison

Bob Ingram

Rich Katz

Linda Kornberg

**Cheri Lovell** (member, IntraHealth Board of Directors)

Bruce Lowery

Julie Lowery

Victor Labat

Joan Siefert Rose

Brenda Brown Schoonover

Bill Shore

Bryan Skelton

Dhiren Thakker

Louise Winstanly



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[www.intrahealth.org](http://www.intrahealth.org)