



*Let me
introduce you...*



...to some of the most important people in the world...

"I can say that I saved a life. I treated a woman who was bleeding profusely. She was worried and her parents were worried. Performing the procedure and rapidly stabilizing her with an IV gave confidence to the woman, and she thanked me a lot for having saved her life."

—Madame Bâ Fatou Diouf, health center nurse, Senegal

"Villagers appreciate that we are selling family planning commodities. And when someone is benefited, he conveys it to another person. This is the way the number of clients has increased."

—Indigenous Systems of Medicine practitioner, Uttar Pradesh, India

"Involving people from the community is critical because they will always have the best idea of how to better their own quality of life... The increase in patient numbers and income is a result of all the community work we have done."

—Dr. Jose Gregorio Aponte, clinic director, Dominican Republic



"I am grateful for this training, for without it I would have committed a terrible injustice against my niece. Instead, I will now work toward ending female genital cutting in my community."

—Dr. D, physician, Mali

"If it is a birth I cannot attend alone, I look for help. When there is no emergency vehicle, I find the community member on call to help me take the patient."

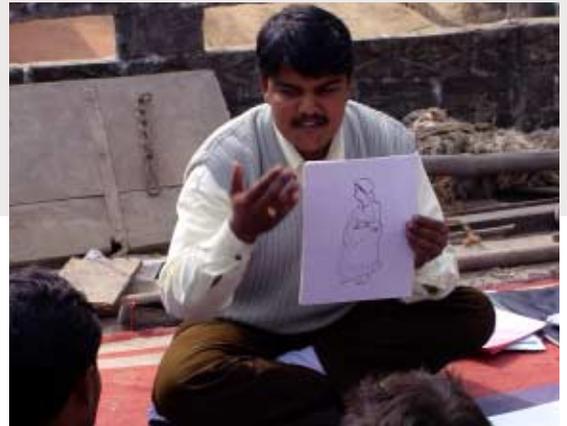
—Felipa Arteta, traditional birth attendant, Nicaragua



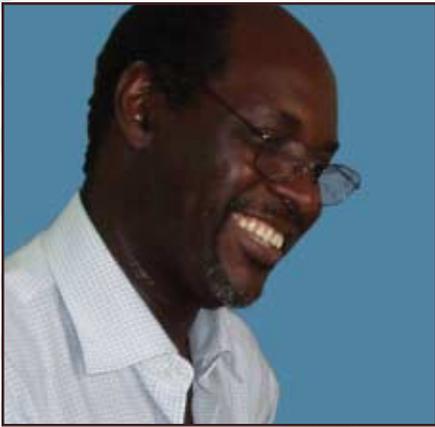
Primary Health Care Providers

Delivering frontline health services and referrals at the community level, primary providers reach women and families with the fewest resources and most limited access to hospitals and other higher-level facilities. The evidence is clear that an expanded role for these providers can contribute significantly to meeting the growing demand for quality health care services caused by pressures such as the HIV/AIDS pandemic and the burgeoning number of youth entering reproductive age. IntraHealth works with traditional and non-traditional cadres of primary providers including:

- Nurses
- Midwives
- Physicians
- Volunteer health promoters
- Pharmacy agents
- Youth peer educators
- Skilled birth attendants



IntraHealth's Purpose: To improve the health and well-being of vulnerable women and their families around the world



Message from the President

In July 2004, IntraHealth International completed its first year as an independent nonprofit corporation. Our new name bridges our vision for the future with our 24-year legacy as the IntraH program of the University of North Carolina at Chapel Hill (UNC).

IntraHealth's first anniversary is an opportune time to affirm our commitment to some of the most important people in the world: primary health care providers. As the essential element in health care delivery, these providers face the world's most critical health challenges on the frontlines, bringing local solutions to the neediest communities and increasing access to services and referrals. Primary providers also play a crucial role in tackling sensitive health and social issues that negatively impact the lives and rights of women, including female genital cutting and gender-based violence.

Our long history of achievement in supporting primary providers, combined with our increased flexibility as an independent organization, place IntraHealth in a strategic position to better apply caring and compassionate assistance to improve the lives of vulnerable women and communities around the world.

The emergence of IntraHealth as a strong, high-performing, multi-project organization is well under way. I am happy to report a fruitful first year for our young organization, including a smooth leadership transition and the successful conclusion of a major global project (PRIME II), in spite of the volatile world stage and rapidly changing environment.

While we have taken into our own hands the exciting task of forging our organizational destiny, celebrating the first anniversary of IntraHealth gives me the pleasure of honoring our longstanding relationships with UNC and with the United States Agency for International Development (USAID).

UNC and its School of Medicine provided IntraH with a stable home within a thriving academic and research community in the Research Triangle of North Carolina. IntraHealth prides itself on the enviable prospect of continuing to work with UNC and other institutions to turn state-of-the-art knowledge into programs and services that benefit health care workers and their communities around the world.

In the process we look forward to helping UNC achieve its stated goal of becoming a global university.

Over the years USAID has provided us with the programmatic opportunities and financial support to meaningfully contribute to international health development efforts in vital areas. Through projects like PRIME and PRIME II we have helped to increase access to quality family planning and reproductive health services, improve in-service training and pre-service education for health care workers and strengthen systems for training and service delivery. Our new Capacity Project is aimed at addressing the global shortage of human resources for health care. In the coming years we plan to maintain our foundation as an implementing agency for such USAID projects while also expanding and diversifying our program portfolio and funding base.

IntraHealth's achievements in strengthening and supporting primary providers around the world are made possible by our own multi-cultural workforce in Chapel Hill and the field. Their passion for our mission and their commitment to bettering the lives of women and children help IntraHealth to be ever more responsive, culturally sensitive and efficient. I am grateful for the contribution of our staff in helping us develop a values-driven organization.

Looking into the future, we face many challenges including the expanding impact of the HIV/AIDS pandemic, the continuing deterioration of national health care systems in many countries and the looming crisis in human resources for health care in the developing world. We will respond to these challenges with passion and dedication. We look forward to strengthening even more our solid relationships with our colleagues and customers in the field, our sister organizations and our donors and sponsors.

We hope you share our vision to make the world a better place and our passion for the work and the workers who help realize that vision. Thank you for your continued support.


Dore A. Gage
President





IntraHealth

Bringing creative solutions to health care challenges...

- Strengthening systems that support health care providers
- Fostering links among providers, clients and communities
- Developing the capacity of people and institutions
- Applying systematic approaches to identify and solve problems in health care delivery
- Improving education and training programs for the health care workforce



Achieving measurable results in priority health areas...

During 2004 IntraHealth completed the PRIME II Project, a successful global partnership to improve the performance of primary providers of family planning and reproductive health services. Over the course of five years, this USAID-funded initiative implemented projects in 25 countries in six regions. Here are a few highlights from the work accomplished by PRIME II and other projects in our priority health areas.

Family planning and reproductive health

The most populous state in India, Uttar Pradesh, faces tremendous unmet need for family planning counseling and services. In response to this situation, IntraHealth assisted in training and supporting more than 25,000 primary providers in family planning counseling, referrals and method provision. At follow-up, 85% of these providers were achieving high levels of performance to standard.

Safe motherhood and child health

An IntraHealth-led pilot project in Ethiopia, Mali and Benin trained more than 300 providers in a life-saving practice to prevent postpartum hemorrhage, the leading cause of maternal death in developing countries. More than 15,000 women benefited from active management of the third stage of labor, with very few complications reported. The project showed that the practice is feasible in the service delivery systems of developing countries, and additional providers continue to be trained in all three countries. IntraHealth projects have also

demonstrated that primary providers can deliver high quality services to women suffering from complications of unsafe abortion, and that this care increases the accessibility and use of family planning services to reduce unwanted pregnancies and repeat abortions.

Prevention and care of HIV/AIDS and related illnesses

Encouraging and supporting pregnant women to be tested for HIV is a key step in preventing mother-to-child transmission of the virus. At seven health facilities in Rwanda, an IntraHealth-led project achieved high rates of voluntary counseling and testing for women. Over two years, 9,311 of 9,501 women visiting the facilities for prenatal care were counseled on HIV; 94% of these women accepted an HIV test, and 90.5% waited or returned for results. Because of this project, a full range of prevention services, including provision of nevirapine, are offered for HIV-positive women and their infants at the facilities.

Gender inequities and barriers

A successful demonstration project designed by IntraHealth in Armenia improved and expanded the role of primary providers in helping women overcome violence. Providers trained in responding to violence against women scored more than five times higher than untrained providers on skills tests. This project showed that with community support

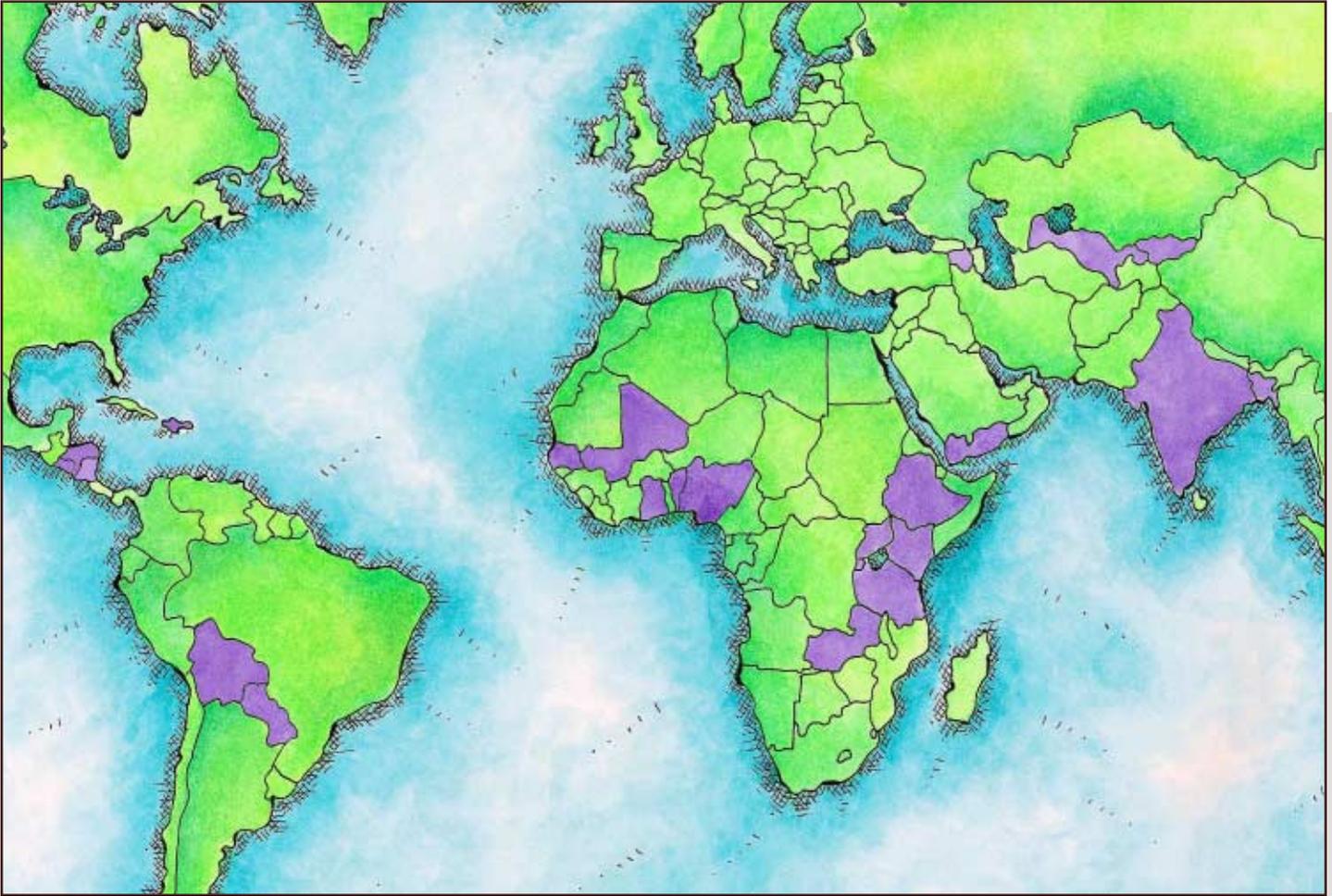


Armenian family planning/reproductive health providers can and will offer screening, client counseling and education, referrals and community outreach education to address gender-based violence as a public health issue.

Conflict and post-conflict environments

When armed conflict blocked pregnant women from hospitals in the West Bank and Gaza, IntraHealth mobilized quickly as part of the Maram Project to train 120 nurses, midwives and physicians to manage childbirth emergencies. Birthing kits were distributed to lay people and providers, and IntraHealth then trained an additional 500 physicians, nurses, midwives and teachers in life-saving emergency care. A team of 90 national trainers continues to strengthen community-level emergency care throughout the West Bank and Gaza.

Where We Worked During 2004



Asia

Bangladesh
India (New Delhi: country office)

East and Southern Africa

Ethiopia (Addis Ababa: country office)
Kenya (Nairobi: regional office)
Tanzania
Uganda
Zambia

Europe and Eurasia

Armenia (Yerevan: country office)
Kyrgyzstan
Uzbekistan

Latin America and the Caribbean

Bolivia
Dominican Republic
El Salvador
Honduras
Nicaragua
Paraguay

Middle East and North Africa

West Bank and Gaza
Yemen

West and Central Africa

Benin (Cotonou: country office)
Ghana
Mali (Bamako: country office)
Nigeria
Rwanda (Kigali: country office)
Senegal (Dakar: regional office)

Our Accomplishments

1979 - 1989

- 1979 – Intrah (Program for International Training in Health) is founded by the UNC School of Medicine to implement the PAC (Primary, Auxiliary & Community Health Workers) training project in Africa and the Near East.
- 1982 – Regional office for East and Southern Africa opens in Nairobi, Kenya.
- 1984 – Awarded the PAC2 Project, focusing on the training of non-physician health care providers in Africa and Asia.
- 1985 – West, Central and North Africa regional office opens in Abidjan, Ivory Coast; the office later relocates to Lomé, Togo, and then to Dakar, Senegal.
- 1989 – Awarded the PAC2b Project to train primary, auxiliary and community health workers in sub-Saharan Africa.

2000 - 2004

- 1994 – Intrah awarded the contract as lead implementing agency for the global PRIME Project, working in 23 countries to train and support primary providers of family planning and reproductive health services. Additional regional offices are opened for Asia and the Near East (New Delhi, India) and Latin America and the Caribbean (Santo Domingo, Dominican Republic).
- 1997 – Began providing clinical training for improved primary health care services as a partner in the EQUITY Project, a five-year initiative dedicated to racial justice and better health for all South Africans.
- 1999 – Awarded the PRIME II Project, with an emphasis on improving primary provider performance and sustainable systems for education and training. PRIME II worked in 25 countries, with large programs in Armenia, Bangladesh, El Salvador, Ethiopia, Ghana, Paraguay and Rwanda.

- 2001 – Partnered in the IBM-led Maram Project, a community maternal and child health care initiative in the West Bank and Gaza.
- 2003 – IntraHealth International incorporates as an independent nonprofit organization.
- 2004 – By year's end, IntraHealth International's portfolio of projects has become greatly diversified and it has submitted an application to USAID for its first global health project as an independent organization.

The Human Capacity Development Project was awarded to IntraHealth International in September 2004.

1990 - 1999



Financial Summary

Statement of Activities and Change in Net Assets for the Year Ended June 30, 2004

Revenues

Grants and contracts	\$19,380,948
Interest income	(3,082)
Contributed services and materials	802,039
Other revenue	30

Total revenue

\$20,179,935

Expenses

Program services:

PRIME II	\$14,072,264
Other	\$2,401,529
Total program services	\$16,473,793

Supporting services:

Management and General	\$3,746,653
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Total expenses

\$20,220,446

Change in net assets	(40,511)
Net assets at beginning of year	\$1,110,438

Net Assets at End of Year

\$1,069,927



IntraHealth International Board of Directors

We acknowledge the invaluable leadership of our Board of Directors during the organization's launch and first year.

Jeffrey L. Houpt, Chair

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Dean Emeritus
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University of North Carolina at Chapel Hill

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State Executive for North Carolina, Retired
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