

This Is Why I'm a Health Worker

Annual Report 2012

IntraHealth
INTERNATIONAL
Because Health Workers Save Lives.



I'm a health worker
because of them.



At IntraHealth International, we believe that every single person—all seven billion of us—should have access to high-quality health care. And we know that health workers are the key to making that a reality.



Today, more children than ever before are surviving to celebrate their fifth birthdays. Antiretroviral drugs are keeping people with HIV healthy and preventing new infections. And life-changing technologies are spreading to the far corners of the globe. Still, far too many people will go their whole lives without ever receiving care from a health worker.

Why health workers? Because health workers save lives.

I'm a health worker because of Jama.



Every day, more than 800 women die because of complications related to pregnancy and childbirth.

In 2012, IntraHealth trained 7,378 health workers to care for mothers, newborns, and children, and helped provide 54,953 antenatal care consultations to mothers around the world.



Jama had been in labor for hours, struggling to deliver her first child. She was anxious and exhausted.

At the busy Mabo Health Center, Doctor Yakhokh Fall checked on Jama frequently despite his hectic schedule, giving her care and reassurance throughout the day. He'd just sat down for lunch when word came that Jama's baby was almost there.

Yakhokh left lunch behind to help her give birth to a beautiful baby boy. As Yakhokh placed the healthy baby on a warm table to provide essential newborn care, Jama looked on with relief and joy.

IntraHealth gave Yakhokh the training and mentoring he needs to supervise staff at four health posts and a district health center, as well as train all the providers from Senegal's Kaffrine region in preventing postpartum hemorrhage, providing essential newborn care, and counseling clients on family planning. He and his colleagues are now helping more and more women like Jama throughout Senegal to deliver their babies safely.

Note: Client names have been changed throughout to protect privacy.

I'm a health worker
because of Samit.

IntraHealth's training efforts in 2012 helped to see that **87,337**
deliveries were attended by skilled birth personnel.

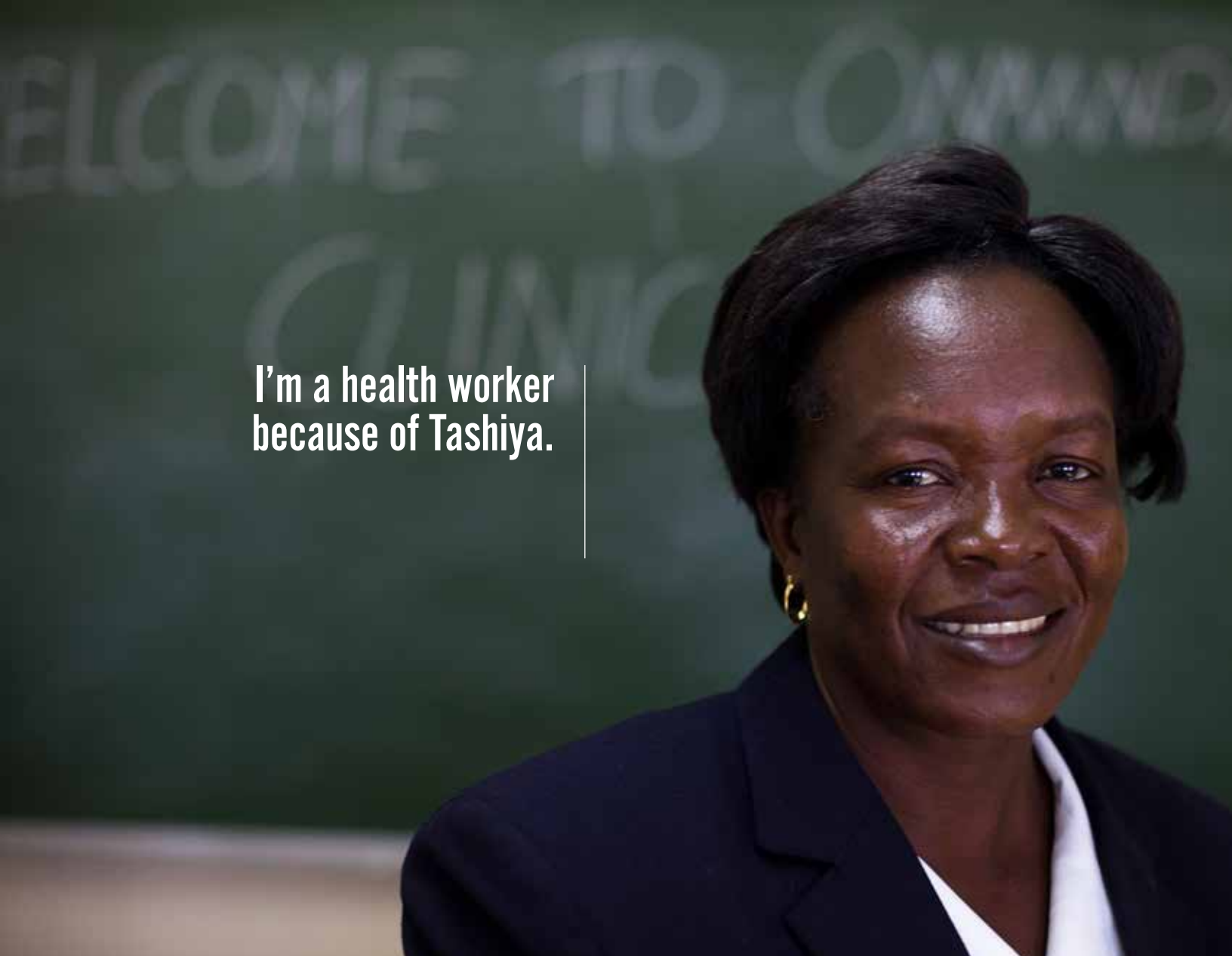
Every 4.5 seconds, a child dies—including over three million newborns every year. Up to two-thirds of those deaths are preventable with skilled care.



When Samit first came into the world, skilled birth attendant Sonam Komari was there to welcome him. She not only helped his mother Anu to deliver him safely, but continues to visit the family regularly to make sure Samit is thriving.

The number of infant deaths in India is slowly declining, thanks in part to Sonam and other skilled health workers. In her village in Hazaribagh District, Jharkhand, Sonam mobilizes the local mothers to breastfeed their new babies immediately and exclusively, to see that no newborn in their community is malnourished.

Before she went through a training program provided by IntraHealth, Sonam had never delivered a baby. "I was trembling when I delivered the first child," she remembers. "I couldn't believe I'd done it. I screamed out, 'I did it! I did it!' I delivered sweets to the entire village to celebrate." Sonam has now delivered over 200 babies.



I'm a health worker because of Tashiya.

In 2012, IntraHealth helped to provide HIV testing for **882,939** people and antiretroviral therapy to **8,896**.



Tashiya was diagnosed with HIV soon after she was born. But she and her mother Ankama—who is also HIV-positive—survive today because of the regular antiretroviral therapy, treatment, and care they receive at the Onaanda Clinic in rural Namibia.

And thanks to nurse Katarina Paulus and her skilled colleagues, Ankama did not pass the virus on to her second daughter.

IntraHealth is working with the Namibian government and facilities like Onaanda Clinic to make HIV services more widely available. We train health workers to offer HIV testing and counseling, prevent mother-to-child HIV transmission, offer medical male circumcision to help prevent the virus from spreading, and ensure that people suffering from HIV and tuberculosis coinfections have the care they need.

The number of new HIV infections in sub-Saharan Africa has fallen by 25% in the last decade. Still, sub-Saharan Africa is home to more than 90% of children who acquired HIV in 2011.



I'm a health worker
because of Héctor.

Nearly 9 million people around the world became sick with tuberculosis in 2011. And 1.4 million died from it.

In 2012, IntraHealth gave 242 health facilities the supervisory support they need to provide high-quality tuberculosis services to their clients.



Tuberculosis—a common coinfection for individuals infected with HIV—is experiencing a renaissance in many countries. In Escuintla, Guatemala, Héctor and other clients with tuberculosis look to Escuintla Hospital for care. And clinical counselor Elia Monterroso is there to help.

For years, Escuintla Hospital suffered from low morale among staff, poor client services, and substandard levels of cleanliness. IntraHealth and its partners worked with the hospital to create safety standards for clients and staff, including standard operating procedures for biohazardous waste disposal.



In Central America, IntraHealth is using its Optimizing Performance and Quality methodology to train hospital managers such as those at Escuintla Hospital, allowing them to quickly and cost-effectively remove obstacles to providing high-quality services and teach staff members the skills they need to give Héctor and other clients excellent, compassionate care.



I'm a health worker because of Kissa.

If all women and couples worldwide could use the contraceptive methods they want and need, unintended pregnancies would decline by 54 million and pregnancy-related deaths would drop by 79,000.

In 2012, IntraHealth trained 4,316 health care providers around the world to offer high-quality family planning services to their clients.



When Kissa arrived at the Mukono District Health Center IV near Kampala, Uganda, she knew she wanted to be able to decide when and if she would get pregnant again. But she wasn't sure which family planning method to use.

Nursing Officer Alex Namala was there to walk Kissa through the options, including pills and injectable contraceptives. In the end, Kissa decided on an implant called Implanon, a tiny rod that releases progestin into the bloodstream. While it took only a few minutes for Alex to inject the implant, the method will last Kissa for the next three years.



Alex oversees all family planning services at the health center, along with antenatal and postnatal services, deliveries, and preventing transmission of HIV from mothers to their babies. But understaffing is a perennial problem.

In 2012, despite having to cut overall public-sector spending, the Ugandan government committed to investing an additional US \$20 million in hiring and retaining health workers. IntraHealth is now working with Uganda's Ministry of Health to hire and train 6,172 more health workers nationwide.



At IntraHealth,

we believe that the best way to ensure care for all of us—including Jama, Samit, Tashiya, Héctor, and Kissa—is to invest in health workers and the health systems in which they work.

The demands on today's health workers are high and constantly evolving. It takes a team of workers with the right skills and expertise—as well as the right tools and medicines—to address the growing burden of noncommunicable diseases and to help prevent, treat, and care for populations that suffer from infectious diseases.





Our mission

at IntraHealth International is to empower health workers to better serve communities in need around the world. We foster local solutions to health care challenges by improving health worker performance, strengthening health systems, harnessing technology, and leveraging partnerships.



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What does it take to make sure health workers are present, ready, connected, and safe?

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Pape A. Gaye, President and CEO

Providing care for seven billion people is no small task.

But to strive for anything less means accepting today’s unthinkable reality: that far too many individuals around the globe will live their entire lives without access to the health care they need, and that millions of people will die every year from preventable illnesses.

We have made progress. Child mortality rates have fallen and access to HIV/AIDS services has soared. But it’s not time to celebrate yet.

Universal health coverage requires a global health workforce that’s ready to do its best work. Given the shortage of more than four million health workers worldwide, this requires ingenuity and investment by actors at every level—including not only the international donor community, but also civil society and the public and private sectors within each country.

To support the global health workforce, we need robust health systems in which hundreds of interconnected subsystems function together. One small failure somewhere in the system—a drug shortage, an outdated clinical protocol, a loss of electricity—can leave a health worker unable to offer clients the best health care possible.

At IntraHealth, we know that the road to a healthier, more productive world is lined with health workers. That’s why every day, we work to answer this question: what does it take to make sure health workers are present, ready, connected, and safe?

There is no one-size-fits-all solution. But countries can learn from each other. We can accelerate progress. And we can do this by building strong health systems and empowering health workers, especially those on the front lines of care, to provide the opportunity for health to us all.





In 2012, IntraHealth helped **134** government and regulatory agencies attract and retain health workers in underserved geographic areas.



IntraHealth is working with the Ministry of State for Development of Northern Kenya and other Arid Lands to provide scholarships that will allow students from ten remote, northern counties to attend Kenya Medical Training College. More than 200 students have now received scholarships. As part of the deal, scholarship recipients agree to return to their home regions after they have finished their studies and serve the communities there.

Equitable distribution

Although the world is rapidly becoming more urban, rural areas are still home to almost half of our global population. But less than 38% of the world's nurses and less than 25% of the world's physicians work in these sometimes hard-to-reach areas. Such mismatched distribution leaves communities around the world vulnerable to disease, shortened life expectancy, and poor quality of life.

By developing strategies to attract health workers to rural and other underserved areas—and by helping members of the local population to become health workers—we can help bring high-quality health care to everyone.

IntraHealth develops tools that help leaders motivate health workers to accept posts in rural and underserved areas—and to stay there. Take IntraHealth's Rapid Retention Survey Toolkit. Countries can use the tool to rapidly assess students' and health workers' motivational preferences when it comes to working in underserved facilities, and use the results to create more effective incentive packages.





In Nigeria, IntraHealth is helping 874 students who are studying to become midwives or community health extension workers to complete their studies through an innovative scholarship and bursary award program. We also provide training for faculty, tutoring for students, and supplies to 11 health training institutions in Nigeria.

Education and training

The field of global health is changing every day, thanks to constant advances in knowledge and ever-shifting best practices. That's why effective education, continuing training, and professional development are essential to a thriving health workforce.

Health professional schools must produce students who are ready to apply their skills. And those new health workers will need access to the latest information to keep up to date throughout their careers.

IntraHealth works with health professional schools, councils, ministries of health, and other stakeholders to develop strategies to produce more health workers, improve the quality of their education, and strengthen systems to offer and track ongoing training.

We also provide tools such as our Optimizing Performance and Quality methodology, which health teams can use to identify performance gaps, reveal their root causes, and apply solutions. By consistently upgrading their skills and monitoring their performance, health workers can be ready to meet the needs of their communities every day.



In the Indian state of Jharkhand, IntraHealth helped the government to improve training for auxiliary nurse midwives in skilled birth attendance by introducing more interactive training techniques and hands-on clinical practice. We also helped the government improve supervision and the availability of supplies. The number of births attended by auxiliary nurse midwives is on the rise, giving more women in Jharkhand the opportunity for safe deliveries.



In 2012, IntraHealth provided training for **27,312** health workers around the world.

Mobile phones Tech support Communities of practice
 eLearning **Technologies** **Networks**
Knowledge management **Connected** Bandwidth Electricity
Infrastructure
 Digital literacy Training **Knowledge** Alerts Equipment
 Training **Information systems** Computers
 Data



Thanks to IntraHealth's iHRIS software, the Prime Minister's Office of Regional and Local Government in Tanzania now has easy access to data about its workforce. To make sure that data are available in the long term, IntraHealth is working with the University of Dar es Salaam to ensure that local IT professionals can administer the iHRIS software and adapt it to meet evolving needs. In 2012, IntraHealth collaborated with the university to develop a program for training government information and communications technology officers. The program includes an intensive-boot-camp-workshop, an exam, and three months of ongoing support. So far, 31 individuals have completed or are currently enrolled in the program.

Data

Data, data, data—they're the fuel that powers any robust national health care system. Countries need current, accurate statistics about their workforces in order to make sure they have the right health workers in the right places, and that their health workers have the skills and qualifications to work effectively.

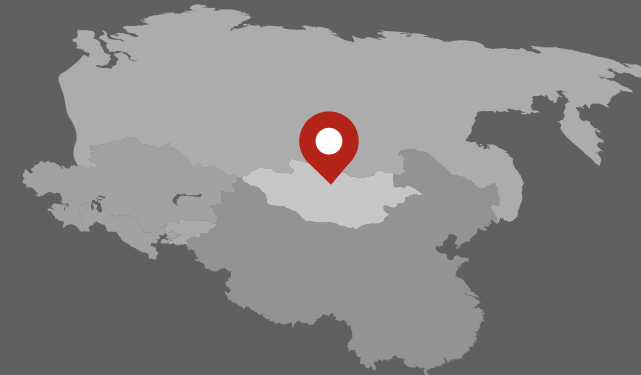
IntraHealth's iHRIS software suite provides open-source tools that enable countries to understand how many health workers they have, what their skills are, where they are posted, and how many new workers are likely to join their ranks. iHRIS gives health sector leaders and managers the information they need to assess health workforce problems and plan effective solutions.

When Uganda's Ministry of Health faced major cutbacks in the health workforce during 2012, officials were able to use data from health worker audits conducted by IntraHealth to argue their case. As a result, the Ugandan parliament not only decided against health sector cutbacks, but found a way to dedicate some US\$20 million to the sector, adding thousands of new health worker jobs.

Today, over 130 governmental and regulatory bodies in 15 countries are using IntraHealth's iHRIS platform to track the records of **578,161** health workers.



Gender discrimination can prevent both women and men from entering into certain health occupations—though it typically puts female workers at more of a disadvantage.



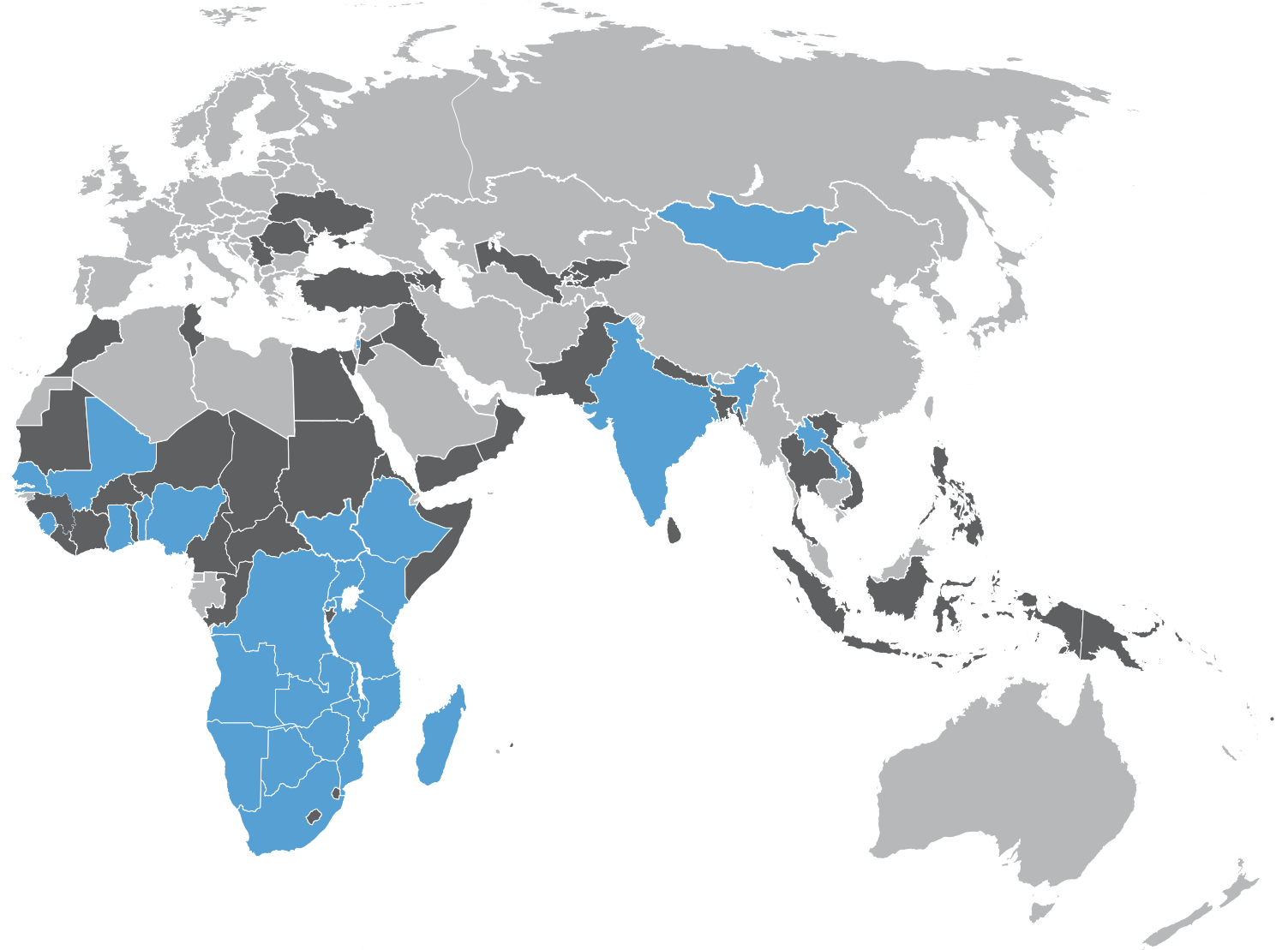
No one is sure how many individuals in Mongolia are victims of gender-based violence or how easy it is for them to get help. But the Mongolian Ministry of Health wants to find out. IntraHealth is helping by designing an assessment of the services available to victims. This will help the ministry plan one-stop service centers—a multisector approach whereby victims can get services from social workers, police, judges, and health workers all in one place.

Gender equality

Sexual harassment, exclusion from traditionally male jobs, and discrimination related to pregnancy and family responsibilities—these are conditions that female health workers around the world face every day. And not only are women in the global health sector more vulnerable to on-the-job discrimination than their male counterparts, they're also more vulnerable to gender-based violence.

Gender inequalities and prevailing gender norms frequently affect health workers and the people they serve. Some clients may conceal abuse and make decisions based on fear, and most clients are deeply influenced by what is considered appropriate for their gender as they make health care decisions.

Women and men are entitled to safe workplaces and to gender-sensitive health care wherein they are treated with dignity. IntraHealth works with our partners and stakeholders to conduct gender trainings and assessments, to recommend policy and procedural changes, and to ensure that all of our projects consider the gender issues affecting health workers and the systems in which they work.



Where we worked in 2012

- | | |
|----------------------------------|----------------|
| Angola | Madagascar |
| Belize | Malawi |
| Benin | Mali |
| Botswana | Mongolia |
| Burundi | Mozambique |
| Costa Rica | Namibia |
| Democratic Republic of the Congo | Nigeria |
| Dominican Republic | Panama |
| El Salvador | Rwanda |
| Ethiopia | Senegal |
| Ghana | Sierra Leone |
| Guatemala | South Africa |
| Haiti | South Sudan |
| India | Tanzania |
| Kenya | Uganda |
| Lao People's Democratic Republic | West Bank/Gaza |
| | Zambia |
| | Zimbabwe |

- Where we worked in 2012
- Where we've worked in the past

Financial Report

Statement of Activities and Change in Net Assets for the Year Ended June 30, 2012

			2012	2011
	Unrestricted	Temporarily Restricted	Total	Total
Revenue				
Contributions and grants				
U.S. Government grants	\$72,247,183	\$ -	\$72,247,183	\$74,893,569
Non-U.S. Government grants	-	5,316,138	5,316,138	2,269,669
Contributions	236,030	-	236,030	161,894
Contributed services and materials	7,352,044	-	7,352,044	8,457,642
Net assets released from donor restrictions	4,242,008	-4,242,008	-	-
Total revenue	84,077,265	1,074,130	85,151,395	85,782,774
Expenses				
Program services	70,909,654	-	70,909,654	73,482,291
Supporting services:				
General and administrative	11,658,773	-	11,658,773	12,802,326
Fundraising	104,823	-	104,823	31,372
Bid and proposal	1,346,182	-	1,346,182	923,775
Total supporting services	13,109,778	-	13,109,778	13,757,473
Total expenses	84,019,432	-	84,019,432	87,239,764
Change in net assets	57,833	1,074,130	1,131,963	-1,456,990
Net assets at beginning of year	1,199,599	3,311,152	4,510,751	5,967,741
Net assets at end of year	\$1,257,432	\$4,385,282	\$5,642,714	\$4,510,751

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

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Join our community.

You can help us pursue our vision for a healthy, productive world. Health workers who are present, ready, connected, and safe can improve the health of individuals, families, and communities across the globe. Health workers can help us all build a better world. Donate today to help us invest in them.

Photos by **Carol Bales**, **Trevor Snapp**, and **Clement Tardiffe**.

Note: Client names have been changed throughout to protect privacy.

Data sources include IntraHealth's integrated results reporting system, UNAIDS, UNFPA, UNICEF, and the World Health Organization.





Chapel Hill, NC | 6340 Quadrangle Drive, Suite 200 | Chapel Hill, NC 27517 | Tel: 919-313-9100
Washington, DC | 1776 I St. NW, Suite 650 | Washington, DC 20006 | Tel: 202-407-9432

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