



INTEGRATE  
HEALTH

# 2018 ANNUAL REPORT

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"INTEGRATION  
IS OUR  
PATH TO  
ACHIEVING  
HEALTH  
FOR ALL"

We INTEGRATE Community Health Workers with improved health clinics to deliver high quality care to our patient's front door.

We INTEGRATE public and private sector approaches to achieve scale and sustainability.

INTEGRATION is our path to achieving health equity. Through it we can achieve Universal Health Coverage.

We INTEGRATE HIV with maternal, child and reproductive health services to strengthen primary care.

**INTEGRATE HEALTH**



# WHO WE ARE

from the founders

women-powered,  
technology-driven

community-led





# Dear Friend,

Early morning, we entered the family compound. Goats snacked on palm fronds in the corner. The mother finished her morning shower in an open-air mud stall. The children sat eating corn porridge and tomato sauce by the handful for breakfast. By every account, this family's home could not have looked more different from mine—yet all I could see were similarities.

The mother held her young son on her lap. He cried as Madeleine, the Community Health Worker, began to reach into her backpack, fearing a finger prick. “Don’t worry, you don’t need a shot today,” his mother reassured him. He buried his head in her chest, and she dropped her chin, softly hugging him in a comforting embrace. *How many times have I held my sons in that exact position?* I wondered. How many times have I reassured them, with those same words, “Don’t worry, you don’t need a shot today.”

Our belief has always been that everyone, everywhere deserves access to good healthcare, no matter where they live. It is almost incomprehensible to see how far that belief, health as a human right, has taken us over the past 14 years: from trying to figure out how to provide care for 30 patients living with HIV in 2004 to serving more than 80,000 people across 14 clinics in six districts in northern Togo this year.

As I sat in the courtyard, I began to reflect on how we got to where we are today. Madeleine is one of Integrate Health’s 59 Community Health Workers providing integrated primary care across northern Togo. Over the past year, thanks to the efforts of our Community Health Workers, we saw 85% of births occur in a facility with skilled care, and the proportion of women receiving lifesaving family planning went from 4% only three years ago to 20% today. This impact is due in large part to the fact that

Madeleine and her fellow Community Health Workers are now offering pregnancy tests and providing family planning to women in their own homes.

In addition to these powerful metrics, or perhaps because of them, Integrate Health signed a partnership agreement with the national Ministry of Health of the Government of Togo earlier this year, formalizing the Government’s commitment to work together to study the Integrate Health model as a possible pathway to national scale. And finally, this year marked a significant milestone with the changing of our name from Hope Through Health to Integrate Health, or Santé Intégrée in French, and the launch of a new, fully bilingual website to codify and elevate our deep commitment to integrating the highest possible standard of primary healthcare into every clinic and community, beginning in Togo.

What these milestones represent are the steps on the path toward Integrate Health’s goal of a complete transformation of the primary healthcare system beginning in Togo. These are the steps on the path to realizing our vision of a world in which quality healthcare is accessible to all. More than ever before, this goal is within our reach.

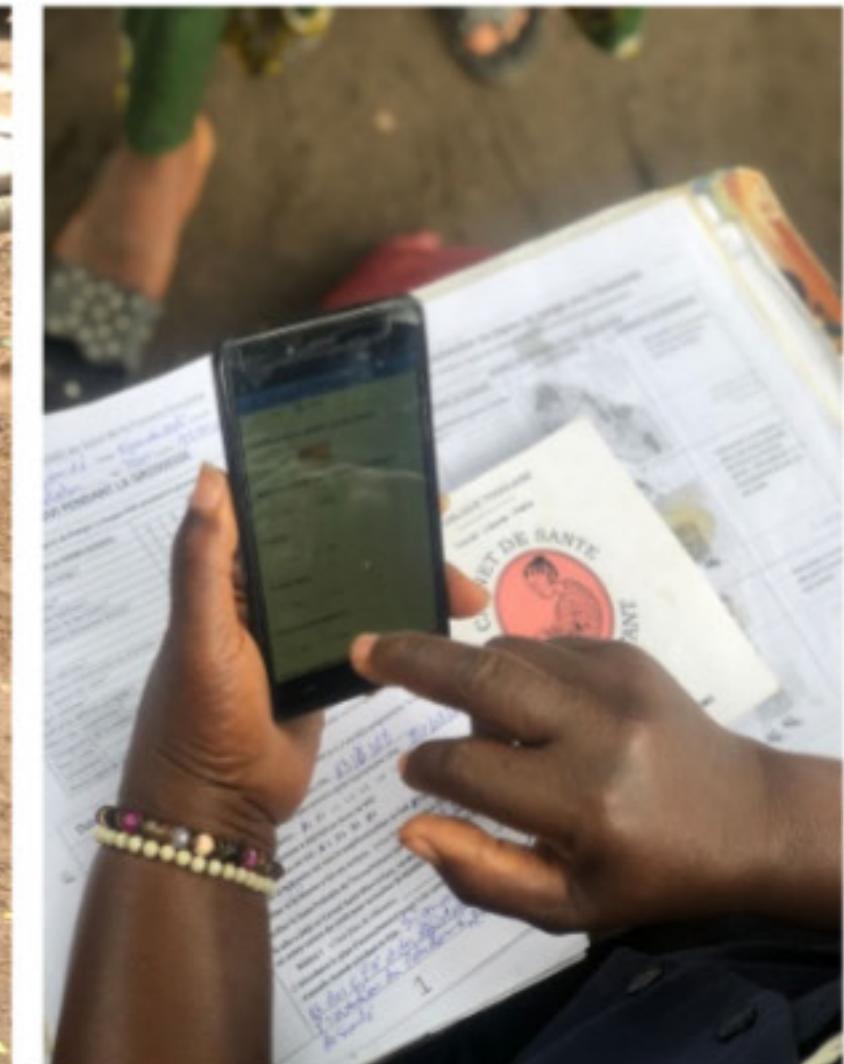
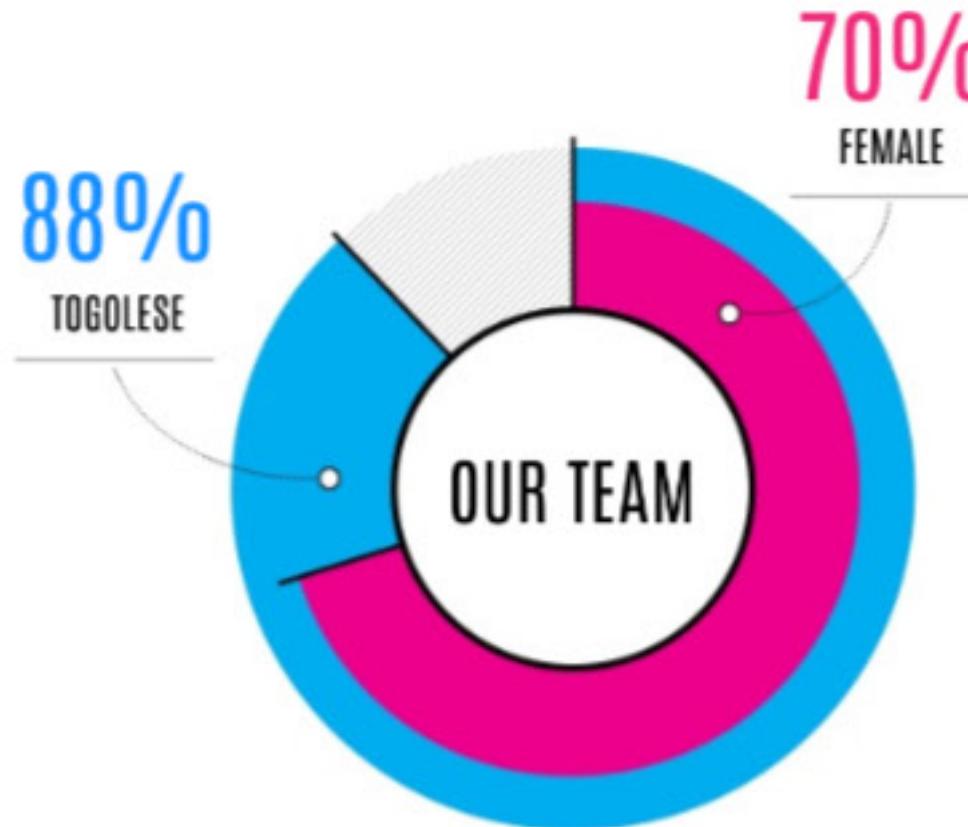
It is thanks to you that we have come this far, and it is with your help that we will go further. I know that each of you see yourselves, just as I do, in the women and men we have the privilege to work for in Togo. I know that you believe, as I do, a child born in Togo has the same right to health as we do in the United States. Our model works, and we are now doing everything we can to see it grow. Our vision is high-quality healthcare system, beginning in Togo. With your help, we will make that vision a reality!

With gratitude,  
**Jenny Schechter and Kevin Fiori, Co-founders**

# Women Powered, Technology-Driven

Integrate Health (IH) is a woman-led organization. In addition to having a female Executive Director at the helm, more than 85% of IH's 59 Community Health Workers are women, recruited from their local communities through a community-led recruitment process. IH recognized there was tremendous untapped human potential in rural women who may have never had the opportunity to pursue formal education as evidenced by extremely high-performance rates. Further, by providing these women with a living wage IH is helping economically empower rural women who in turn reinvest their income in their rural communities' economy, including paying for their children's education.

IH's team is equipped with mobile phones and tablets running the Seamless Healthcare Application co-designed with Medic Mobile. IH's evidence to date proves that this integration of existing technologies works even in the most remote rural communities. IH currently serves 80,000 people through nine health centers across northern Togo and is expanding to serve a total of 330,000 people in partnership with the Government of Togo over the next four years. Meanwhile, IH is working with the Government of Togo to scale the model nationally. Ultimately, IH aims to ensure universal health coverage for eight million Togolese while advancing an improved standard of primary care across Sub-Saharan Africa.



# Community-Led

Yvonne Atak is known in the community as "Mama." She is an energetic woman with a broad, easy smile and animated gestures. She wears a vibrant royal blue skirt and the "uniform" Community Health Worker vest that goes with the position she takes such great pride in sharing. On a sunny day at the Adabawéré Clinic, she describes what it means to wear that moniker in the community. "From far away, people wave to me. Everyone calls me their mama. Husbands thank me and hug me because I care for their wives and children." Everyone in the community knows her and the work she does.

She shares an experience she had with a patient who was pregnant with twins in her service area. The father had abandoned the family. She had no income or options. Circumstances would otherwise require that she deliver at home. Any complications would have to be left to chance or traditional medicine.

Yvonne was able to connect her patient with the clinic, where she delivered. The twins were premature and needed to be referred to the hospital. If it were not for the Integrate Health approach and Yvonne's intervention, the twins may not have survived.

It is thanks to Integrate Health and its supporters that these options are possible, Yvonne "Mama" Atak explains.

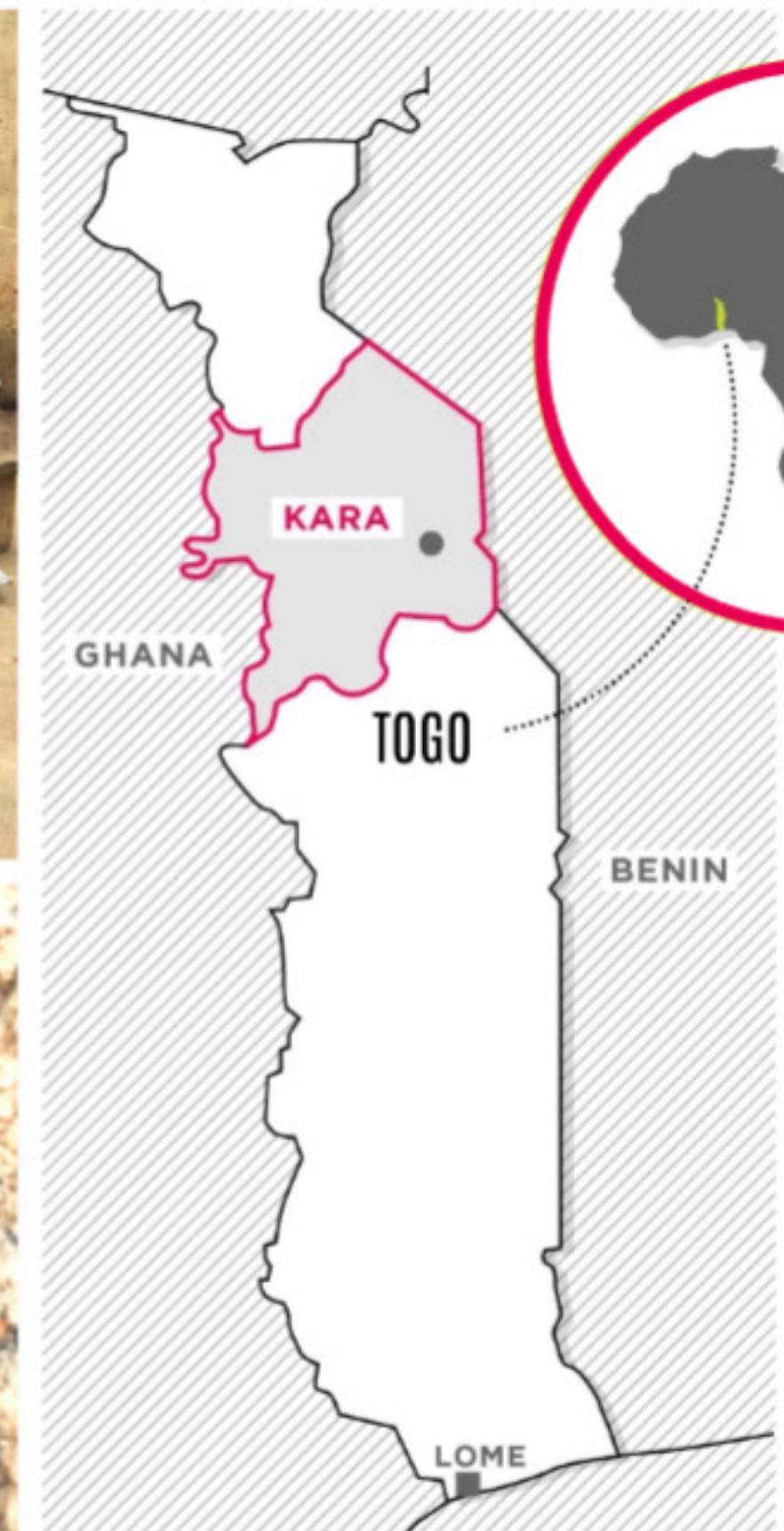
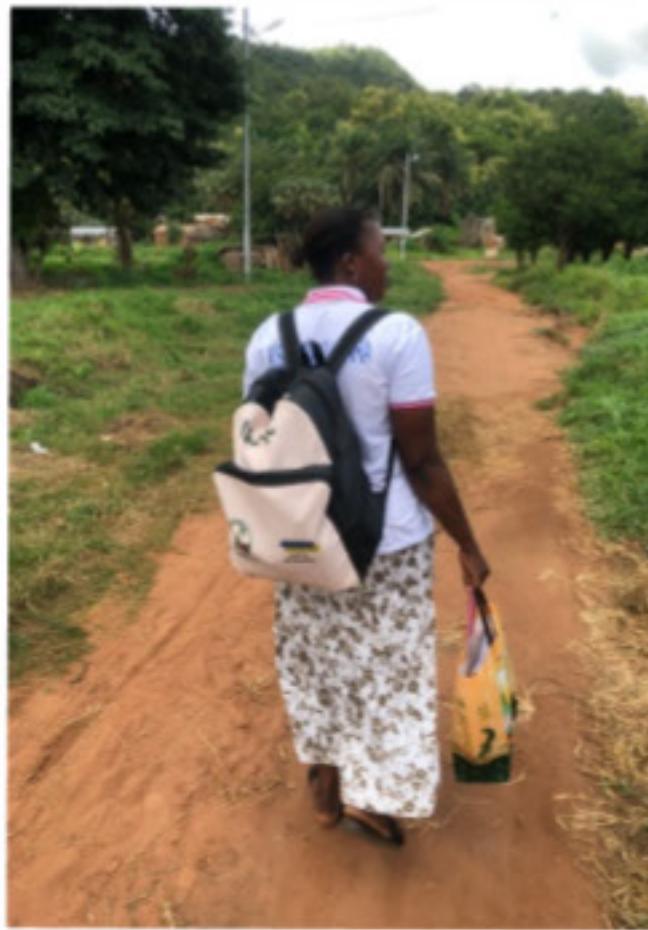
"I want to meet the person who had the idea for free healthcare, so that I can carry them on my back in gratitude—I can think of no better way to thank them."

"I want to meet the person who had the idea for free healthcare, so that I can carry them on my back in gratitude—I can think of no better way to thank them."



# Why Togo?

Since 2004, Integrate Health has been working in Togo, a beautiful yet forgotten country, nestled between Benin and Ghana on the West African coast. The organization was born of a collaboration between local activists with HIV, who in spite of a death sentence diagnosis, refused to accept their fate and a committed team of Peace Corps Volunteers inspired by their resilience and resolve. Today, it has expanded to serve more than 80,000 people in rural northern Togo by deploying Community Health Workers who provide doorstep care and improving the quality of care at public clinics. In short, a recipe for universal health coverage, in some of the most neglected communities in the world.

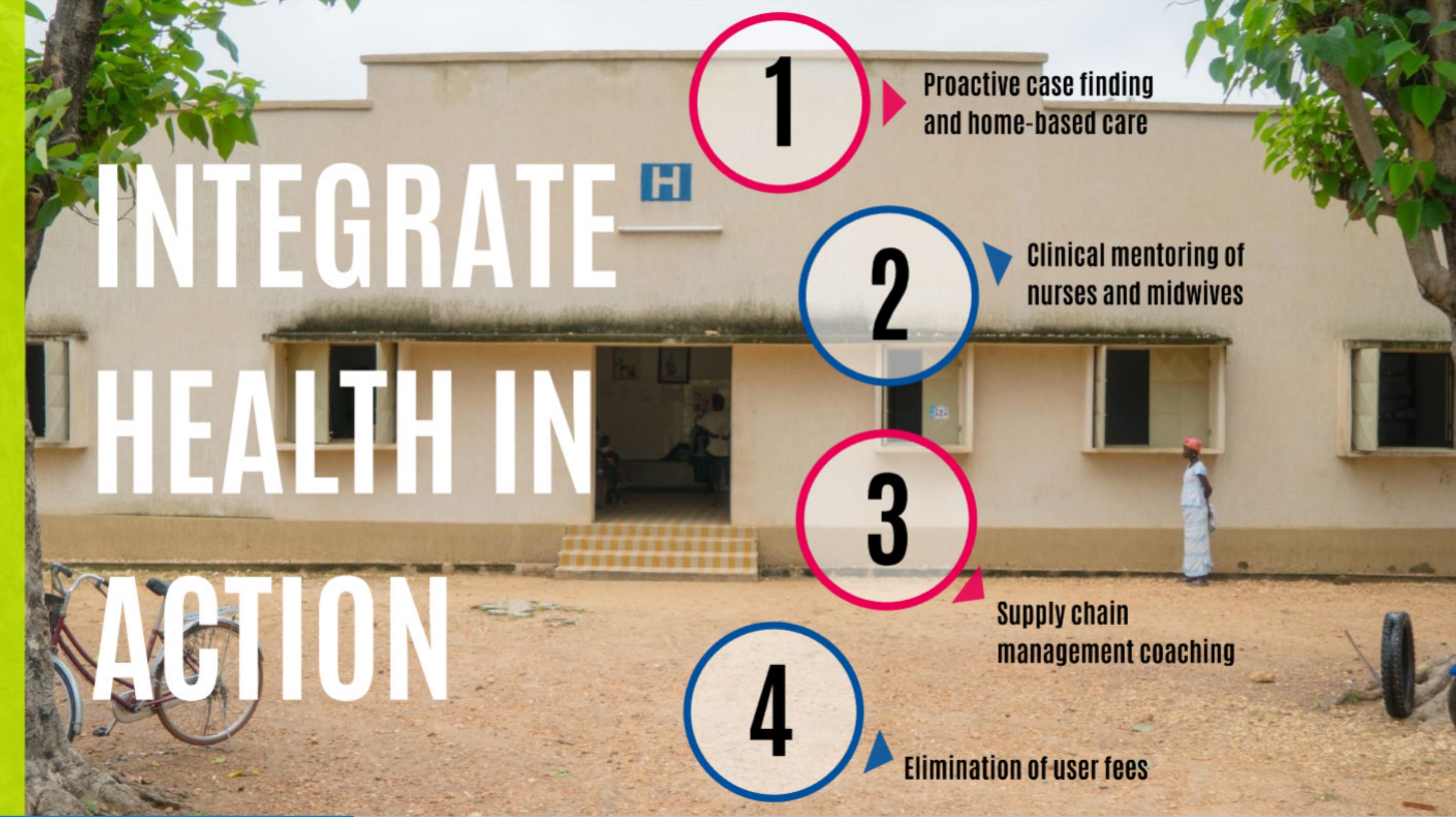




# WHAT WE DO

Integrate  
Health  
in action

Raising  
the bar on  
Research



# INTEGRATE<sup>H</sup>

## HEALTH IN ACTION

1

Proactive case finding  
and home-based care

2

Clinical mentoring of  
nurses and midwives

3

Supply chain  
management coaching

4

Elimination of user fees

# Proactive case-finding and home-based care delivered by professionalized Community Health Workers

For those living in rural communities, access to care is incredibly difficult. Long distances to faraway health clinics across rugged terrain, coupled with a lack of transportation, make formidable obstacles under the best of conditions. But if you are unwell, pregnant, caring for a sick child, or your immune system is compromised, these conditions make the journey even more challenging.

Community Health Workers (CHWs) are frontline healthcare providers, predominantly women, recruited from the communities they serve. They are trained, equipped, supervised, salaried, and fiercely passionate, combining a lifetime of local knowledge with an ongoing medical education. Their mission is to conduct proactive case-finding and provide home-based care. That means they spend their days walking across villages, from home to home, doorstep to doorstep, making visits to check up on and care for patients.





## Clinical mentoring of nurses and midwives to improve the quality of care delivered in public clinics

Improving care is not enough; that care must also be high quality. We ensure that high-quality care by providing ongoing training and continuing medical education to nurses and midwives. Our clinical capacity-building ensure competent providers and high-quality care through a peer-to-peer mentorship approach. Peer coaches provide clinical mentorship to nurses, midwives, and pharmacy managers in public clinics. Trained in supportive supervision, clinical mentors guide nurses and midwives through behavior change and quality improvement techniques to arrive at a higher quality of care for all patients who enter the clinic. We believe that this approach is essential to developing high-quality, competent care providers to deliver effective treatment for all.



## Supply chain management coaching to ensure the right medications are where they need to be

Our approach to improving supply chain management and basic infrastructure ensures that providers have high-quality facilities to work in and the tools they need to adequately care for their patients. Clinical mentors coach pharmacy managers to ensure proper supply, equipment, reporting, and ordering so that the right medication is in the right place at the right time.

Basic renovations ensure that clinic buildings have a quality of design and function to match the quality of healthcare delivered inside their walls. In conjunction with a team of partners, we oversee improvements, build water towers, install solar panels, and bolster infrastructure.





## Elimination of user fees at the point of care

Medical costs can quickly create impossible life or death choices for families living in extreme poverty. More than half of Togo's population is living on less than \$2 per day. Research shows that even very small fees sharply limit access to healthcare. The pay-for-service nature of Togo's healthcare system creates a vicious cycle where low utilization rates leave the health center with little investments while the community receives little care. By removing financial barriers, specifically costs at the point of care, use of lifesaving healthcare services increases dramatically. Clinics see more patients, and patients get the care they need. Over the long term, these changes shift the entire culture around health.



# RAISING THE BAR ON IMPLEMENTATION SCIENCE

Overview of  
Research

What is  
Implementation  
Science?

# Overview of Research

At Integrate Health, we are focused on quality improvement and implementation science to measure and analyze gaps and key contextual factors. We are committed not only to assessing the impact of an intervention but also to understanding the “why” and “how” that influence outcomes. We optimize implementation of evidence-based interventions with the singular objective of increasing access to the highest quality of care attainable for our patients while developing transferable knowledge to inform improvement of care more broadly. We focus all research efforts on designing and assessing the impact of an intervention while simultaneously driving real-time improvements in the quality of care delivered to patients.



# What Is Implementation Science?

Integrate Health utilizes a Research for Improvement Framework that details and includes operational and quality improvement methods, implementation research to assess interventions, and health system research using implementation science in order to understand how to deliver interventions with increased coverage, efficiency, fidelity, and speed to ultimately strengthen public sector delivery systems.

Integrate Health's research efforts aim to provide evidence for healthcare providers, program managers, and policy makers, to better assess and understand whether and particularly how Integrate Health's interventions impact population outcomes. We operationalize this mission through the organization and use of data. Integrate Health places a priority on collecting data for the purpose of monitoring, evaluation, and improving quality of programs. The data pyramid shows how we use this data. Rather than a traditional "research" and "monitoring and evaluation" approach, we orient organizational activities, so that all data is used to improve and understand current state of programs.

## Systems Assessment (biennially)

- Implementation Science Framework: RE-AIM

## Population Outcomes (annually)

- HIV Survival Rate
- Under -1 and Under-5 Mortality Rates
- Maternal Mortality Rate

## Implementation (monthly)

- Process Indicators
- Fidelity Metrics
- Social Autopsies

## Quality Improvement (weekly to bimonthly)

- Model for Improvement Activities (PDSA cycles) derived from:
  - CDVC
  - Social Autopsies
  - Clinical Errors/Near Misses

A photograph of a woman with short hair, wearing a yellow headwrap and a patterned top, smiling while holding a baby in her arms. A young boy is visible in the background, looking towards the camera.

success  
story

A photograph of a woman with short hair, wearing a yellow headwrap and a patterned top, smiling while holding a baby in her arms. A young boy is visible in the background, looking towards the camera.

by the  
numbers

A photograph of a woman with short hair, wearing a yellow headwrap and a patterned top, smiling while holding a baby in her arms. A young boy is visible in the background, looking towards the camera.

innovation

# OUR IMPACT

# Success Story

When Piyalo became pregnant with her first child nearly a decade ago, she felt overwhelmed by anxiety.

In the village of Kpindi along the border of Benin, where the young couple lived in a small compound of tiny huts, options for a healthy delivery were scarce. Piyalo had known many neighbors and friends who had lost children, so her fear was very real. She didn't want to turn to traditional healers, which, while more cost-effective, could be unreliable. The nearby hospital seemed the best option for success, but the high fees were out of reach.

Piyalo had dropped out of middle school to take a job in Lagos, Nigeria. She moved around West Africa looking for work, but eventually found her way back home to Kpindi. She met her husband a short time later shopping in the market.

"He saw me and was struck by my beauty. He couldn't take his eyes off me, and soon enough, we were married!" she says playfully.

Their first child was conceived a short while after the wedding. Accompanying the good news came the challenges and concerns over finding quality care. Piyalo found a wealthy family willing to loan her the

cost of the high hospital fees in exchange for an opportunity to work off the expenses. While she had not experienced it personally, she feared this system of informal loans could easily lead to exploitation. Despite these concerns, she accepted the risk and the loan. Luckily, Piyalo's fears didn't materialize. She was able to use the loan to cover expenses and give birth to a healthy baby boy.

In the years since Piyalo's first child, much has changed in Kpindi. Integrate Health launched the primary care program and renovated the local clinic. Family planning, prenatal consultations, and delivery are free, as costs are covered for expecting mothers at the point of care.

"There isn't anyone in the village critical of the program," Piyalo says. "All the mothers benefit from the services, and the children are living healthier, happier lives as a result."

Piyalo's family has grown. She has had two more children. The complicated arrangements of favors and loans are a thing of the past. She and her husband are overjoyed. They have been able to save money for the family instead of having to scrape by to make ends meet. The whole village shares in her joy.



ESTIMATED \$10 PER CAPITA

7,976  
CHILDREN  
TREATED

5,345  
PEOPLE  
TESTED FOR HIV

654  
FACILITY-BASED  
DELIVERIES

1,173  
WOMEN  
STARTED ON  
FAMILY  
PLANNING

92%  
OF SICK  
CHILDREN  
TREATED

WITHIN 72  
HOURS OF  
SYMPTOM  
ONSET

27 CLINICAL STAFF MENTORED

348  
COMMUNITY  
MEETINGS HELD

170  
TRADITIONAL  
HEALERS TRAINED

40,000  
POPULATION SERVED

43  
COMMUNITY HEALTH WORKERS DEPLOYED

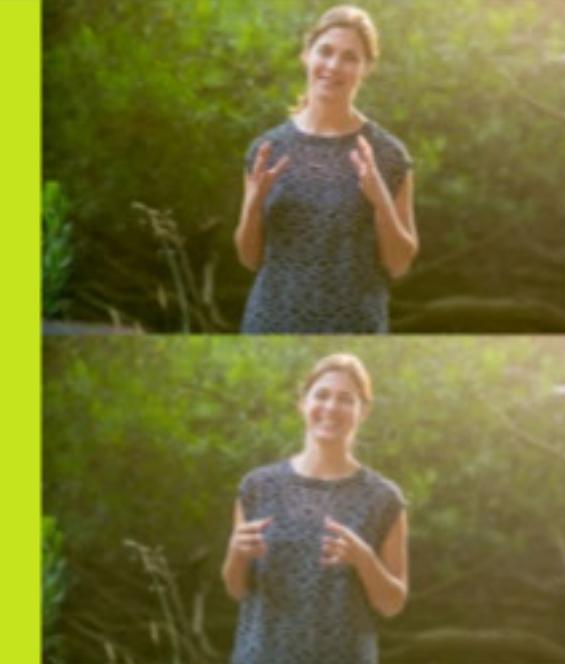
9  
CLINICS SUPPORTED



# Community Health Impact Coalition

Integrate Health joined five peer organizations—Last Mile Health, Living Goods, Muso, Partners In Health, and Possible—to collaborate, compare notes, and determine what works for a community health worker model.

These findings were compiled in a report accessed by 1.3 thousand people from sixty different countries in the first week it was released. The ultimate goal is to leverage practitioner experience to support national governments in creating high impact community health delivery systems in their countries. By choosing not to compete but instead to cooperate on the aim of achieving universal health coverage, we believe that ambitious goal can be a reality.



## Fitzroy Class on Community Integration

*Jenny Schechter, Integrate Health Executive Director, taught a course online through Fitzroy Academy on Community Integration. Integrate Health prides itself on taking a deep, immersive dive into the health issues we address. Jenny Schechter was honored to be included as an instructor for the Social Impact series among so many highly regarded and esteemed social entrepreneurs.*

### Check it out!

[https://fitzroyacademy.com/lesson/  
community-integration?playlist=  
main#t1GYZn\\_mq5g](https://fitzroyacademy.com/lesson/community-integration?playlist=main#t1GYZn_mq5g)

# ArtWorks Exhibition

Integrate Health partnered with photographer, Zoe Rain, the Patricia Crown Family, and the ArtWorks Projects, a Chicago-based gallery that brings attention to human rights issues through art to promote awareness around Universal Health Coverage. More than 100 people came out to see the work and learn about Integrate Health's lifesaving model.

Rain, a freelance photographer who cultivated her skill working with music icons such as hip-hop duo Macklemore & Ryan Lewis, Chance The Rapper, Mary Lambert, Ed Sheeran, and others, accompanied the organization to Togo in February 2018. She was on hand to document the impact of clinic renovations in the rural communities of Djamdè, Kpindi, Sarakawa, and Adabewere.

The result, *Women of Togo*, documents the integrity, autonomy, self-reliance, and pride of Togolese women.

It ran in Chicago from November 2018 to January 2019. It is expected to tour other cities throughout 2019 and show overseas at a gallery in Togo.



### Check it out!

[https://www.instagram.  
com/p/Bq-u6Xdg-  
Sw3/?utm\\_source=ig\\_web  
button\\_share\\_sheet](https://www.instagram.com/p/Bq-u6Xdg-Sw3/?utm_source=ig_web_button_share_sheet)

# DONORS + FINANCIALS



donors

financials

# DONORS

organizational  
partners

individual  
partners



## organizational partners

Aid for Africa

Amazon Smile

BELAY Solutions

Benevity Community Impact Fund

Child Relief International

Construction for Change

The Crown Family

DAK Foundation

Daniel H. Lawlor Charitable Foundation

David Weekley Family Foundation

Direct Relief

Eleanor Crook Foundation

FusionStorm

Giving Assistant

GlobeMed at MIT

Gould Family Foundation

Grand Challenges Canada

Herrnstein Family Foundation

John Wiley & Sons

Mulago Foundation

Peery Foundation

RA5 Foundation

RM Design Concepts LLC

Rotary Club of Lansing

Rotary Club of South Everett/Mukilteo

Sall Family Foundation

Sarnat-Hoffman Family Foundation

Segal Family Foundation

Soros Fund Charitable Foundation

T&J Meyer Family Foundation

Thousand Days Foundation

ViiV Healthcare

Vitol Foundation

Wagner Foundation

Water Charity

World Centric

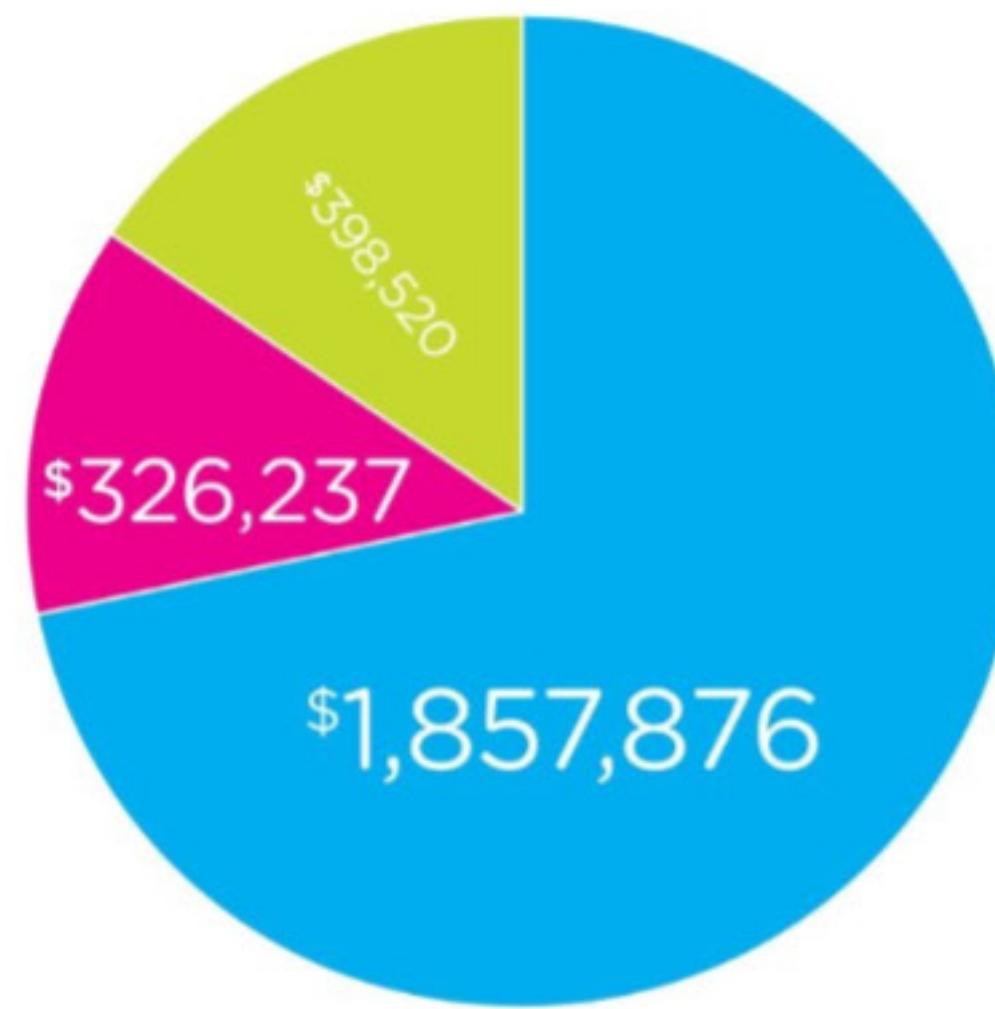


# individual partners

Jessica Ackerson	Maureen Coleman	Rachael Gerber and Jeremy Horowitz	Diane and Al Kaneb	Lvaun Luedtke	Lianne Pimentel	Kathy Smith
Anne-Marie Aduayi	Nora Neruda and James Condland	Penny and Mark Gillette	Kate Kasberger	Carolyn Makinson	Jen Pleasants	Michael and Grace Sole
Jerome Agba	Nancy Cosyns	Charles Gillig	Anne and Aly Kassam	Dolores and Jeffrey Margolis	Susan Plum	Karen and Tom Spence
Emily and Mark Allenbach	Jeannette Cunniff	Susan Gillig	Ismail Kassam	Carole Marin	Tim Plump	Helen Stein
Jolie Andreoni	Caleb Cunningham	Liam Gluck	Dhamanpreet Kaur	Carolyn Marr	Carina Popovici	John Stevens
Anonymous	Anne Daigle	Eric Goldman and Kuan Kuan Wu	Nicole Kennell	Caitlyn Mason	Julie and Robert Potter	Nancy Stevens
Barbara Avery	Dodji Danklou	Zachary Goldsztejn	Cynthia and Gregory Kenny	Zoe Massa	Meredith Poulton	Andrew Sweet
Marilyn and Thomas Aylward	Claudia Darmofal	Victoria Gorski	Justin Kestler	Andrea Matthews	Alyson Priedeman	Julie and Greg Terrasi
Thomas Patrick Aylward	Peter Davenport	Suzanne Grady	Amir Khastoo	Clark Maturo	April and John Quinlan	Arianna and Paul Thompson
Sarah and Paul Balian	Lauren Dockweiler	Krishika Graham	Trevor Kieltyka	Theodore Maturo	Claire Qureshi	Ashley Thomson and Thomas Koschwanez
Madeleine Ballard	Kati Dunham	Susan Hafford	Justin Kopa	Ryan McCannell	Michele Rapp	Elisabeth Thomson
Lila Bankston and Roland Young	James Dunham	Erin Hall	Katherine and John Koschwanez	JoAnn McCarthy	Alison and Bryan Rash	Elizabeth Tung
The Becker Family	Elizabeth Eberts	Bonita Harris	Anna Koules	Leslie McClain	Kelly Reimer	Karen and Randy Veeh
James Becker	Jacqueline Edwards	Michael Harvey	Lisha McCormick and Gordon Krefting	Colin McCluney	Joseph Rhatigan	Yves Vimegnon
Peter Belamarich	Geni Eng	Michael J. Hathaway	Louise and Donald Krumm	Kevin McKenna	Lauren Rice	Amy Walburn
Cynthia and Steven Bensen	Elissa Faro	Mary Grace and Robert Heine	Mark Krumm	Catherine Merschel	Marcus Richard	Alexandra Walsh
Eleanor and Kenneth Bensen	Ann Fennessy	Shannon Heuklom	Marybeth Krumm	Amanda Messinger	Elizabeth and Brad Robins	Sean Walsh
Julia Berman	Daniel Fennessy	Catherine and Wayne Hillard	Charles Kuehn	Meredith Miller	Kathy Robinson	Teresa Watson
Iris Biblowitz	Denise Ferrari	Ellen Hinterlong	Sanpak Kuhacharoen	James Mills	Kathleen and Christopher Robinson	Donald Weak
Guillaume Bich	Kristen Finney	Kurt Hirschhorn	Steven Lamm	Elisabeth Morris	Mary Kelly and Steve Rossow	Mary Wedgewood
Asaf Bitton	Dawn Fiori	Lisa Hirschhorn	Max Lancaster	Elizabeth Mott	Louise Rothschild	Carolyn and Britton Wenzel
Matthew Bonds	Deborah and Kevin Fiori	Jascha Hoffman	Paige and David Lapan	Danielle Jaeggi Murphy	Scott Schaedel	Donna Beth White
Leslie Bradshaw	Jennifer and Kevin Fiori, Jr.	Karl Hofmann	Carol Laramee	Lauren and Brian Naylor	Eloise and Duncan Schechter	Jessica and Casey Whitsett
Gloria and Anthony Braganza	Thomas Fiori	Madeline and David Holder	Jon Lascher	Oluwaseun Ogunde	James D. Schechter	Alice Williams
Nora and Alfred Braganza	Ellis Fiori	Paige Host	Susan Lascher	Scott Osborne	Martin Schneider	Devin Williams
Sandra Braganza	Darlene Flores	Susie de la Houssaye	Wayne Lavender	Sarah Otterstrom	Brenda Schwab	Lanre Williams
Theresa and Kenneth Brennan	Andrew Fullem	Vamshi Jasti	Diana Lee	Megan and Gavin Oxman	Karen Sellick	Bram Wispelwey
Paul Bucky	Diane and Stephen Gadomski	Madeline Jenkins	Ava Lentini	Patricia and Stephen Oxman	Aleena Shabbir	Kimberlee Yanak
Denise Butler	Michael Gadomski	Isabella Johansen	Julie Lewis	Phyllis and David Oxman	Mary Shatzer	Patricia Yeh and Lawrence Lue
Philip Cascioli	Giuliana Galant	Ari Johnson	Virginia Lezhnev	Lee Oxman	Jana Shih	Risa and Peter Ziegler
Michelle Chapman	Jessica Galland	Casey and Barrett Johnston	Jessica Lippke	Sarah and Christopher Pallas	Lola and Jacob Shock	Scout Ziegler
Catherine Chenard	David Ganske	Melanie and Fred Joiner	Michael LoBue	Gabriella Palmi	Marina Sideli	
Winnie Bich Chou	Elizabeth Garza	Diane Jones	Maggie Lopez	Kathleen Parker	Gilvan Da Silva	
Jessica Chou	Christiane Geisler		Eric Lovejoy	Maureen and Alan Phipps	Diane Simpson	

## TOTAL REVENUE

[\$2,582,633]



## TOTAL EXPENSES

[\$1,569,580]

12% FUNDRAISING | 4% ADMINISTRATION | 84% PROGRAMS

