



# INTEGRATE HEALTH

## WELCOMES ASSIETOU SYLLA DIOUF AS GLOBAL MANAGING DIRECTOR

As Integrate Health (IH) continues to grow and evolve, we find ourselves embracing new challenges and opportunities with open arms. In response to our expanding services in Guinea and our strengthened presence in Togo, the complexity of our mission has increased: Delivering high-quality healthcare and supporting national policies and implementations has never been more demanding. To meet these evolving needs with vision, authenticity, and integrity, we are thrilled to [announce the appointment of Assietou Sylla Diouf](#) as our [Global Managing Director](#).

[Assietou brings a wealth of experience](#) and a spirit of dynamic leadership from her extensive career in the financial sector, including transformative roles at prestigious international organizations such as [Gavi, the Vaccine Alliance](#). There, she contributed to Gavi's objectives to enhance primary healthcare systems across more than 70 countries through innovative public-private partnerships. Her seasoned leadership also spans roles at the African

Union, Barclays Bank, Crédit Agricole, and the Central Bank of West Africa, where she has proven her ability to guide diverse and geographically dispersed teams through complex financial landscapes.

In her new role with us, Assietou will focus on enhancing our operational efficiencies, defining and achieving organizational goals, and steering the execution of our [strategic plan](#). Operating from Lomé, Togo, she will work intimately with our Country Directors and alongside our US-based CEO to ensure that our global support services are seamlessly integrated with our on-the-ground efforts, enhancing our overall impact.

We are excited to welcome Assietou into the IH team. Her leadership is expected to enrich our organizational dynamics significantly and foster stronger collaboration across our teams. Together, we will continue to push forward, striving to make quality primary healthcare accessible to all.



*"I am delighted to join a team of exceptional individuals dedicated to improving primary healthcare by pioneering an effective model anchored in community-led and integrated solutions. Coming from my role as CFO at Gavi, I'm very excited to join an organization that will take me closer to patients and communities. I look forward to leveraging my experience to further enhance the impactful healthcare programs this team delivers in Togo and Guinea."*

**Assietou Sylla Diouf**  
*Global Managing Director*

## DELIVERY



Catchment Population  
**210,905**



Health Centers  
**25**



Community Health Workers  
**193**



CHW Visits  
**165,832**

# PEDIATRIC HEALTH

### Timeliness

(The proportion of all cases of childhood illness evaluated and treated who are evaluated and treated by CHWs during the first 72 hours following symptom onset)



### Rate of Attendance of Children

(Number of consultations of children under five at a health center, out of number of children under five living in the catchment area)

(17,474 consultations / 28,984 children under five)



### Vaccination Rate

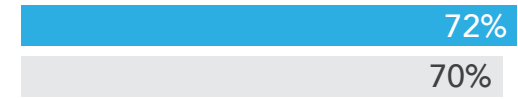
(Proportion of children aged 0-11 months who received 3 doses of DTP-HepBHib3 vaccine out of total estimated children aged 0-11 months)



# MATERNAL, NEONATAL, REPRODUCTIVE HEALTH

### Prenatal Consultation Coverage

(Number of women who attended four prenatal visits, out of women who delivered at a health facility)



### Facility-Based Delivery Coverage

(Number of women who delivered at a health facility, out of total recorded births)



### Postnatal Consultation Coverage

(Number of women who attended first postnatal consultation, out of total recorded births)




### Modern Contraceptive Coverage

(Number of women effectively protected by a modern family planning method, out of eligible women)







Community  
Health Worker  
Kéméalo Halotolou  
proactively looking  
for new patients  
in Kpindi, Kozah  
district.

## TOGO HIGHLIGHTS

### Successes

**Determinants of Mortality Study:** In February, an IH-led paper, “Identifying determinants of under-five child mortality in northern Togo,” was published in the *Journal of Global Health*. The findings highlight factors that influence higher under-five mortality rates in Togo as compared to other low- and middle-income countries. These include prior death of a sibling and access to high-quality prenatal care. We used Demographic and Health Survey (DHS) data and a World Health Organization framework in our analyses. The findings highlight intervention targets to improve child health outcomes including promoting high-quality prenatal care and paying special attention to children who have experienced a sibling death. We also found that ethnicity is a driver of under-five mortality, with some ethnic groups in Togo experiencing higher rates than others.

Read more about the study [here](#).

**Community Health Worker Ambassador Program:** In March, IH launched its Community Health Worker Ambassador program to strengthen leadership skills and professional development for Community Health Workers (CHWs). Thirteen CHWs, nominated as the first Ambassadors, participated in a ten-day comprehensive training that included [advocacy modules created by the Community Health Impact Coalition](#) as well as public speaking, persuasive writing, and gender equity. The training, led by in-house experts, produced enthusiastic and motivated CHWs, ready to champion their colleagues’ and communities’ interests at national, regional, and global levels. IH continues to work with the CHW ambassadors to provide networking opportunities with other CHWs and other professional development opportunities.

## DELIVERY



Catchment Population  
**114,764**



Health Centers  
**5**



Community Health Workers  
**131**



CHW Visits  
**5,932**

**Rate of Attendance of Children**  
(Number of first contacts of children under five at health centers, out of population of children under five)

(7,775 first contacts of kids under five at health centers / 22,953 population of kids under five)



**Vaccination Rate**  
(Proportion of children aged 0-11 months who received 3 doses of DTP-HepB Hib3 vaccine out of total estimated children aged 0-11 months)



## MATERNAL, NEONATAL, REPRODUCTIVE HEALTH

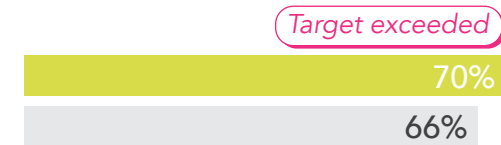
**Prenatal Consultation Coverage**  
(Number of pregnant women who attended four prenatal visits in a health center, out of estimated number of pregnant women)



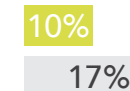
**Facility-Based Delivery Coverage**  
(Number of women who delivered at a health facility, out of total recorded births)



**Postnatal Consultation Coverage**  
(Number of women who attended first postnatal consultation, out of total recorded births)



**Modern Contraceptive Coverage**  
(Number of women effectively protected by a modern family planning method, out of eligible women)



We are encouraged by the strong maternal health indicators.



FY24-Q3 Actuals Guinea



IH FY24 Targets



National FY24 target



## GUINEA HIGHLIGHTS

### Successes

**Program Data:** In February, IH's Togo Director of Monitoring and Evaluation (M&E) as well as IH's Senior Director of Monitoring, Evaluation, and Quality Improvement (MEQI) completed a joint trip to Guinea. The trip included site visits with Community Relays (the Guinean equivalent of CHWs in Togo), CHWs (equivalent to CHW supervisors in Togo) and Clinical Mentors to better understand the flow of data among community workers and clinic staff in the Kouroussa district. In addition, a working session was held with the IH team in Guinea to review and align the Key Performance Indicators with the DHIS2 data from the government. As a result, key programmatic indicators with targets and quarterly actuals from Guinea are included in this quarterly report alongside Togo data for the first time. (Note: The Guinea team is not yet measuring the Timeliness indicator but is planning on building functionality into the digital health solution for Community Relays [CRs] in the coming months.)

**Digital Health:** Two developers from IH's Togo team are supporting IH Guinea and Guinea's MOH to digitize community health and immunization data collection forms for CRs. A ten-day working session was held in Guinea in March 2024, and the developers have produced a first draft of all the forms to be used in the health application. They are adapting the digital application created by IH Togo, built using the Community Health Toolkit, Medic's open-source technology. After a two-month planning phase (April–May 2024), the developers will meet again in Guinea to present a first draft of the application. The Guinea team aims to roll out the digital tool for CRs after July 2024.

This project is an example of the close collaboration between IH's country teams and how our expertise of nearly 20 years

Community Health  
Worker Julienne  
Tchamou.





Community Health Worker N'nanlir Gmampoum in the Nabouane village, Dankpen district.



in Togo is informing our work in Guinea. It is also an example of how IH is able to pilot innovative solutions for potential scale-up through government, as the director of the division of community health in particular is following the project closely to assess its success and scalability.

**Training of Traditional Healers:** In March, IH organized a weeklong training course for traditional healers and traditional birth attendants from five communities in the Kouroussa district. Participants were trained to recognize danger signs in pregnant women and children under five, building a referral network to Community Health Workers and health centers. Engaging traditional medicine practitioners in program implementation is a longstanding component of IH's approach in Togo and has been replicated and adapted by the Guinean team. To read more about the inclusion of traditional healers in healthcare delivery, see this [blog post](#) on the IH website.

### Challenges

**Vaccine Stockouts:** This quarter, the Integrated Primary Care Program in Guinea faced the impacts of national stockouts of the pentavalent vaccine for children and the tetanus diphtheria vaccine for pregnant women. IH is working closely with Ministry colleagues and Gavi partners to identify both immediate and long-term solutions.



# ORGANIZATIONAL HIGHLIGHTS

## Successes


**Global Advocacy with the World Health Organization (WHO):** IH is excited to have made progress with global advocacy goals as outlined in the FY24-FY28 strategic plan. The recently published [WHO benchmarks for capacity building in health emergencies](#) include feedback provided by IH via the Community Health Impact Coalition. The benchmarks include our recommendations to ensure that CHWs influence decision-making in early planning for health emergencies. In addition, the annual meeting of the [WHO Civil Society Organizations Commission](#) in March marked an important milestone for IH, who officially joined the commission in 2023. As part of the coalition, earlier this year IH contributed to the development of [WHO's 2025-2028 strategy](#), advocating for the inclusion of professional CHWs, gender equity, and climate justice as indispensable elements of strong health systems. In 2024, IH will continue active participation in the commission as part of our efforts to amplify the voices of African women and leaders in global decision-making.

**Diversity, Equity, and Inclusion (DEI) Council:** IH's Diversity, Equity, and Inclusion Council, founded in 2022, is a representative, rotating committee of staff members committed to moving DEI initiatives forward within the organization (read more [here](#)). The council's first 10-month cohort launched a Culture Code, Statement Against Racial Injustice, and a Resource Mobilization Code of Ethics, all housed on a [dedicated web page](#). This month, cohort 2 wrapped up their ten-month council service by launching an internal Complaints Management Committee. The committee and accompanying reporting mechanism collect and process complaints concerning fraud, corruption, abuse,

*Kouyoria health center midwife carrying a patient's baby.*







Annual Refresher  
Training of Dankpen  
Community Health  
Workers.

and human rights violations, centering respect and confidentiality of the complainant. Improving internal reporting mechanisms was a key recommendation from our DEI consultant Dr. Angela Bruce Raeburn, and it's exciting to see the DEI Council making significant progress in ensuring a safe, equitable, and empowering work environment for all IH team members. Cohort 3, beginning their term in May, will be tasked with continuing to operationalize the new reporting mechanism.

### Challenges

**Resignations:** In February, Human Resources Manager in Guinea, Moriba Traoré, resigned. Moriba joined IH in January 2023 and in his year-long tenure, recruited and onboarded a highly qualified and motivated team. We wish him the best of luck in his future endeavors. Recruitment for Moriba's replacement will begin shortly.

**Electricity and Internet Connectivity:** Internet connectivity and power outages in both Guinea and Togo have had a significant impact on cross-team collaboration. We're working to identify potential solutions and getting creative on ways to continue to work together.



## FINANCIAL HIGHLIGHTS

- In February, the finance team completed a mid-year evaluation of the FY24 budget resulting in a revision of the annual proposed expenditure from \$11.5M to \$9.4M. Major changes resulted from delays in partner programming in Togo (Saving Lives and Livelihoods vaccination program and government CHW reform pilot), unfilled positions, and reduction in planned travel. This budget revision informs the FY25 budgeting process, which began in early March.

## FUNDING SNAPSHOT

Metric	Result	Notes
Five-Year Funding Need	\$78M	Fiscal Years '24 to '28
FY24 Projected Expenses	\$9.4M	

Community Health Worker N'nanlir Gmampouma during a meeting with the village chief.







*Anloko Makpente,  
Male Peer  
Educator, during an  
awareness session  
in Sarakawa, Kozah  
district.*

## Male Peer Educator Highlight

Anloko Makpente is a male peer educator (MPE) and a traditional healer in the village of Sarakawa in the Kozah district. MPEs facilitate conversations in their communities to promote healthy sexual behavior and family planning.

Men like Anloko continue to be important agents of change in their communities. Anloko recalls his proudest achievement as one where he convinced a village chief who was opposed to family planning. The chief's wife, tired of giving birth multiple times, wanted to explore family planning options. Her husband refused, and Anloko was called in to mediate the resulting conflict between the couple. After a few days, Anloko was able to make the husband understand his wife's needs. Today, the chief is one of Anloko's supporters in raising awareness about family planning.

Anloko is proud of helping almost a hundred couples in Sarakawa acquire the knowledge they need to make informed decisions about reproductive health and birth spacing. He also involves his fellow traditional healers in awareness-raising activities in order to achieve improved maternal, newborn, and child health in his community.

**"People are often surprised that I tackle these subjects. They ask me how it concerns me, that it's their private life, their married life. So, I explain to them that we're all concerned and that if someone suffers in a home, if there's an avoidable death in a house, it's the whole community that suffers. Of course, there are always naysayers, but I want to open the way, show that it's possible and that we all have a role to play. We used to do things that were pointless, and that made people suffer because we weren't well informed. But today it's different. And since Integrate Health arrived in Sarakawa, we've noticed that things are changing. In any case, in Sarakawa, our women are less and less exposed to death."**





**INTEGRATE  
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