



“Our intention is to get inspiration and learn from Integrate Health to optimize the CHW national strategy and ensure that everyone has access to the care they need.”

The Honorable Jean Marie Tessi

Minister of Universal Health Coverage

INTEGRATE HEALTH

HOSTS THE MINISTER OF UNIVERSAL HEALTH COVERAGE IN TOGO

Integrate Health (IH) was honored to host the Honorable Minister of Universal Health Coverage, Jean Marie Tessi, who was appointed in May. The Minister was promoted from a delegate minister to a full minister with oversight of community health, further cementing universal health coverage as central to the government’s priorities. In June, the Minister visited IH-supported health centers to better understand the impact of our approach and to incorporate key learnings into the national community health reform, under his purview. During the visit, the Minister acknowledged IH’s established partnership with the government and IH-supported Community Health Workers (CHWs) spoke directly with the Minister, advocating for the professionalization of their role.

At the end of his visit, the Minister made an exciting announcement to CHWs and the press. The Minister announced that the government of Togo has committed to expanding its free maternal health program, known as [Wezou](#), to include key prenatal examinations. Women will now benefit from free ultrasound screenings, rhesus factor, and blood count tests, which have been added to the initial package of care, nationwide. This announcement represents a huge policy win that IH and partners have been advocating for since the program was launched in 2021. To learn more about the Minister’s announcement, see the Togolese press coverage of the Minister’s visit [here](#).

DELIVERY



Catchment Population
210,905



Health Centers
25



Community Health Workers
195



CHW Visits
682,850

PEDIATRIC HEALTH

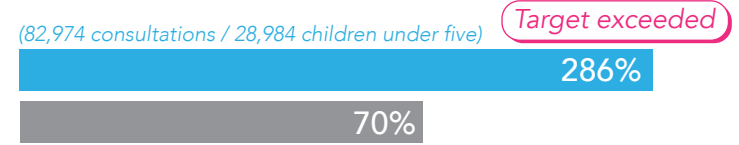
Timeliness

(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)



Vaccination Rate

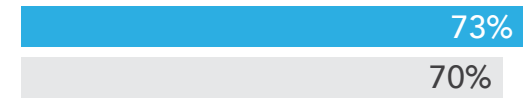
(Proportion of children aged 0-11 months who received 3 doses of DTP-HepBHib3 vaccine out of total estimated children aged 0-11 months)



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)



FY24 Actuals Togo



IH FY24 Targets



National FY24 target

Meeting with health center's head nurses about the Wezou national program.



TOGO HIGHLIGHTS

Successes

IH-Supported Sites Added to Wezou: In Togo, as of April 1st, the Ministry of Health (MOH) has taken the significant step of including the 25 IH-supported health centers in the government's free maternal healthcare national program. Since [the program launched](#) in 2021, the government has counted on IH to continue providing free maternal healthcare through its user fee removal model. After continued discussions with the MOH, the government has agreed to add IH-supported sites to their budget, removing the cost of essential maternal health services from IH's expenses—approximately \$116,000 in annual savings. This is a significant step in government ownership and the achievement of health for all in Togo.

Publication of COVID-19 Study: IH is pleased to share [new research published](#) in the journal *Advances in Public Health*! The comprehensive study evaluated the impact of COVID-19 on healthcare utilization, particularly focusing on essential maternal and child health services. Contrary to early predictions, the study revealed that the disruptions to maternal and child health services were short-lived and did not significantly impact overall service utilization. This was due, in part, to the sustained community care provided by trusted CHWs during the pandemic and the prompt use of infection prevention and control measures at health centers. In addition, Togo's proactive response to the pandemic, characterized by quick government action, extensive community engagement, and the leveraging of existing health infrastructure, played a vital role in mitigating the impact of COVID-19. Although the acute COVID-19 pandemic of 2020 is behind us, this study remains highly relevant as it highlights the importance of preparedness for future health crises. Read more about the study in this [IH blog post](#).

Challenges

National CHW Reform Pilot: IH continues to support Togo's MOH in implementing the national CHW reform pilot. IH support includes an embedded project manager serving as CHW reform pilot coordinator, technical assistance from other IH staff, and funding for one of the four districts (Anié) where the pilot will be implemented. Despite delays in the roll-out of the pilot program, some progress was made during the last quarter. A Monitoring and Evaluation (M&E) framework was designed, and in June and July, data collection for a baseline evaluation was conducted. The data analysis is underway, and findings will inform the M&E framework. In addition, training of CHWs is in progress. In June, 180 CHWs were trained in the Anié district on Community Case Management of Childhood Illness. Training on community-based distribution of family planning is also ongoing. The training sessions conducted so far exposed a challenge: that a significant number of the 180 CHWs do not meet requirements for the job (age, ability, etc.). IH is supporting the district to recruit more CHWs and to prioritize women in alignment with the government's objective to increase the proportion of women CHWs from 20% to 40%. Currently, only 17 out of the 180 CHWs in Anié are women.

IH also continues to support the MOH in mobilizing sufficient resources to implement the pilot program. Thanks to IH support, the Global Fund and Gavi, the Vaccine Alliance, have committed to funding the pilot, alongside IH, UNICEF, and the MOH. The MOH is still negotiating to secure government funds to contribute to the pilot. Currently, approximately 76% of the \$3.6M budget for the 18-month pilot has been committed, marking significant progress towards full funding.



Community Health Worker Grâce N'Koua at the Nadoba health center, Kéran district.

DELIVERY



Catchment Population
114,764



Health Centers
5



Community Relays
129



CHW Visits
13,831

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

(16,992 first contacts of kids under five at health centers / 22,953 population of kids under five)



Target exceeded

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)



Target exceeded

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

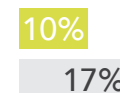


Target exceeded

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.

GUINEA HIGHLIGHTS

Successes

Forum on Community Health Financing: In April, IH co-hosted a national forum on community health financing in Guinea. The forum gathered 250 participants from the Ministries of Health, Administration, and Finance; technical and financial partners; and health workers. The forum's agenda was to map financing flows to community health activities in an effort to coordinate sufficient and sustained funding. Representatives from Burkina Faso and Rwanda presented case studies on their experience in funding robust community health systems including salaries for CHWs. After advocacy from forum participants, the Ministry of Administration and the Ministry of Finance agreed to include the salaries of Community Relays (CRs), the equivalent of CHWs in Togo, in local investment plans. This is a huge step forward in securing fair pay for health workers by systematically ensuring a budget line for this essential investment. The forum was a key deliverable in IH's Global Fund grant: to provide technical assistance to the government to strengthen community health funding nationwide. As a next step, IH will partner with the Ministry of Administration to create the budget line for CR salaries.

Community Townhall Meetings: In April, IH held community townhall-style meetings for the first time, creating a space for community members to ask questions and provide feedback about the program. Five community townhall meetings were held in each of the five IH-support communities with a total of 161 participants. Community members shared their feedback on the Integrated Primary Care Program and communicated their happiness with the free health care and the lifesaving referral services IH provides to patients including pregnant women with complications. Community members also noted that utilization of health centers particularly for children has increased. IH is reviewing some recommendations made during these meetings which include the need to recruit Community Relays (CRs) in remote communities that currently do not have one (see challenge

Community Relays gathered for a community meeting in Kouroussa, Guinea.





A mom and her baby during a home visit from a Community Relay in Kouroussa, Guinea.

section below), and to consider constructing a pavilion at one of the health centers, the Kansereya health center, to keep patients cool in the waiting area.

Community Action Groups: In May, IH facilitated the formation of five Community Action Groups (CAGs) composed of approximately eight community leaders (imams, traditional healers, chiefs). The groups are tasked with endorsing CRs, giving credibility to their work, and sharing information on vaccination and other primary care topics within their communities. Through the CAG creation process, IH staff engaged with over 150 community leaders, sharing primary health educational messages and gaining buy-in for the program. This initiative meets patients where they are and speaks to IH's mission of providing accessible health information to the communities we serve.

Challenges

Recruitment of Community Relays (CRs): Based on population estimates and geography, IH and the Kouroussa district health team determined that 150 CRs were needed to provide home-based care to IH-supported catchment areas. However, IH has struggled with recruiting CRs, and recruiting women has been particularly difficult due to socio-cultural norms about the roles of women. To date, IH supports 129 CRs in Kouroussa district. Villages that currently do not have CRs are in some of the most remote locations, making the need for additional CRs even more acute. Despite engaging communities in the recruitment process, IH and MOH partners have struggled to identify community members who meet some important job requirements: live in the community to be served and demonstrate literacy in French. IH continues to work closely with communities to recruit more CRs, including more women. IH hopes to recruit 24 additional CRs in the coming months (including three replacement CRs) and is working towards meeting the goal of employing 150 CRs.

ORGANIZATIONAL HIGHLIGHTS

Successes

Clinton Global Initiative: IH, Last Mile Health, Co-Impact, and the Clinton Global Initiative co-hosted a closed-door online event to discuss progress towards our [Commitment to Action](#) to integrate gender equity into community health systems. The event solicited feedback on a Global Framework for Action that is in development and will be launched at events surrounding the United Nations General Assembly in September. Please contact Chief Partnership officer Emily Bensen at ebensen@integratehealth.org if you are interested in joining the conversation.

Organizational Restructuring: IH has launched an organizational restructuring designed to position our organization for continued growth. Operating in two countries in West Africa and supported by staff spread across the globe, we are a global organization. We also maintain a strong commitment, that we have held since our founding nearly 20 years ago, to remain locally led and to continually shift resources, decision-making power, and authority closer to the communities we serve. We need a scalable structure that relies on our greatest strength: the expertise of our teammates. Read more about our new organizational structure and the critical objectives it accomplishes [here](#).

Challenges

Departure of Assietou Diouf: As we announce an exciting new organizational restructure, we also share the bittersweet news that our Global Managing Director, Assietou Diouf, has been called by her home country, Senegal, to serve as CEO of the new national entity created following the launch of the

Community Relays
and patients in
Kouroussa, Guinea.





African Vaccine Manufacturing Accelerator Initiative. We are incredibly proud of the important role Assietou will be taking on and are delighted to announce that she has agreed to join the Board of Directors of IH. In this new capacity, she will continue to serve as a mentor, advisor, and champion for our mission.

Significant progress has been achieved in the short three months of Assietou's tenure. With Assietou's support and contributions, we defined the vision for and launched the organizational restructure announced above. We identified high capacity in our Togo Director of Finance and announced his promotion into the role of Senior Director of Finance and Operations. We are designing a new financial report package and metrics presentation that will be piloted with senior management and the Finance Committee of the Board of Directors. Read more on the progress achieved and hear from Assietou in her own words [here](#).

Departure of Olivier Fabre: This quarter, we also said goodbye to Business Analyst, Olivier Fabre, who transitioned to a new role with another international development organization. Olivier worked with IH for two years, analyzing financial and operational data to improve efficiencies across the organization. We wish him all the best in his future endeavors.

Celebrations during a community meeting organized by Integrate Health In Kouroussa, Guinea

FINANCIAL HIGHLIGHTS

- This quarter, IH received generous new and renewal funding from five partners. We remain grateful for your continued support.
- IH’s Board of Directors met in May for the annual meeting. The board approved the FY25 (July 2024–June 2025) budget of \$11,814,157. Board Chair Bob Heine concluded his six years of service as chair, and [Nafeesa Remtilla](#) was voted in as our new board chair. We also thanked [Casey Whitsett](#) for his many years of service as he retired from the board, and enthusiastically welcomed new Finance Committee Chair and Treasurer [Marieme Niang Camara](#), and new Trustee [Lolem Ngong](#).
- This quarter, a new payroll system was selected for use in Togo and Guinea. IH replaced the previous Payspace system because of usage challenges, mainly around language. The Guinea and Togo HR teams worked together to recruit a new francophone provider. The Sage payroll system has been selected and will be launched across both countries in the first quarter of FY25.

FUNDING SNAPSHOT

Metric	Result	Notes
Five-Year Funding Need	\$65M	Fiscal Years '24 to '28
FY25 Projected Expenses	\$11.8M	

Mom and baby in front of their home in the Binah district, Togo.





*Community Health Worker Ambassador
Djariétou Aboubakare
at the Koundoum
health center*

Community Health Worker Highlight: Djariétou Aboubakare

Djariétou Aboubakare is a CHW in the village of Koundoum, in the district of Bassar. Djariétou connects families who live far from the health center, sometimes more than 10km away, to health services. Every day, she makes rounds to households in her community, raising awareness of issues like malnutrition and promoting healthy eating practices. She also checks in on the women and children in her community. During the rainy season, when malaria is more prevalent, Djariétou increases her vigilance to ensure she detects all malaria cases. One such case was that of Keliba Amidou, a four-year-old boy. She discovered the boy ill at his home. His parents believed the illness was caused by witchcraft and had been treating him with herbal remedies. On examination, Djariétou explained to Keliba's parents that the illness was not from a mysterious source but was acute malaria. Fortunately, the family listened to Djariétou's advice and accepted the referral to the Koundoum health center for better care. Two weeks later, Amidou was back to his full health. Djariétou is grateful for the Integrated Primary Care Program in Bassar and believes that the program, and her role in it, has helped to reduce child deaths in the area.

"As a woman and mother from a poor community, I feel I have a duty to support the cause of community health. I am proud and honored to serve Integrate Health in this role as a Community Health Worker. By educating my community through home visits, many people have come to the hospital for proper medical treatment, unlike before. Most people took their children to traditional healers, thinking they were bewitched, which didn't help save their lives."



INTEGRATE HEALTH

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