



Integrate Health's CEO, Jennifer Schechter, meeting with the President of Togo, HEM. Faure E. Gnassingbé.

INTEGRATE HEALTH

20TH ANNIVERSARY CELEBRATIONS CULMINATE IN A PRESIDENTIAL MEETING

Integrate Health marked a significant milestone in September: 20 years of bringing quality healthcare to those who need it most. Integrate Health was founded by Togolese activists and American Peace Corps Volunteers who refused to accept that people were dying of preventable and treatable diseases, simply because of where they lived. What began with three patients on lifesaving antiretroviral therapy has grown into a nationally accredited HIV center for excellence (as of 2010), an Integrated Primary Care Program serving five districts in northern Togo (as of 2021), and one district in rural Guinea (as of 2024), all of which are serving as exemplars for the governments of Togo and Guinea as they advance their universal health coverage strategies.

At this significant milestone, a new window of opportunity emerged. On

October 23rd, Co-Founder and CEO Jennifer Schechter and Co-Founder and Togo Country Director Christophe Gbeleou were invited to meet with the President of Togo, HEM. Faure E. Gnassingbé. Jenny, Christophe, and His Excellency had a substantive exchange on strategies to advance Togo's commitment to healthcare for all. The President showed keen interest in discussing how he can strengthen the community health workforce nationwide. He shared his view of the current limitations and challenges. He reflected on Integrate Health's suggestions and requested Integrate Health's continued partnership to identify and deploy solutions. We are inspired to see interest in community health investment from the highest level of political leadership and are more committed than ever to supporting the Togolese government's efforts to achieve health for all.

DELIVERY



Catchment Population
214,735



Health Centers
25



Community Health Workers
196



CHW Visits
185,020

PEDIATRIC HEALTH

Timeliness

(The proportion of all cases of childhood illness evaluated and treated who are evaluated and treated by CHWs during the first 24 hours following symptom onset)

Target met

90%

90%

Target exceeded

(21,023 consultations / 28,984 children under five)

73%

70%

Vaccination Rate

(Proportion of children aged 0-11 months who received three doses of DTP-HepB/Hib3 vaccine out of total estimated children aged 0-11 months)

Target exceeded

106%

96%

MATERNAL, NEONATAL, REPRODUCTIVE HEALTH

Prenatal Consultation Coverage

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

Target met

75%

75%

Target exceeded

Facility-Based Delivery Coverage

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

96%

90%

Target exceeded

Postnatal Consultation Coverage

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

92%

75%

Target exceeded

39%

32%

Modern Contraceptive Coverage

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



Community Health Worker Djariétou Aboubakar in a consultation with one of her patients in Koundoum, Bassar district.

TOGO HIGHLIGHTS

Successes

Annual programmatic data review: In August, Integrate Health (IH) conducted our annual programmatic data review to identify key trends in access to and quality of care, prioritize areas of improvement, and set performance targets for the year ahead. Our team zeroed in on performance at the individual health center level, where necessary. For example, this year we identified four communities in the Binah district where the number of pregnant women who started prenatal care in their first trimester had plateaued. This challenge is prioritized for a quality improvement initiative in the next quarter. The data review process also surfaced some positive trends. For example, recorded neonatal and child deaths are decreasing over time: 44% fewer neonatal deaths were recorded in 2024 (15) than in 2022 (27), and 67% fewer child deaths were recorded in 2024 (20) than in 2022 (55). As always, IH's programmatic key performance indicators (and their newly set FY25 objectives) can be viewed on our [Tableau dashboard](#).

Verbal autopsy analysis: IH is committed to relentless quality improvement in order to drive down mortality in the communities we serve as much as possible. For the patients who we have unfortunately lost, better understanding the cause of death is key information for continuous improvement, though this is hard to obtain without consistent death registries. That is why IH collects verbal autopsies, a method [backed by the WHO](#) that includes interviewing family members of the deceased, deploying a computer algorithm, and clinician verification to determine cause of death. In the past two years, brave and empathetic IH colleagues have collected 78 verbal autopsies. This quarter, we analyzed the results. Sixty-three percent of child deaths were attributed to four causes—malaria (28% of all child

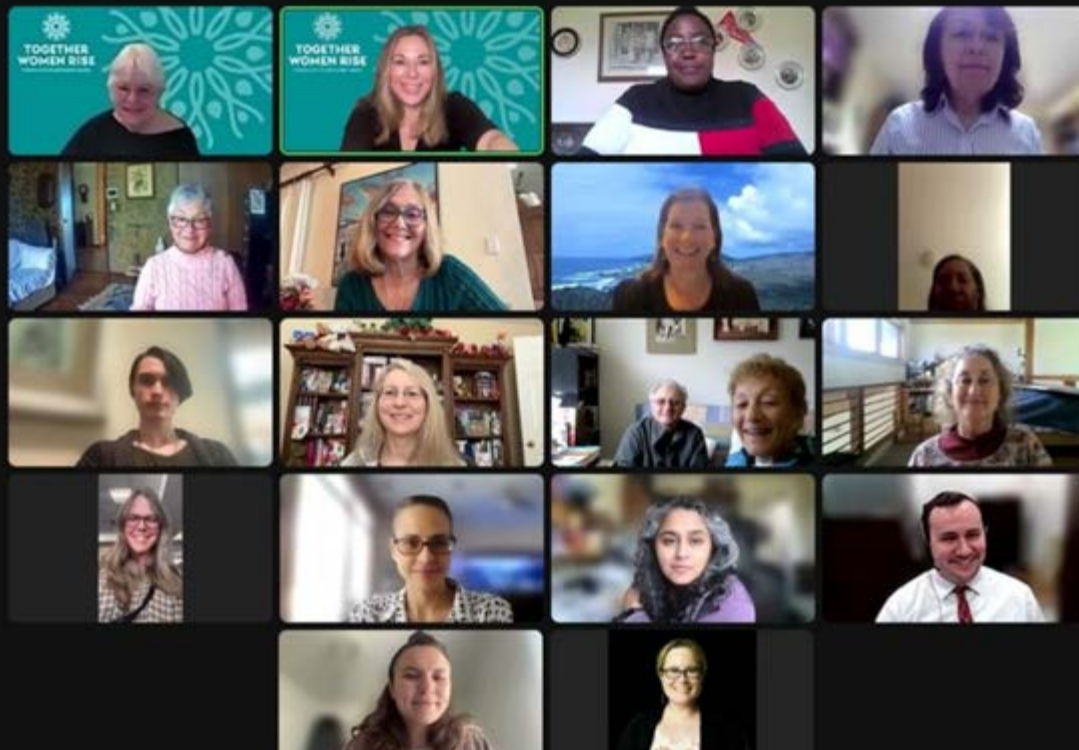
Screenshot of Rebecca Tchotchokou and Sahaletou Yelebo speaking at the Together Women Rise event.



deaths), pneumonia, diarrhea, and malnutrition—indicating that our Integrated Primary Care Program is still targeting where the need is greatest. This result will lead us to redouble the focus on improving access and quality of care that we provide. Stillbirths accounted for 52% of neonatal deaths, and obstetric hemorrhage accounted for 42% of maternal deaths. We are taking this data as a directive for designing new clinical innovations that can be added on to the core program model to better address mortality, a priority milestone for the year ahead.

Challenges

Visa inequity: IH-supported Community Health Worker Ambassador from Togo, Rebecca Tchotchokou, was scheduled to attend the 79th United Nations General Assembly (UNGA) in New York, with several speaking engagements. Unfortunately, her visa was denied. Disappointed but undeterred, Rebecca found a way to have her voice heard by sharing her advocacy message via video recording. The recording was played at a virtual side event hosted by [Together Women Rise](#), sharing lessons learned from Togo on how grassroots advocacy can influence global policy. This was one of multiple events Rebecca participated in during this quarter. In July, Rebecca presented at the Community Health Impact Coalition's monthly Activate Call, a meeting where Community Health Workers (CHWs) from around the globe meet to share experiences and lessons learned. Rebecca presented the leadership and advocacy training she received from IH, shared specific examples of how she is already putting the skills to use in her community, and encouraged other CHWs to pursue advocacy training. IH will continue to fight for equity until all proximate leaders such as Rebecca have a seat at the table to speak truth to power. Read more about IH's CHW Ambassador program [here](#).



GUINEA

DELIVERY



Catchment Population
114,764



Health Centers
5



Community Relays
127



CHW Visits
5,856

PEDIATRIC HEALTH

Timeliness

(The proportion of all cases of childhood illness evaluated and treated who are evaluated and treated by Community Relays during the first 24 hours following symptom onset)



(9,043 first contacts of children under five at health centers / 22,953 population of children under five)

Rate of Attendance of Children

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



Vaccination Rate

(Proportion of children aged 0-11 months who received three doses of DTP-HepBHib3 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

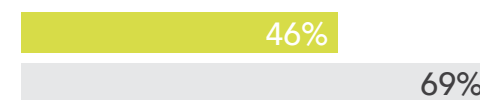
Facility-Based Delivery Coverage

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



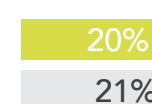
Postnatal Consultation Coverage

(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)



Some targets have been adjusted after IH's annual review process.



FY25-Q1 Actuals Guinea



IH FY25 Targets



National FY25 target

GUINEA HIGHLIGHTS

Successes

Gavi site visit: In July, a delegation from Gavi, the Vaccine Alliance, visited IH in the Kouroussa district. The delegation drove 650km from Conakry to the regional capital city of Kankan, and then over two hours each way to get to the communities of Kiniero and Babila, demonstrating Gavi's commitment to investing in programs serving the most remote communities. The delegation met with vaccination agents who receive coaching from IH Clinical Mentors to manage vaccine stock; Community Relays (the equivalent of CHWs in Togo) and CHWs (the equivalent of CHW supervisors in Togo) who go door to door to identify zero-dose children and reintegrate them into routine care; and mothers who proudly presented their children's completed vaccination cards. After the week-long visit, the Gavi team expressed their support of robust community health systems that include free care for pregnant women and children, and well-supported CHWs as a means to achieve vaccine coverage.

Project Birch Phase 2: In August, IH launched Phase 2 of the Building Integrated Resilience for Community Health (BIRCH) Project in Guinea. This initiative, funded by the Global Fund and implemented in collaboration with the Ministry of Health, Last Mile Health, and Africa Frontline First, addresses critical gaps in community health systems to ensure the effective utilization of resources. During the first phase of Project BIRCH from January to December 2023, IH supported the Guinean government in developing their Global Fund country grant (GC7) request, identifying community health financing needs, modeling costs, and drafting budget and application materials. As a result, the GC7 grant was awarded, with 18 million USD allocated to fund community health initiatives. In Project Birch Phase 2, IH's objective is to ensure the new resources allocated reach patients and health workers in the most remote communities by strengthening local government's capacity to sustainably fund community health services including, for the first time, salaries for CHWs. To read more about Project BIRCH, see a blog on IH's website [here](#).

Kendeya application: After many months of planning, IH has created

Women living in Babila, Guinea, attending a community dialogue session with their local Community Relay.



Community Relay speaking to a group of women about the importance of vaccination in Babila, Guinea.



a digital application for Community Relays (CRs) in Guinea. Based on IH's experience with the Tonoudayo app in Togo, the Kendeya app was built using Medic's open-source community health toolkit and customized to the context in Guinea. This quarter, IH and the Guinean Ministry of Health developers field-tested the app in five health centers, allowing them to identify and address bugs. In August, key stakeholders from various health departments and organizations gathered in Kindia, Guinea, for a "training of trainers" on the Kendeya app. Now with stakeholder buy-in and trainers prepared, IH and government partners are developing a detailed rollout plan.

Challenges

Expanding free care to health posts: Since program launch in December, IH-supported health centers, CRs, and CHWs have delivered 26,303 consultations to women and children free of charge. Yet CRs and community members indicate that there are still communities that do not have access to the health system due to geographical barriers, relying on health posts closer to where they live. In the Guinean health system, CRs and CHWs refer up to health posts, which are staffed by auxiliary medical personnel. Health posts then refer to health centers. In IH's catchment area, there are 40 health posts in addition to the five IH-supported health centers. In year one of program implementation in Guinea, IH prioritized implementing user fee removal at the five health centers. Based on the community feedback received, IH is now rolling out program components to the health posts as well. Our team has hosted trainings for 40 auxiliary health workers who serve at health posts, ensuring that they are prepared to provide high-quality primary care to patients. This quarter, IH rolled out our reimbursement system to ensure free care for women and children under five at ten priority health posts, identified by the community and local health officials. With time, IH aims to ensure free care at all 40 health posts.

ORGANIZATIONAL HIGHLIGHTS

Successes

Gender Framework for Action: On the sidelines of UNGA in September, Integrate Health, in partnership with Last Mile Health and with support from The Aspen Institute, Co-Impact, and Clinton Global Initiative, convened a private roundtable on achieving gender equity in the community health workforce. We heard promising examples from President Ellen Johnson Sirleaf and CHW Advocate Margaret Odera on how centering women as providers and patients can unlock improved health for all. Through this partnership, a Global Gender Framework for Action was developed to address the unique challenges that women CHWs face throughout their careers. The framework is a comprehensive guide featuring 16 actionable recommendations to address the gender-based challenges affecting women CHWs. The framework is now publicly available at <https://womenchws.org>.

Challenges

Passing of Lola Adedokun: IH is deeply saddened to share the tragic news of the passing of Board Member Lola Adedokun. Lola passed away suddenly on October 16th. Lola was a fierce advocate on behalf of justice, a mentor to many, and a champion of our work. We are fortunate to have spent time with Lola most recently during UNGA where she was leading inspiring discussions, making connections, and using all of her energy and power to help others. Lola's passing leaves a deep gap in our hearts and in our collective work. Please join us in keeping Lola's family in your thoughts, in remembering her fierce contributions, and in honoring her legacy through our continued service to others.

Monthly meeting
of Community
Relays and CHWs
at the Kinero health
center, Guinea.



Community Health Worker Rodolphine Kassang providing healthcare to a child at home in Solla, Binah district, Togo.



FINANCIAL HIGHLIGHTS

- This quarter, IH welcomed a new donor to our portfolio and received generous renewal funding from five partners. We remain grateful for your continued support.
- In August, IH launched an assessment of our financial systems using a consultant, Vanreusel Ventures. The assessment will be done using USAID's Organizational Capacity Assessment (OCA) tool, a structured tool for a facilitated self-assessment of an organization's capacity followed by action-planning for capacity improvements.
- The financial audit for FY24 is in progress. IH will share the audit report on our website in the next few months.

FUNDING SNAPSHOT

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



Sory Kouyaté,
community leader
in Wassaya,
Guinea.

Community Leader Spotlight: Sory Kouyaté

Sory Kouyaté, known as “Sodji,” is the trusted and respected community leader in Wassaya in Guinea’s Kouroussa district. Sodji organizes regular community dialogues where he raises awareness and informs his community about critical issues, including vaccinations—a mission he considers essential for his community’s well-being.

In communities like Wassaya, cultural hurdles and limited information prevent many children from receiving life-saving vaccinations. As Sodji explains, “In our culture, men often decide if a woman or child goes to the health center.” This tradition makes it challenging for mothers to ensure that their children are vaccinated, and misunderstandings—such as fears about missed dates—only increase hesitancy.

This is where IH’s Integrated Primary Care Program (IPCP) makes a difference. By connecting health centers, CRs, and communities, the IPCP builds a support network focused on improving health outcomes. Collaborating with CRs, Sodji organizes community dialogues to clarify vaccination schedules and reassure parents that children can still be vaccinated safely, even if slightly delayed. Such partnerships lie at the heart of the IPCP’s community-based approach, which relies on grassroots engagement to reach those who need it most.

Over time, Sodji has seen change within his community: more fathers now support vaccinations, often accompanying their families to the health center or to vaccination campaigns. Families in Wassaya are increasingly informed, and vaccine hesitancy is gradually fading.

“People are starting to understand that vaccination is a right for every child, and a duty for every parent.”

Quote from Sory Kouyaté



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