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
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.”
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

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

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.
success story
by the numbers
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.
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

ESTIMATED $10 PER CAPITA
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

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 Lamberts, 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 Djamde, Kpindi, Sarakawa, and Adahewere.

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-u6XdgSw3/?utm_source=ig_web_button_share_sheet
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Devin Williams
Larue Williams
Brian Wippesley
Kimberlee Yanos
Patricia Yeh and Lawrence Lue
Risa and Peter Ziegler
Scoot Ziegler
TOTAL REVENUE

$2,582,633

72% GRANTS
13% INDIVIDUALS
15% IN-KIND

TOTAL EXPENSES

$1,569,580

12% FUNDRAISING
4% ADMINISTRATION
84% PROGRAMS

$185,147
$68,080

$1,316,352

FY 2018: July 2017 - June 2018

*Preliminary figures pending audit review. Past year audited financials are available on our website www.integratehealth.org.