



**INTEGRATE
HEALTH**

**Quarterly Progress Report
Q4 FY 2019 (April 1 - June 30 2019)**

Summary

Integrate Health works alongside governments and the local community to implement and study an integrated approach to strengthening primary healthcare delivery in order to achieve universal health coverage. This report describes progress made over the past three months, including successes and challenges, as well as outputs, outcomes, and funding metrics. Please let us know if you have any questions. Thank you for your support.

Outputs

Delivery Indicators	FY 2019 Q3	FY 2019 Q4	FY 2019 Actual	FY 2019 Target	FY 2019 Notes
Total Catchment Population	93,479	93,479	93,479	93,479	
# Clinics	9	9	9	9	
# CHWs	59	59	59	59	
# Home Visits	24,174	23,676	91,708	112,275	Well below target, 3 new CHWs added in June to increase coverage ratios
# Consultations of Children Under Five	11,721	13,252	58,493	54,255	Exceeded target
# Facility-Based Deliveries	461	478	1,756	1,782	Within 98% of target
# Women Started Family Planning	770	853	2,755	1,350	Well exceeded target
# Women Enrolled in Prevention of Mother-to-Child Transmission	51	59	59	40	Exceeded target

Outcomes

Results Indicators	FY 2019 Q1	FY 2019 Q2	FY 2019 Q3	FY 2019 Q4	FY 2019 Actual	FY 2019 Target	FY 2019 Q2 Notes
Under-Five Mortality Rate	32 / 1,000	N/A	N/A	N/A	N/A	25 / 1,000	Annual metric, will report in FY 2020 Q1, 2015 Baseline was 62/1,000
Child Health Coverage (% of children under five consulted by CHW or in Clinic)	N/A	N/A	N/A	N/A	157%	95%	Exceeds 100% due to clinics serving patients outside of catchment area
Timeliness (% cases of childhood illness treated within 72 hours of symptom onset)	91%	95%	96%	95%	94%	85%	Exceeded target
Prenatal Consultation Coverage (% of women receiving four prenatal consultations before delivery)	27%	42%	52%	52%	46%	27%	Well exceeded target
Facility-Based Delivery Coverage (% of women who deliver at a health facility, out of estimated number of deliveries)	41%	47%	49%	51%	47%	48%	Within range of target
Contraceptive Coverage Rate (% of women effectively protected by a modern FP method, out of eligible women)	13%	15%	18%	19%	19%	13%	Exceeded target

Program Highlights

Successes

1. The male peer educator program was launched in the Bassar district. Ten male peer educators were selected, trained, and completed 37 educational talks. These men (two per site) promote family planning in their communities by dispelling common myths and misconceptions and educating men on the benefits of family planning.
2. In April, IH staff and representatives from the Ministry of Health (MOH) conducted joint supervision visits to all sites in the Kara, Kozah, and Bassar districts to observe, discuss and provide recommendations on the work of Community Health Workers (CHWs) and health center providers.

Challenges

1. Due to a slight drop in home visits in the second quarter, the IH program team organized community meetings in the Bassar and Kozah districts. The meetings were designed as an opportunity for IH to listen to the feedback of the community and address any concerns. During this time, IH discovered additional coverage was needed in multiple CHW zones in both districts. In June, IH hired and trained three backup CHWs in response to coverage needs.

Expansion Highlights

Successes

1. The IH program team successfully recruited 41 CHWs for the July expansion to the Dankpen district. Over 20 days in June, all Dankpen CHW candidates were trained in integrated maternal, child and reproductive healthcare delivery. The top 33 CHWs were selected to serve their communities in the Dankpen district following a period of intensive supervision.
2. To prepare for service launch in the Dankpen district, the IH program team organized an initial training for clinical staff from each of the four participating health centers on integrated maternal and child healthcare, assisted delivery, essential care for newborns and mothers, and the use of IH reporting and quality improvement tools. Following the training, each clinic received three-days of additional onsite training and supervision conducted by IH with the MOH.

Challenges

1. The redesigned Medic Mobile application was evaluated in April, however the level of accuracy between data collected on the application and via paper forms was not high enough to enable IH to drop the use of paper backup. The application was revised in June to improve speed and backend access, which IH is hoping will address the ongoing accuracy issues. Further evaluation is ongoing.

Organizational Highlights

Successes

1. In June, IH published, "Implementing an integrated community-based health systems strengthening approach to improve HIV survival in Northern Togo" in partnership with AED-Lidaw and the MOH. The manuscript documented a survival probability of 75% five years after starting antiretroviral therapy among patients enrolled in community-based HIV care.

Challenges

1. IH's audit of fiscal year 2018 identified areas for improvement in financial systems and processes to keep pace with organizational growth. IH's newly hired Finance Manager and COO have led these improvements with 9 of 15 recommendations implemented. The remaining six areas are being addressed this month as IH's Finance Manager visits Togo to update all manuals and train Togo-based staff.

Financial Highlights

Successes

1. IH secured one new funding partnership and received renewal funding from five existing partners this quarter. As a result, we have secured approximately 47% of FY20 projected expenses.

Challenges

1. An application to Johnson & Johnson Africa Innovations was not accepted.

Funding Snapshot

Metric	Result	Notes
Three-Year Funding Need	14M	Fiscal Years '20, '21, '22
FY 2020 Projected Expenses	\$4.2M	
Current Funding Runway	9 months	6 months operating + 3 months reserve