



**INTEGRATE  
HEALTH**

# INTEGRATE HEALTH

## PILOTS A NEW DIGITAL APPLICATION IN GUINEA

Integrate Health (IH) in collaboration with the Ministry of Health (MOH) in Guinea launched a pilot program for a digital application developed for Community Relays (CRs) and Community Health Workers (CHWs).<sup>1</sup> The app, named Kendeya meaning “good health” in the Malinke language, offers clinical decision-making support, patient and household record storage, streamlined data collection, and reminder notifications for follow-up visits for pregnant women and children, as well as reminders for vaccination visits. Kendeya was built using the open-source Community Health Toolkit and adapted from IH’s bespoke digital app for Togolese CHWs, which has been honed and improved over the past five years.

The Kendeya app was developed over a ten-month period, allowing IH to intentionally involve government partners and community stakeholders at each step of the process. In March 2024, the process started with a ten-day bootcamp between IH and Guinean government developers to produce a first draft of

<sup>1</sup> In Guinea, CRs are the equivalent of CHWs in Togo, and Guinean CHWs are equivalent to CHW supervisors in Togo.



Training of  
CHWs on  
digital health  
tools.



Participants gathered after the training where they learned to use the Kendeya app.



the app. In May, the MOH and IH validated a demo and a plan, which were presented by the joint team of developers. The app was then field tested in June and July to identify glitches and improvements, informing an updated second version. In August, key stakeholders from various health departments and organizations participated in a “training of trainers” on the Kendeya application, and in December, 102 CRs, 14 CHWs, and five Clinical Mentors were trained on using Kendeya. After the training, supplies including smartphones with the app downloaded and power banks for charging were distributed to participants.

IH supports over 120 CRs in Guinea, but only 102 were able to participate in the training due to the digital literacy skills required to use the app. For now, IH will use a hybrid data collection system with paper forms for the CRs who are not able to use the app, a system that will also serve as backup for the digitized system, while we work on a longer-term upskilling plan for all CRs. The Kendeya application will be piloted for six months in IH-supported sites in the Kouroussa district. The Guinean MOH has prioritized digitizing the community health and vaccination systems nationally, and conversations are ongoing to expand use of the application if results from the pilot are promising.

## DELIVERY



Catchment Population  
**214,735**



Health Centers  
**25**



Community Health Workers  
**196**

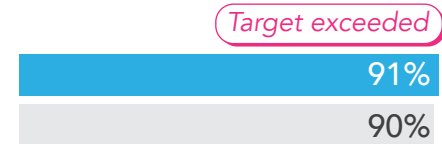


CHW Visits  
**164,871**

# PEDIATRIC HEALTH

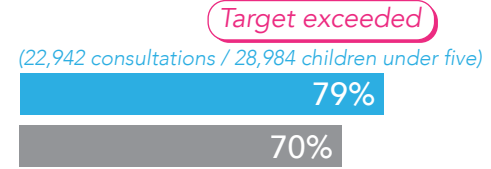
### Timeliness

(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)



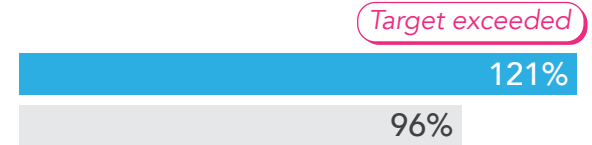
### Rate of Attendance of Children

(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

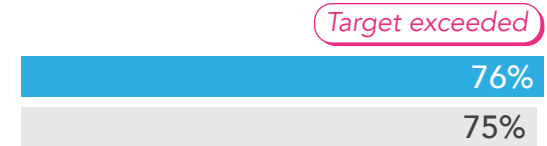
(Proportion of children aged 0-11 months who received three doses of DTP-HepBHib3 vaccine out of total estimated children aged 0-11 months)



# 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)







Integrate Health's staff in the streets of Kara celebrating Universal Health Coverage Day.

## TOGO HIGHLIGHTS

### Successes

**Availability of essential medicines:** As part of efforts to prevent stock-out of essential medications, IH launched an improved supply chain management system to ensure seamless traceability of the purchase, distribution, and final usage of medicines by patients at IH-supported health facilities. This quarter, IH clinical and logistic specialists made considerable efforts to ensure the smooth operation of the new system. Through this process, IH learned that stock-outs are generally widespread rather than localized to a single center. This issue arises from occasional disruptions in supplier availability at the national level. Audit reports from this quarter indicated that medicine availability rate remains higher than 90% at IH-supported sites.

**Universal Health Coverage Day:** In Togo, IH celebrated Universal Health Coverage (UHC) Day on December 12 under the theme "Health: A Gift from the Government." The event featured a parade through Kara's main streets with music and the distribution of IH flyers. This initiative engaged the community, raising awareness about the government's healthcare initiatives and IH's collaboration with the Ministry of Universal Health Access. The event culminated in a community gathering at Kara's conference center, where prefects, mayors, and healthcare professionals discussed the importance of CHWs in achieving UHC. A CHW ambassador delivered a compelling advocacy speech, emphasizing the need for sustained investment in CHW programs.

Refresher training  
of Community  
Health Workers in  
the Bassar district,  
Togo.



## Challenges

**Malnutrition training and support in Dankpen:** In Togo, there has been an increased demand at IH-supported sites in the Dankpen district for malnutrition treatment and care because cases from non-IH supported districts are being referred to IH sites due to supply availability and trained staff, offered free of charge to patients. In order to respond to this demand, in December IH conducted a refresher training for healthcare providers in the Dankpen district, focused on improving clinical skills for managing severe acute malnutrition, a leading cause of child mortality. Providers, including newly deployed staff from four health centers, were trained in advanced treatment protocols and how to optimize health data for accurate monitoring and better decision-making. In addition to improving the technical skills of health workers, the training has also improved malnutrition data reporting quality. Based on this success, these training courses are planned in other districts and will be adapted according to health worker needs and community demands in each location.



# GUINEA

## DELIVERY



Catchment Population  
**114,764**



Health Centers  
**5**



Community Relays  
**126**



CHW Visits  
**5,673**

# 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)



(10,952 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)



Target exceeded

### 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)



Target exceeded

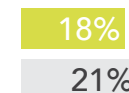
### Postnatal Consultation Coverage

(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)





Mom and baby waiting for their consultation at the health center in the Kouroussa district, Guinea.

## GUINEA HIGHLIGHTS

### Successes

**Extending access to healthcare:** During the first year of implementation in Guinea, IH prioritized implementing user fee removal at five health centers. After evaluating projected costs against actual spending for key program activities, we realized we could support more health facilities with existing resources. IH is now expanding care to two more priority health centers in the Kouroussa district (Baro and Koumana communities). In November, 52 CRs and five CHWs in Baro and Koumana were trained on the IPCP and proactive case-finding. These cost reallocations and ultimate extension of care will allow us to serve more patients in need of quality care services.

In addition, IH continues to work closely with local health officials to recruit CRs in remote locations. For instance, for remote zones that are over 200km from their nearest health center, the IH team identified CR candidates in neighboring communities that could commute a short distance to work each day in the needed zone. This cross village and cross district collaboration was negotiated through the support of national government and local leaders. IH has identified and trained 27 new CRs who will start providing home-based care in January 2025. IH will continue to monitor its CR coverage to ensure realistic workloads for CRs and quality access to care for patients in remote areas.

**Advocacy and government support:** In November, IH participated in the launch of the national measles vaccination campaign in Siguiri, a neighboring district to Kouroussa, an event attended by the Prime Minister, the Minister of Health, and representatives from the World Health Organization (WHO). This high-profile gathering reinforced IH's collaboration with key stakeholders in the fight against vaccine-preventable diseases while increasing visibility for our impactful work.



Additionally, the event provided an opportunity to engage with the WHO representative and the new coordinator of the Expanded Program on Immunization, further strengthening IH partnerships in-country.

IH also collaborated with the Ministry of Health, the National Malaria Program, and other technical and financial partners to support the 2025 mass distribution campaign of long-lasting insecticide-treated bed nets. IH contributed significantly by outlining the stages of the campaign, clarifying the roles and responsibilities of stakeholders, orienting regional and district teams on the development of a microplan, and advocating with local authorities to ensure the campaign's success. Additionally, IH supported the establishment of coordination committees and facilitated the process for synthesizing data at all levels.

### Challenges

**Postnatal coverage rate:** In Guinea, IH is working to increase the postnatal coverage rate, which measures the number of women who attend one postnatal consultation, out of all women who gave birth. When IH started programming in Guinea, the MOH baseline for this indicator from the national health data system was 59%. With some fluctuation over the past year, the actual rate for this quarter is 60%, set against a target of 69% for this fiscal year. This is a cumulative indicator, and we expect the actual figures to increase by the end of the fiscal year. However, the team is working to better understand why women are not returning to the health center after childbirth. In Togo, by interviewing community members, we found that scheduling newborns' vaccinations at the same time as postnatal visits helps increase postnatal coverage. In Guinea, we are using the same method to identify challenges and will be able to propose similar, context-specific system improvements.

*Women and children waiting patiently at the health center to receive free care in the Kouroussa district, Guinea.*





## ORGANIZATIONAL HIGHLIGHTS

### Successes

**FY 2024 Annual Report:** IH's 2024 Annual Report is out! This year's report marks a special milestone as we celebrate 20 years of impact, reflecting on the achievements and challenges we've faced while bringing quality healthcare to communities in West Africa. The report highlights our journey and the stories of resilience from CHWs, patients, and communities across Togo and Guinea. Read the report [here](#).

**Publication of rural ambulance study:** In November, a study evaluating IH's Rural Ambulance Program was published in the *Journal of Global Health*. The program is an innovation that was added to the core IPCP in 2018. Retrofitted tri-motorcycle ambulances are used to transport patients during emergency situations, thereby reducing barriers to accessing critical care. The evaluation focused on the proportion of pregnant women with complicated obstetric cases who were transported through the ambulance program. Between 2020 and 2023 in Bassar, Dankpen, Kéran, and Binah districts, 2,926 pregnant and postpartum women were transported by the ambulance program. Of these, 1,030 had obstetric complications and represented 66.5% of estimated expected obstetric complications in the catchment area population. Overall, this evaluation showed that implementing a rural ambulance service in a region with historically high maternal mortality rates may improve maternal access to emergency obstetric care. The success of our ambulance service was likely due to the fact that it is free, available 24/7, easily accessible, operated by trained staff and community members, and integrated into a pre-existing primary care program with well-resourced healthcare centers. Read more about the study [here](#).

Ahe Pikinoyou,  
Ambulance Driver  
at the Kpindi health  
center, Kozah  
district, Togo.



Community Health Worker Santy Tinontiyome preparing for a home consultation in Warengo, Kéran district, Togo.

## FINANCIAL HIGHLIGHTS

- This quarter, IH welcomed one new donor to our portfolio and received generous renewal funding from four partners. We remain grateful for your continued support.
- In October, IH finance and operations staff in Togo and Guinea participated in a training workshop on standard operating procedures for their teams. The workshop focused on topics including budget processes, financial and cash management, and fraud protection. This harmonized understanding of internal procedures will facilitate better collaboration across departments and between countries.

## FUNDING SNAPSHOT

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





Community Health Worker Rodolphine Kassang during a consultation.

## Community Health Worker Spotlight: Rodolphine Kassang

Rodolphine Kassang is a Community Health Worker in the Solla community, within the Binah district in Togo. Solla is a remote rural area where most of the population subsists on small-scale farming and trading. The health center can be more than two hours' walk from most homes. Rodolphine covers close to 160 households and reaches about 140 people every week. By going door-to-door, Rodolphine provides essential health services to children under five and women like 22-year-old Abidé, a housewife with two children.

Abidé's children are 18 and 5 months old respectively, and she became interested in family planning methods after losing her first pregnancy at the age of 19 due to near-fatal complications, and further complications from the pregnancy and premature birth of her second child. As a result, Abidé has been reluctant to get pregnant again.

Like Abidé, thousands of women in the Kara region of Togo want to space or limit the size of their families, but don't know about or have access to family planning options. Unfortunately, in rural areas, women face multiple obstacles to obtaining adequate reproductive health services, including financial need, misconceptions about family planning, and long distances to health centers. As a result, many women lose their lives, or those of their newborns, to unwanted pregnancies or other birth complications.

CHWs like Rodolphine are able to counsel women in their communities and administer contraceptive methods safely and respectfully, in women's own homes and free of charge. Rodolphine is proud of empowering Abidé and her other patients and their partners to determine when they wish to have children, which translates into better health outcomes, not only for the mothers, but also for their children.

**"Often, the subject of family planning is misunderstood, especially by husbands, who are still reluctant. But with our efforts and awareness-raising campaigns, attitudes are gradually changing. I encourage women to get informed. I tell them that they need to space their children, because we have a very high maternal and infant mortality rate:"**

*Rodolphine Kassang*



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