INTEGRATE HEALTH

QUARTERLY IMPACT REPORT

JULY–SEPTEMBER 2026



Dr. Abdoul Gadri Diallo, Integrate Health's Regional Coordinator, administers a polio vaccine to a baby held by their mother during a vaccination campaign in Moussaya, Kouroussa, Guinea.

Vaccination Gains for Mothers and Children

Kouroussa District, Guinea

In five of the seven rural communities of Guinea's Kouroussa district, where Integrate Health (IH) works, the percentage of children aged 12 to 23 months who are fully vaccinated rose from 52% to 75% in a single year, according to an endline evaluation supported by Guinea's Maférinyah Research Center. This progress matters in a country where the under-five mortality rate is 92 per 1,000 live births and where many families in rural Kouroussa live far from the nearest health center.

In December 2023, IH began working with Guinea's Ministry of Health (MOH) and Gavi, the Vaccine Alliance, to strengthen primary care in Kouroussa. The first phase of this work ended in June 2026, and an endline evaluation measured what changed between June 2025 and June 2026 in five pilot communities where IH works: Babila, Banfèlè, Douako, Kansereyah, and Kiniéro. In both years, surveyors interviewed a sample of roughly 2,250 households in 2025 and about 2,370 in 2026 using a questionnaire adapted from the Demographic and Health Surveys. Since the June 2025 starting point is a midterm evaluation rather than the project's December 2023 start, the results show changes during the project's final year, not across the full phase. Between the 2025 midterm and the 2026 endline, among households sampled, full vaccination coverage among children aged 12 to 23 months rose from 52% to 75%, and coverage of the third dose of the pentavalent vaccine, which protects against five serious diseases, rose from 65% to 86%. Pregnant women protected against neonatal tetanus (at least two doses) rose from 79% to 86%, and births in health centers rose from 84% to 93%. Additionally, family planning (FP) rose from 5% to 13%. The changes in vaccination,

tetanus protection, health center births, and FP were statistically significant.

The evaluation compares two points in time without a comparison group, so it can't attribute these changes to the program alone. It also points to areas to strengthen as described in the Guinea Challenges section of this report. In September, IH's regional coordinator and data manager shared these results at the Regional Technical Health Committee so that regional health authorities in Kankan can build on what's working. We look forward to continuing our work with Gavi, the Vaccine Alliance and the MOH through the next phase, which focuses on three priorities: strengthening IH's Integrated Primary Care Program (IPCP) in Kouroussa, scaling IH's Kendeya digital application to support Community Relays (CRs) across the Kankan region, and supporting the government's rollout of the new malaria vaccine.



A Community Relay follows up with Nagnouma Camara and her baby about routine vaccinations in Baro, Kouroussa, Guinea.

TOGO

DELIVERY

Catchment Population
209,703

Health Centers
25

Community Health Workers (CHWs)
184

CHW Visits[1]
124,860

[1]*The total number of actions that CHWs have carried out in households, including all types of consultations, education sessions and active case-finding.*

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
93%
93%

Rate of Attendance of Children[2]
(Number of consultations of children under five at a health center, out of number of children under five living in the catchment area)

(27,514 consultations / 42,990 children under five)
64%
94%

[2] *This indicator is now calculated on a calendar-year basis, and targets and actuals are based on the calendar year. The numerator reflects cumulative new cases (first contacts) among children under five from January through December, and the count resets to zero each January. Actuals represent data from January – September 2026.*

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)

Target exceeded
108%[3]
92%

[3] *IH continues to monitor this indicator closely as we hypothesize it is higher than 100% due to vaccinating children from outside of the catchment area.*

MATERNAL, NEONATAL, REPRODUCTIVE HEALTH

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

77%
79%

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

Target exceeded
97%
94%

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

Target exceeded
97%
89%

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

Target exceeded
46%
39%

FY27-Q1 Actuals Togo | IH FY27 Targets | National FY27 target

Togo Highlights

Success

Strengthening Health Centers and Government-Supported CHWs in Assoli and Doufelgou: IH continues to support Assoli and Doufelgou districts in Kara with user-fee removal and clinical mentoring through Plan PAGE, a government-led effort supported by IH, to integrate maternal, newborn, and child health; postpartum family planning; and nutrition services together. Plan PAGE focuses on four key moments of the continuum of care: antenatal, delivery, infant, and postnatal care. To improve the quality and integration of care in the 12 health centers (six in Assoli and six in Doufelgou) serving a total population of 55,091 people, IH supported the purchase of new equipment including infant scales, growth charts, and mid-upper arm circumference (MUAC) tapes, which help to screen for malnutrition.

In August, led by the health district focal points of Assoli and Doufelgou together with IH, 60 government-supported Community Health Workers (CHWs) in the two districts were trained on community-based management of childhood illnesses; maternal health; water, sanitation, and hygiene (WASH); and FP. IH's Monitoring, Evaluation, and Quality Improvement team (MEQI) also trained the CHWs on IH's paper-based data collection tools.

Since the launch, these CHWs have carried out approximately 12,500 home visits, including 2,300 pregnant women and more than 4,000 children under five across the two districts. The CHWs currently record this data on paper, which is then entered into DHIS2, so these figures are preliminary. Training on the Tonoudayo mobile app is planned for November 2026.

In addition, new CHW supervisors were recruited to the district health teams, and experienced IH supervisors accompanied the new CHWs from day one in the field. Together, this work put the government-led model in place at the community level, so mothers and children in these districts can receive coordinated care through pregnancy, delivery, and the early years of life.

Challenge

Helping Health Centers in Kara Navigate Multiple Insurance Programs: Since November 2025, IH has covered the cost of care for pregnant women and children under five in 12 health centers in Assoli and Doufelgou , in addition to the 25 IH-supported health centers running the full IPCP. Providing this free care in the Kara region is made possible through



Inside the waiting area at Alloum Health Center in Doufelgou District, Togo.

a reimbursement model that IH has adopted, which operates by health centers submitting invoices for reimbursement and IH verifying each one before paying. Under this model, every invoice has to be matched to the right payer, either to IH or to one of the other coverage programs already operating in Kara. These include WEZOU, the national free maternal care program that IH helped design and cost, and other government insurance programs. This matching process is not simple for health centers because these programs are often fragmented. Eligibility rules and service packages vary, billing is duplicated, reimbursements are slow, and claims are often rejected. IH is helping health centers navigate this matching process as efficiently as possible so that resources go further.

In September 2026, IH brought together 57 invoice reviewers from all seven districts of Kara for a workshop in Tchitchao. Working with WEZOU and other government insurance programs, they practiced with real, anonymized invoices and agreed on one shared checklist for reviewing them. Each district left with an action plan for putting the checklist into practice. As more claims reach the right program, some costs that IH covers today could shift to other insurance programs, which would ultimately free up more IH funds and allow IH to reach more people. These training efforts are building health center readiness so that as national government expands universal health insurance, health centers will be ready to increase access to healthcare in their communities. “It’s not only about checking invoices but about making sure the resources meant for care benefit the right people and are being tracked through the right procedures.” — Émile Bobozi, Director of Programs, Integrate Health



In Memory of Denise Singlam:

IH mourns the loss of Denise Singlam, a CHW since July 2021 in Kouyoria in the Binah district of northern Togo, who passed away on August 16, 2026. For Denise and the families that she cared for, her work was much more than a job. It was an expression of a deep conviction: everyone, no matter who they are or where they live, deserves the chance to be healthy and to access quality care. Before becoming a CHW, Denise worked in a computer center doing data entry and photocopying. As a mother, she was deeply affected by seeing children in her community become sick and suffer because care was out of reach, and when the opportunity came, she applied to become a CHW. She went to families, visiting one home at a time, and brought care, information, and support to those the health system too often struggled to reach. During the COVID-19 pandemic, she was one of the courageous health workers who helped keep essential primary care available.

IH’s thoughts are with Denise’s children, family, coworkers, and loved ones, and the team is grateful for the years she has dedicated to serving her community. Visit this blog to learn more about Denise’s dedication to her community.

GUINEA

DELIVERY

Catchment Population
200,827

Health Centers
7

Community Relays (CRs)[4]
225

[4] *IH-supported CRs are government employees, therefore active CRs are considered those who have regularly submitted monthly reports that are then validated by the relevant community health authorities.*

CR Visits[5]
44,750

[5] *The total number of actions that CHWs have carried out in households, including all types of consultations, education sessions, and active case-finding.*

PEDIATRIC HEALTH

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



(23,631 consultations / 40,165 population of children under five)

Rate of Attendance of Children[6]
(Number of first contacts of children under five at health centers, out of population of children under five)



[6] *This indicator is now calculated on a calendar-year basis. The numerator reflects cumulative new cases (first contacts) among children under five from January through December, and the count resets to zero each January. Actuals represent data from January – June 2026.*

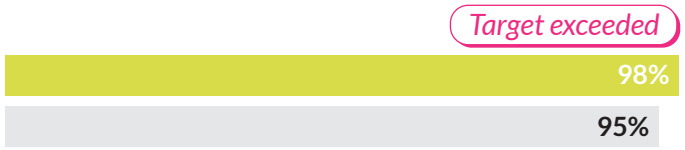
Vaccination Rate
(Proportion of children aged 0-11 months who received three doses of DTP-HepBHib3 vaccine out of total estimated children aged 0-11 months)



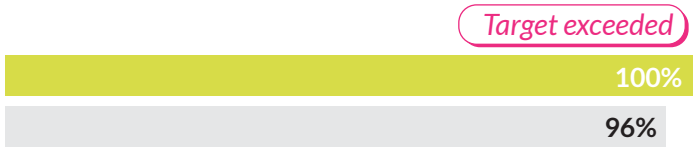
[7] *IH continues to monitor this indicator closely as we hypothesize it is higher than 100% due to vaccinating children from outside of the catchment area.*

MATERNAL, NEONATAL, REPRODUCTIVE HEALTH

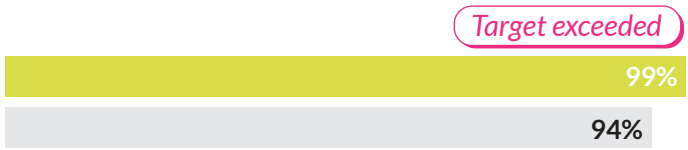
Prenatal Consultation Coverage
(Number of pregnant women who attended four prenatal visits in a health center, out of estimated number of pregnant women)



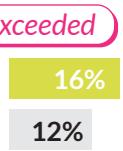
Facility-Based Delivery Coverage
(Number of women who delivered at a health facility, out of total recorded births)



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)



FY27-Q1 Actuals Guinea | IH FY27 Targets | National FY27 target

Guinea Highlights

Successes

Guinea's Prime Minister's Health Advisor Sees Kendeya in Action: In September, Dr. Robert Camara, Advisor to Guinea's Prime Minister on Health, Nutrition and Health Security, traveled to the Kankan region with IH Guinea Country Director Dr. Aboubacar Nassagbè Diakité. They met with the Governor and regional health authorities, then visited Baro and Kiniéro to hear directly from health center staff, CHWs, CRs, and clinical mentors.

A highlight of the visit was Kendeya, IH's digital health app that helps Community Relays follow up with patients and improve data quality and decision making. Dr. Camara saw CRs in Kouroussa using the app in their daily work. After seeing how it works and the results it supports, Dr. Camara committed to promoting IH's work with the Guinean government and technical partners, with a focus on sustainability, national ownership, and scale-up.

The visit builds on a commitment the government made earlier this year to include Kendeya in Guinea's National Community Health Strategy (2026–2030) for national scale-up. The policy validation that would formally adopt Kendeya as Guinea's community health digital tool is now underway. IH is also including a vaccine reminder feature for patients in the digital app. For IH, this is a milestone that reflects years spent building digital tools alongside the health workers who use them, and it comes as the government is choosing the tools that will support community health nationwide.



Aboubacar Diakité, Integrate Health's Guinea Country Director, speaks with Dr. Robert Camara, the Prime Minister's adviser on health, nutrition, and health security, during a visit to Kinièro Health Center, Guinea



A mother smiles with her baby in Fansa, Baro, in Guinea's Kouroussa district, where access to free healthcare is expanding.

Challenge

Improving Antenatal Care and Medicine Availability in Kouroussa: The evaluation of IH's first phase of work with Gavi, the Vaccine Alliance and the MOH in Kouroussa highlighted significant progress on key health outcomes as well as some areas of improvement such as encouraging women to start antenatal care earlier, strengthening the availability and qualification of health workers, and making essential tracer medicines the next supply priority.

To begin to address these challenges, IH is now focusing its efforts on improving medicine supply. This quarter, IH worked with Guinea's MOH to train 16 health center heads from supported districts in Kankan and Kouroussa to use a digital tool for tracking medicines and supplies. The system records what comes into and goes out of a health center's pharmacy so that teams can compare the medicines on their shelves with what their records say they should have and quickly spot shortages. The training was led together with the National Directorate of Pharmacy and Medicines and the National Directorate of Family Health and Nutrition, and IH is preparing to train its clinical mentors on the tool so they can coach health center staff. Together with the MOH, IH aims to make sure the medicines that patients need are available when they reach a health center.

Organizational Highlights

Our 2026 Annual Report Is Live! Our 2026 Annual Report is now available and tells the story of IH's past year in Togo and Guinea. We highlight the CHWs, health staff, families, funders, and governments that we are honored to work alongside, and the report shares a look ahead at our next chapter, including our new regional hub in Senegal. Thank you for making this work possible!

Strong MOH Engagement for IH's Expansion to Senegal: In early September, IH held a restitution workshop in Dakar with about 70 participants. The workshop had two goals. The first was to share back with government and partners what IH learned during its earlier scoping work in Senegal, and the second was to present IH's expertise and work together to determine how best to achieve the government's priorities. The strong turnout helped solidify the key themes for IH's programs in Senegal. "The Ministry of Health and Public Hygiene remains open to initiatives that can help improve the provision of quality services and strengthen community health," said Tidiane Gueye, Technical Advisor for Partnerships to the Minister.

The workshop capped several months of engagement with the MOH (including its directorates for maternal and child health, immunization, planning and statistics, and primary healthcare) and a week in Dakar (August 27 to September 4) in which IH's executive team also met with UN agencies, technical and financial partners, peer organizations, and the Mayor of Dakar. Over the coming months, IH will continue working with the MOH to finalize its programmatic interventions and align them with national primary healthcare strategies so that IH's experience in Togo and Guinea supports Senegal's own priorities.

Integrate Health's executive team gathers in Dakar, Senegal, for a workshop supporting collaboration with the Ministry of Health and plans for expansion in Senegal.







Speakers and participants gather for "The New Partnership Agenda: Ending Preventable Death," a side event co-hosted by Integrate Health during the United Nations General Assembly.

Co-Hosting "The New Partnership Agenda: Ending Preventable Deaths" Side Event at UNGA: On the sidelines of the 81st United Nations General Assembly in New York, IH co-hosted a session on September 23 moderated by Doug Galen, Co-founder and CEO of Rippleworks, and featuring Hon. Khaïté Sall, Minister of Health of Guinea; Rahul Rawat, Director of Maternal and Child Health at the Gates Foundation; as well as Emily Bensen (IH CEO) and Dieynaba Thiam-Ka (IH Managing Director), The session opened with a message from Djariétou (CHW), who urged funders to invest in community health systems and to collaborate closely with implementers. She also reminded the room that behind every project are patients and families who need barriers to care removed so they can receive quality care. Djariétou's message was then followed by a panel discussion focused on how proven approaches to end preventable deaths in Francophone West Africa (FWA) can become part of health systems that governments lead, fund, and sustain, and how governments, African based organizations, and philanthropy each have a specific role to play.

Over 45 participants attended the interactive event, which gave participants the opportunity to discuss specific questions in small groups. These discussions led to three proposed commitments: building pooled funding that channels flexible capital directly to trusted local and regional partners, offering unrestricted multi-year funding to support longer-term partnerships, and jointly developing impact and value-for-money measures that fit the realities of the FWA region.

Financial Highlights

- This quarter, IH was awarded renewal funding from Jasmine Social Investments and Partners, as well as renewal funding from the Skip Foundation. We remain grateful for your continued support.

Funding Snapshot

Metric	Result	Notes
Five-Year Funding Need	$58M	Fiscal Years ‘24 to ‘28
FY27 Projected Expenses	$12.5M	



Community Health Worker Laré Koutoum consults with a mother and her child in Koundoum, Bassar District, Togo, where she has served since 2018.



Community Spotlight: Nassouma Mara, President of the Committee for Women

For women in Morowayah, a community in Guinea's Kouroussa district, reaching care can mean a costly motorcycle journey to Douako, 18 kilometers away. Nassouma Mara, 47, a mother of five, has witnessed these difficulties firsthand. She also has a role in helping women overcome them.

The women of Morowayah chose Nassouma as president of their women's committee, which meets to discuss community-wide activities, because they trust and respect her. That trust is valuable to Integrate Health. Community Relays consult women's representatives about health concerns, involve them in home visits, and work with them to support vaccination campaigns. This connection between these two key community actors helps make accessing health services more compatible with women's daily lives.

For Nassouma, this means going to the fields where women work, sharing information, and encouraging vaccination. She brings these conversations to women who may have little time between farming, household responsibilities, and caring for their children.

She remembers how difficult childbirth could be. Women often waited until the last moment to seek care, relying on traditional birth attendants and turning to health centers only in a serious emergency. Distance, transport, and cost made an already urgent situation more dangerous.

Since the launch of the Integrated Primary Care Program, Nassouma says she has witnessed a real change in how her community approaches care. "As president of the women's committee, I am now on the front line, helping Leyba (a local Community Relay) in his work," she says.

By bringing women's concerns into health discussions and taking information directly to them, Nassouma is helping to make community health services part of everyday life in Morowayah.

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