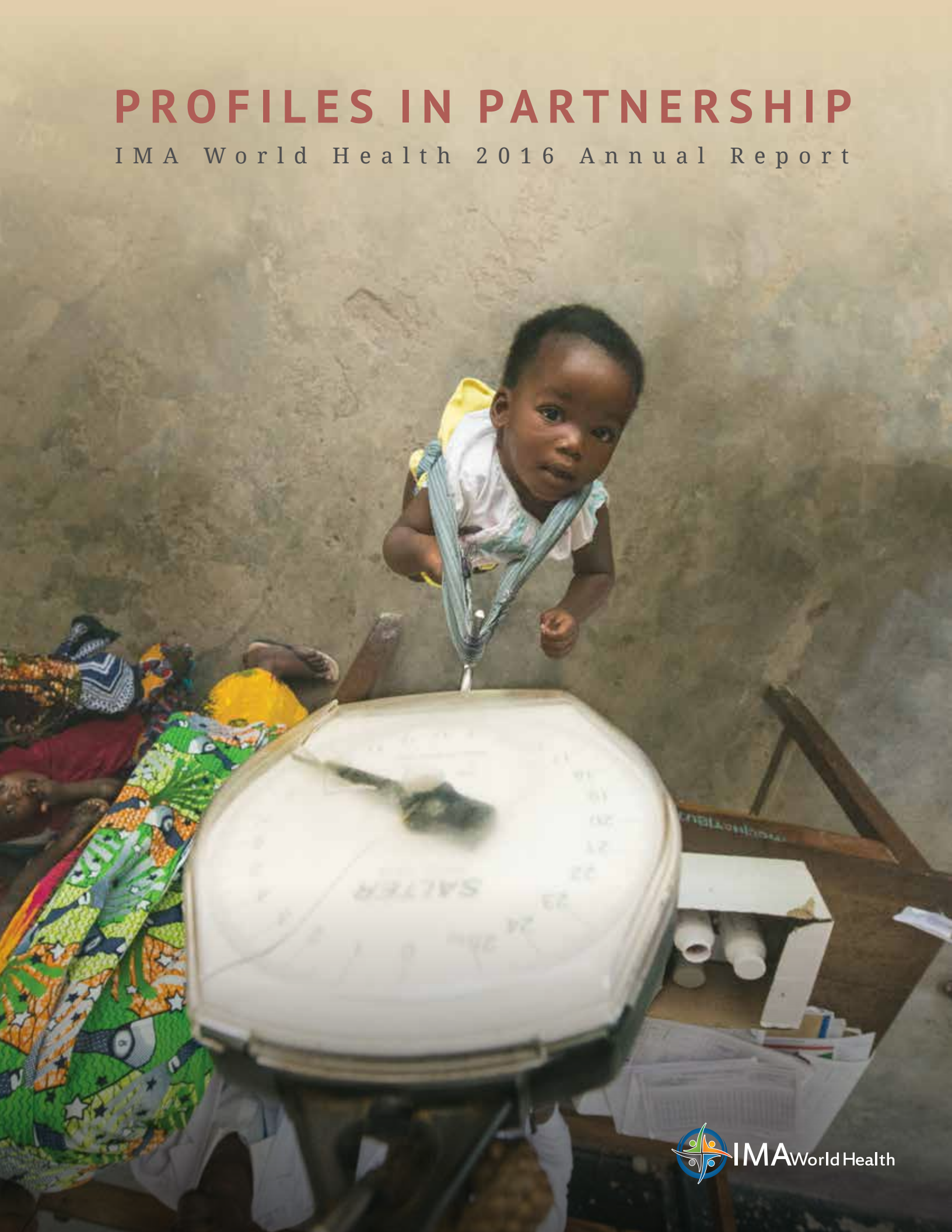
PROFILES IN PARTNERSHIP

IMA World Health 2016 Annual Report



IMA World Health

Growth measurement in Indonesia.
Photo by Achmad Ibrahim

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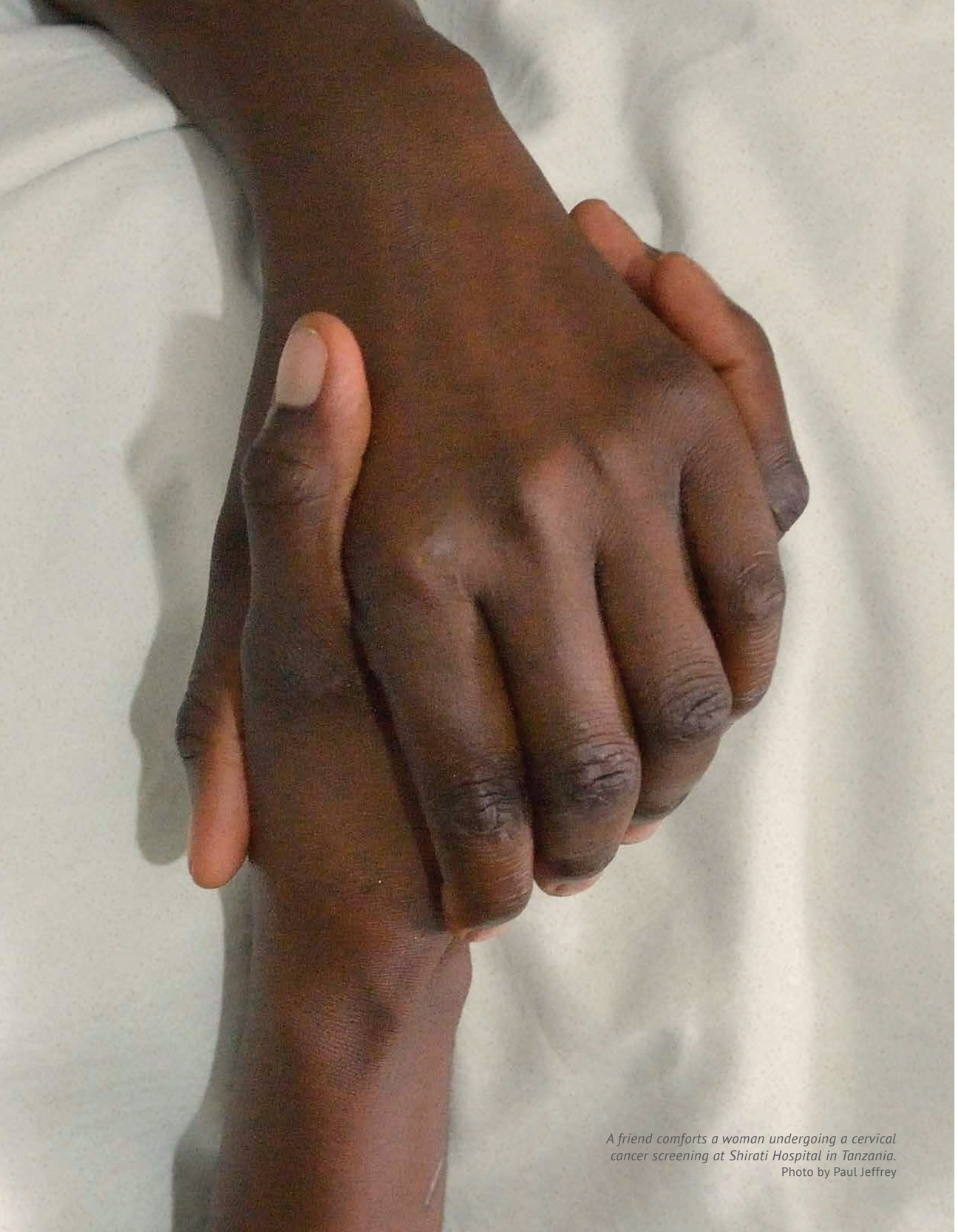


A friend comforts a woman undergoing a cervical cancer screening at Shirati Hospital in Tanzania.
Photo by Paul Jeffrey

Why partnership?

by Rick Santos, President and CEO, IMA World Health

Merriam Webster's dictionary defines "partner" as one associated with another, especially in an action.

In the last year, IMA World Health and its partners have certainly been engaged in action–so much so, that our programs have touched 46 million people around the globe. Yes, that's right: 46 million people.

That's a huge number that is only possible because of the commitment and investment of donors. It is only possible because of the dedication and diligence of our partners. We never go it alone. We engage Ministries of Health, community service and faith-based organizations, secular groups and other key stakeholders who share our vision of health, healing and well-being for all, and are willing to take action with us to realize it.

We celebrate our partners in this annual report because they are critical not only to our day-to-day work, but also to our belief that helping local organizations meet and master their own public health challenges is the most effective, sustainable and ethical way to achieve our common vision.

Our partners know their communities best. They intimately understand the needs of their people. They know the challenges that make health, healing and well-being for all elusive. In partnership, we discern and address those challenges. IMA shares its knowledge, expertise and resources. Our partners share their community understanding, experience, and relationships. Together, we create change that lasts well beyond our direct involvement.

We often describe our approach as capacity transfer or capacity building. What we're really doing is joining our partners on their journey toward self-sustainability. Our partners learn from us the very best practices in public health, which they continue and build upon; and what we learn from them we pay forward to the next community we serve. Done correctly, what develops is a powerful cycle that creates momentum bigger than any single organization can achieve.

I hope you feel that momentum reflected in this annual report of our work—work you make possible. For that we are immensely grateful, and even honored to call you partners, too.

Navigating the Nile River with partner Sudan Medical Care.
Photo by Christopher Glass

After 56 years, still powered by partnership

Partnership defines us

IMA World Health is a member organization, founded by partners in 1960 and still powered by partnership today. This year, IMA World Health worked with 45 different partners—including 12 faith-based organizations and 20 local groups—to meet our goals and pursue our common vision. IMA works with government entities, such as national and state ministries of health; churches, faith leaders and FBOs; Christian Health Associations in Africa; academic institutions; other international non-governmental organizations and community service organizations. As iron sharpens iron, so IMA and our partners strengthen each other to reach more people in need of health, healing and well-being.

Partnership expands our reach

This year, IMA projects reached 46 million people across six countries, tripling our impact from 2011 and equaling the populations of Washington, D.C., Maryland and California combined. Some beneficiaries attended prenatal care or safely delivered their babies; others received treatments for HIV or preventive drugs for neglected tropical diseases; some received critical health education or an insecticide-treated bed net as protection against malaria; still others received counseling in family planning or nutrition support. IMA programs provided emergency and preventive care, as well as integrated health services and targeted interventions—all thanks to teamwork and the sharing of resources between IMA and our partners.

Partnership amplifies our voice

IMA leads the We Will Speak Out U.S. coalition, which unites 19 faith-based member organizations and more than 25,000 individuals who have pledged to speak out against sexual and gender-based violence. This year, IMA and We Will Speak Out U.S. worked with the Science, Religion and Culture program at Harvard Divinity School to release "Interrogating the Silence," a report highlighting the results of a qualitative study of seven Boston-area congregations examining the untapped potential, challenges and opportunities of faith communities to prevent and respond to SGBV. The coalition also hosted panels at the U.N. Commission on the Status of Women and the Sojourner's Summit for Change on engaging male allies to end SGBV.

Partnership allows us to grow and adapt

This year, IMA launched two projects that represent exciting milestones. In Tanzania, the U.K. Department for International Development funded ASTUTE project addressing childhood stunting is the largest project IMA has led in Tanzania in our 20 years there. In Kenya, IMA is the lead agency of *Afya Jijini*—our first contract-based project—which provides integrated health services in urban Nairobi. Each project is only as effective as the sum of its partners, and in these and other IMA projects, we are proud to work and grow alongside the best.

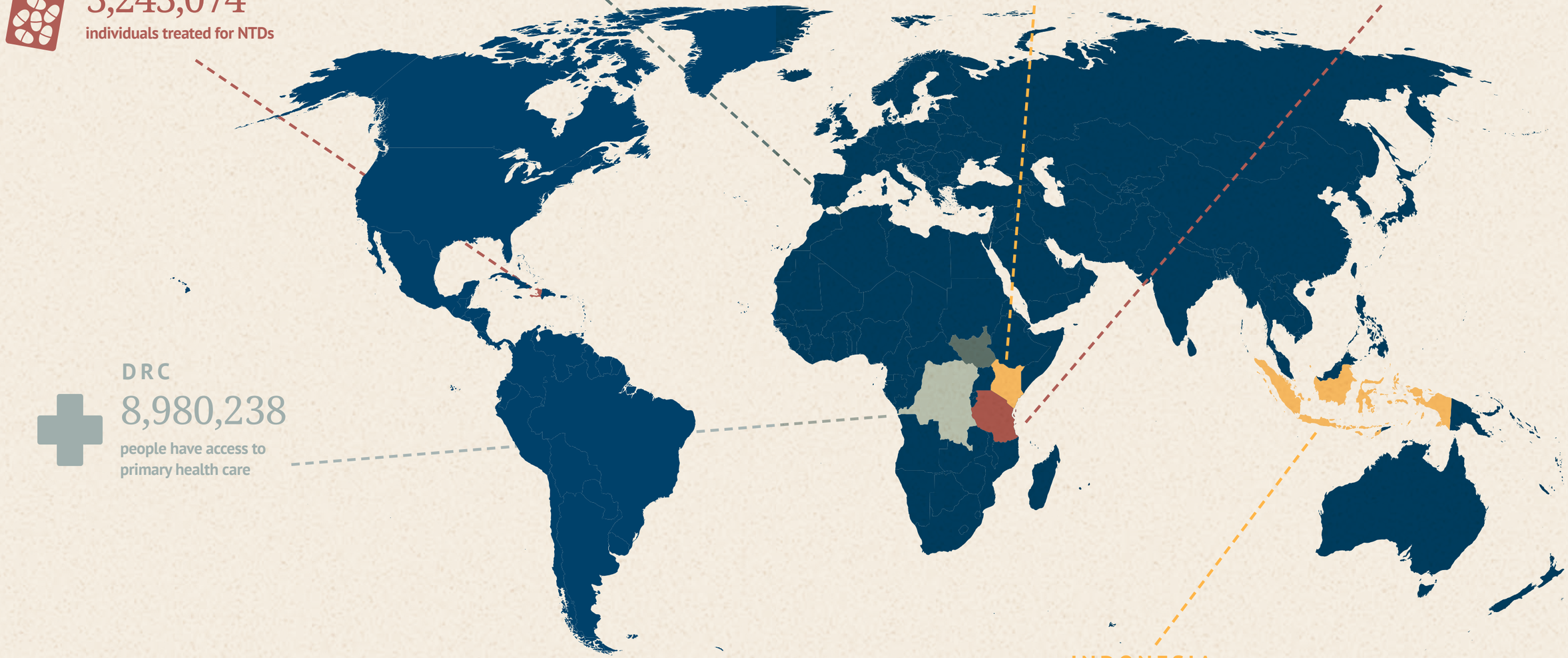
Our partner:

ACHAP: A partnership of partnerships

Demonstrating IMA's model of partnership is the agency's ardent support of the Africa Christian Health Associations Platform. ACHAP is an advocacy and networking organization made up of 34 Christian Health Associations and other church health networks in 28 countries across sub-Saharan Africa. CHAs have a long history of providing health care services to populations in need in developing countries, forming the integral link between the national Ministries of Health and faith-based health facilities. A partnership of partnerships, ACHAP was established through the inspiration and support of the World Council of Churches in 2007 with the goal of improving knowledge sharing and joint learning among CHAs, particularly through its technical working groups for human resources in health, advocacy and communications, and HIV and AIDS. ACHAP also advocates for the international recognition of FBOs' significant contributions to health care in developing countries. Sharing similar goals, IMA has been working to support and strengthen ACHAP since its inception.

A USAID worker teaches a group of children in Kenya.
Photo by Craig Thompson

IMA World Health's impact in the world



SOUTH SUDAN

1,827,701

outpatient visits in Jonglei and Upper Nile states

HAITI

3,243,074

individuals treated for NTDs

DRC

8,980,238

people have access to primary health care

KENYA

121,051

individuals who were tested for HIV and received their test results and counseling

TANZANIA

25,000,000+

people treated for at least one neglected tropical disease

INDONESIA

40,688,900

people reached through national nutrition television campaign

With CDC support, IMA partner CASA promotes basic hygiene and wound care for those living with LF in India.
Photo by Sarah Craciunoiu

Global efforts

Local innovation for global impact

While much of IMA World Health's work is focused in specific countries and communities, IMA also participates in a variety of projects with potential for wider impact. The key that opens the door to this wider impact is innovation: developing and testing approaches that can be scaled up or replicated to address public health challenges that are regional or even global in scope.

For example, after years of cooperative effort, Haiti is nearing the goal of eliminating lymphatic filariasis as a public health problem. So when the Task Force for Global Health and the U.S. Centers for Disease Control and Prevention wanted to pilot a new filariasis test strip mobile reader, they knew Haiti was the ideal location—and IMA the trusted partner to oversee the task.

Colorado-based Mobile Assay developed the mobile reader, known as mReader, which pairs with a software application to provide a more objective, quantitative reading and addresses long-standing issues with subjective test interpretation. IMA agreed to collect samples needed to calibrate the mReader and to pilot its use during a planned pre-transmission assessment survey in Borgne commune in Haiti's North Department. The goal was to determine whether the mReader should become an important tool in the effort to achieve an even bigger goal: to eliminate LF worldwide by 2020. As a result, IMA was able to provide valuable, objective feedback that Mobile Assay can use to improve the mReader design and application.

Through efforts like these, with our feet firmly on the ground but our sights broad, IMA thinks globally, leveraging our experience, our partnerships and our reach to create new models, implement innovative solutions and test new tools to help achieve goals around the world.

ENVISION

(Funding varies by program year)

IMA has been an implementing partner in the ENVISION project since 2011. RTI International leads the eight-year effort aimed at providing assistance to national neglected tropical disease programs. The effort targets five neglected tropical diseases: lymphatic filariasis, trachoma, onchocerciasis, schistosomiasis and three soil transmitted helminths (roundworm, hookworm and whipworm).

IMA World Health implements ENVISION programming in the Democratic Republic of Congo, Haiti and Tanzania. The coordinated effort has made major gains in all three countries, where IMA has extensive operational presence. For example, this year in DRC nearly 500,000 people have been treated for onchocerciasis, lymphatic filariasis, schistosomiasis, and soil transmitted helminths. More than 20 million Tanzanians have been treated for at least one of the five focus diseases to date. In Haiti, the elimination of LF as a public health threat is within sight, following years of coordinated mass drug administrations and capacity building for public health workers who distribute treatments.

Gifts in kind program

(Funding varies by program year)

Since 1960, IMA has received donations of essential medicines, medical supplies or health aids from manufacturers and hospitals to support international health care programs. Products from IMA's Gifts in Kind program have been sent to more than 72 countries around the world.

This year, IMA shipped nearly $1.5 million in donated items to the Democratic Republic of Congo, Haiti and Tanzania.

U.S. Centers for Disease Control and Prevention

(Funding varies by program year)

IMA maintains a close partnership with CDC through a global cooperative agreement. This year, IMA and CDC worked together in Haiti and India.

In Haiti, CDC provides technical support and capacity strengthening in the areas of new diagnostics (e.g. the introduction of filariasis test strips for transmission assessment surveys, known as TAS) and managing and analyzing TAS data using an online data platform. IMA and CDC have also worked with the Haiti Neglected Tropical Disease Control Program and other implementing partners to develop the 2016-2020 national strategic plan for morbidity management and disability prevention, or MMDP. The plan was submitted to Haiti's National LF/Malaria Coordinator and presented at the bi-annual NTD partners meeting in January 2016. The plan is an important component of Haiti's national LF program and meeting the World Health Organization's LF elimination dossier requirements; it will also be a valuable advocacy tool for the national program.

IMA also worked with the CDC and HNTDCP to revise its mass drug administration tools and registers for its 2016 MDA in order to integrate indicators on lymphedema and hydrocele, including the age and sex of MDA participants reporting either condition. This enabled the HNTDCP to assess MMDP burden in the 18 communes where IMA carried out MDA from March-May 2016, providing the first disaggregated data on the number of LF patients in these communes to inform program planning and services for patients with LF.

India is home to 17.5 percent of the world's population, and a large portion of the population is at risk of LF. For the past three years, through our partnership with the CDC, IMA provided a subgrant to Church's Auxiliary for Social Action to expand ongoing work in lymphatic filariasis and lymphedema management in the Ganjam district of Odisha State. This year the project trained local task force members, family members and health activists in the principles and practice of lymphedema self-care through home-based foot care management. It also assisted in the planning and implementation of government-supported MDA. The program has received full endorsement and accolades from the Ministry of Health and the National Neglected Tropical Diseases Program, which is positioning to carry out the CASA model throughout the country.

AIDSFree Project

(Funding varies by program year)

Through AIDSFree, led by JSI, IMA helps build the capacity of faith-based networks to address HIV effectively in countries with significant HIV and AIDS burdens. In the last fiscal year, IMA's efforts contributed to the revision of the Framework and Toolkit for South-to-South Technical Assistance in the President's Emergency Plan for AIDS Relief Gender Strategy. This framework and toolkit help PEPFAR country teams plan and provide technical assistance through a cost-effective approach that builds local capacity. IMA helped to identify well-established, faith-based organizations that could provide technical assistance to PEPFAR and advance the program's gender-strategic areas.

IMA also conducted a case study to examine condom services in two Ugandan HIV prevention and treatment programs—one in a faith based facility and another a public facility. The case study added to the limited evidence on condom counseling in the context of biomedical interventions through examining approaches for providing condom services and the quality of services.

The AIDSFree effort led IMA staff to develop a tool to assess the engagement of community service organizations in prevention of mother-to-child transmission policy and planning. The tool has since been applied by MANET+, a civil society organization in Malawi. A resulting case study considers Malawi's enabling environment for CSO engagement in PMTCT policy; advocacy approaches that MANET+ uses to engage with decision makers; strategies for strengthening its policy and advocacy activities; and challenges to creating change.

With support from the U.S. Centers for Disease Control and Prevention, IMA works with CASA in India to help those living with LF with hygiene education, supplies and wound care.
Photo by Sarah Craciunoiu

Our partner:
TOMS: Good shoes for good health

Shoes are one of the first levels of defense when it comes to good health—and they are a great complement to the ENVISION program IMA implements in Haiti. In 2010, IMA and TOMS partnered to add shoe distribution to its work to prevent and treat hookworm and other neglected tropical diseases. Using the same network of volunteers who distribute drugs at MDAs, IMA has efficiently worked with TOMS to provide new shoes to school children to help keep them healthy and able to attend school. In addition to preventing cuts and injuries that can become infected, shoes help prevent the spread of hookworm and other soil-transmitted diseases that can enter through the feet. Shoes are also required for school enrollment.

TOMS is a for-profit company with a trademark One for One® giving model. For every product sold, TOMS helps a person in need. At the start of our partnership, TOMS sold only shoes. Today, it also sells sunglasses, bags and apparel. TOMS currently helps give shoes, restore sight, provide safe water and support safe birth for people in need and helps stop bullying through prevention and response services. To date, IMA and TOMS have distributed hundreds of thousands of pairs of new shoes to children in Haiti. Going forward, IMA hopes to continue this productive partnership and is seeking ways to reach more vulnerable and out-of-school children.

Dalovena is a 12-year-old girl from Saint Marc in Haiti. She received two pairs of TOMS shoes in December 2015. 'I like playing sports while wearing my TOMS shoes,' she said.
Photo courtesy of TOMS

Young people relax in the shade as supervisors practice collecting data before a bed net distribution in North Ubangi.
Photo by Crystal Stafford

Visit **annualreport2016.imaworldhealth.org** to see more photos from the net distribution in DRC.

Democratic Republic of Congo

27,419
SGBV survivors are receiving IMA services.

A time for optimism in the DRC

Better. Groundbreaking. A new era.

When IMA World Health Country Director Dr. Larry Sthreshley talks about his team's work to improve health, these are the bold descriptors that set the tone—replacing the Democratic Republic of Congo's traditional narrative of challenges with a distinctly forward-looking focus on strategy, success and hope.

This optimism has been earned. Since 2000, IMA has worked alongside the Congolese government, donors and an array of local and international partners to revitalize the country's health system, fight diseases and improve key health indicators. Such long-term investment in the DRC has required resilience, creativity, and an incredible network of staff and partners to navigate successive armed conflicts, political instability, impassable roads and other obstacles that continue to threaten the health and well-being of the population.

In its fourth year, the UK aid-funded Access to Primary Health Care Project, known by its French abbreviation ASSP, hit its stride. "Our family planning indicators are through the roof," Sthreshley said. The nutrition component, which facilitates household and community gardens along with traditional growth monitoring and treatment, is itself growing in both impact and interest. And the country has implemented District Health Information System 2 software for monitoring and evaluation, leading to greater accountability and better decision making in a challenging, decentralized health system.

ASSP is also celebrating its innovative Hang Up and Track strategy, which uses smartphone technology to track malaria net distribution with GPS coordinates and photos. The HUT approach was found to promote higher net-use rates than traditional methods, in addition to giving an unprecedented level of transparency and accountability to net distributions.

The USAID-funded Ushindi is changing, to extend care to survivors and those affected by sexual and gender based violence in new areas that need attention. As we continue to analyze project data and move into an extended phase, IMA's partner-driven, holistic approach for this flagship program is helping to inform how USAID scales up SGBV prevention and response efforts in the DRC and beyond. "We are helping design future interventions that will improve the lives of women," Sthreshley said.

IMA is proud to be a part of the team that is changing the narrative and the trajectory of health care in the DRC. Powered by partnership, new technologies are solving stubborn problems, successes are scaling up into widespread solutions and—most importantly—our vision of health, healing, and well-being for all is becoming more of a reality in the DRC every day.

Access to Primary Health Care Project

$283 million | DFID | 2012–2018

The Access to Primary Health Care Project, known locally as Projet d'Accès aux Soins de Santé Primaire or ASSP, aims to strengthen priority interventions such as the treatment of malaria, pneumonia and diarrhea; nutrition; obstetric and neonatal care; family planning; immunization; and water, hygiene and sanitation that are delivered through the health system. ASSP supports an estimated 8,980,238 people across 52 health zones.

This year, the WASH component surged forward. IMA World Health, in consortium with partners SANRU, World Vision and Caritas Congo Asbl, supports five Provincial Health Divisions (Kasai, Kasai Central, Nord-Ubangi, Maniema and Tshopo) to implement WASH projects at clinics and hospitals. Nearly 60,000 people now have access to safe drinking water and 56,852 to sanitary toilets.

With support from the Against Malaria Foundation, ASSP distributed 2 million long lasting insecticidal nets, or LLINs, using the project's Hang Up and Track strategy for added transparency and accountability. ASSP trained local health workers and volunteers on basic computing, data collection using Open Data Kit software on Android cellphones and data management using Excel. Health workers use the phones to collect basic demographic data, GPS coordinates and information on malaria prevalence and bed net usage. The phones also play an instructional video, recorded in the local tribal language, on the importance of bed net usage to prevent malaria and how to care for and repair nets. ASSP goes beyond simple distribution to ensure all LLINs distributed have been hung and are being used correctly, overcoming a significant barrier in efforts to combat malaria.

ENVISION

$791,547 | USAID | 2015–2019

The ENVISION project, led by RTI International, aims for the control and elimination of four neglected tropical diseases in the DRC: lymphatic filariasis, onchocerciasis, schistosomiasis and soil transmitted helminths. As an implementing partner, IMA conducts annual mass drug administration of three medications among more than 500,000 people in six zones of Maniema Province, with the goal of treating 80 percent of the population. IMA has helped the government to exceed the target of 80 percent coverage for three years in a row.

500,000
people treated for onchocerciasis, lymphatic filariasis, schistosomiasis, and/or soil-transmitted helminths.

Anastasie Tshimbila was one of the first people trained in IMA's nutrition program in DRC to feed malnourished infants and to do gardening.
Photo by Crystal Stafford

Contribution to Universal Access in the Intervention Against Malaria

$4.2 Million | The Global Fund to Fight AIDS, Tuberculosis and Malaria | 2015-2019

With the new Global Fund financing model, IMA World Health implements malaria interventions in 35 health zones in North Kivu (33 health zones) and South Kivu (two health zones) provinces. Through this program, IMA has launched 163 health sites, providing malaria prevention, screening and care to thousands at risk. This year, 207,688 pregnant women received a long-lasting insecticide treated net through the system, as well as prenatal consultations and preschool medical screening for children. Out of 1,065,595 patients suspected of malaria, 93 percent of cases were tested in health facilities and community care sites using Rapid Diagnostic Tests or Stained Blood Films.

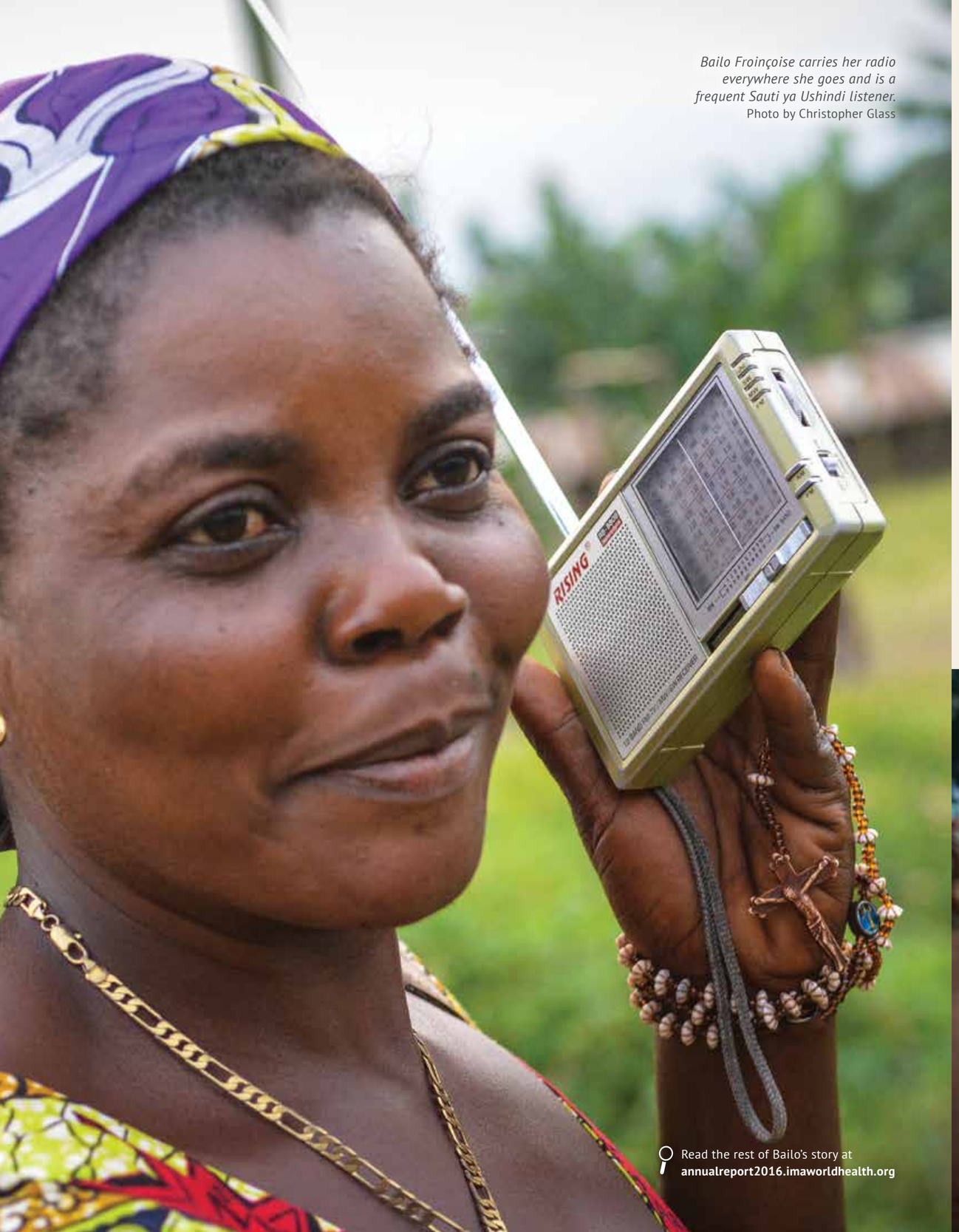
Learn more about our efforts to ensure people in DRC have access to safe water and proper sanitation at **annualreport2016.imaworldhealth.org**.

Our partner:
PRODEK organizes, and mobilizes, communities out of poverty

The Development Program of Kasaï, or PRODEK, is a faith-based civil society organization that mobilizes local communities for change. Created in 1989, the organization focuses on getting communities out of poverty by helping them organize around profit-generating activities and make their voice heard in local governance.

Many of PRODEK's initiatives are quite original. When the organization saw that women carried water and farm products on their head over long distances, it decided to provide bicycle microloans to women so that they could transport things more easily. With the bicycle added to the household, the men in the family started to pitch in; the chores of collecting water and transporting agricultural products became more evenly distributed within the family.

IMA chose PRODEK as a partner because of their long history of working in community development and of being very active on the ground. As a partner in the ASSP Project, PRODEK focuses on identifying and improving malnutrition in women and children and works with families to improve home gardening techniques to access nutritious food from their own backyards. PRODEK sends out 21 community animators in the 28 health zones of the provinces of Kasai and Kasai Central to conduct verification and certification of community health volunteers, improving the quality of home visits and reporting.



Bailo Froinçoise carries her radio everywhere she goes and is a frequent Sauti ya Ushindi listener.
Photo by Christopher Glass

Read the rest of Bailo's story at
annualreport2016.imaworldhealth.org

Ushindi

$20 million | USAID | 2010–2017

Ushindi, which means "we overcome" in Swahili, takes a holistic approach to addressing sexual and gender-based violence, or SGBV, in the Eastern region of the Democratic Republic of Congo. Coordinating a range of interventions—medical, legal, psychosocial and economic—Ushindi increases access to timely and quality services for survivors as well as individuals and communities affected by SGBV, and reduces the vulnerability of individuals to future acts of abuse and violence. The project has trained more than 3,700 service providers, involving 1,186 health clinics in vulnerable, conflict-affected communities. To date, more than 26,000 people have received comprehensive care through the program.

USAID reports show Ushindi reached about four times as many survivors as projects with similar funding levels and timeframes. As a result, this year Ushindi received an 18-month extension to conduct in-depth research on the project's implementation model and to develop a readily accessible package for USAID to implement high quality SGBV interventions in new areas. Through this extension phase, IMA will pilot this new package, including cognitive processing therapy-based psychotherapy, in three new health zones to present evidence of efficacy and cost and other practical considerations for scale up.

One hallmark of Ushindi is our local implementing partners, who have an extensive history of providing services to victims of SGBV in DRC. In the past five years, Heal Africa has received visitors including U.N. General Secretary Ban Ki-moon, World Bank President Dr. Jim Yong Kim and then-U.S. Secretary of State Hillary Clinton. Panzi Foundation's CEO Dr. Denis Mukwege has been three times nominated for a Nobel Peace Prize for his work to support survivors of SGBV and was listed as one of TIME magazine's 100 most influential people in May 2016. The Program for Promotion of Primary Health Care, or PPSSP, is a small faith based organization with a commanding presence in North Kivu province, highly effective at community level interventions. Additional partners rounding out the interventions included CARE, Children's Voice, SAVE and the American Bar Association's Rule of Law Initiative.

Photo by Crystal Stafford

1,186
clinics in conflict-affected communities are equipped to provide SGBV support

3,700
service providers have been trained to provide SGBV services

26,118
individuals have received Ushindi services to date

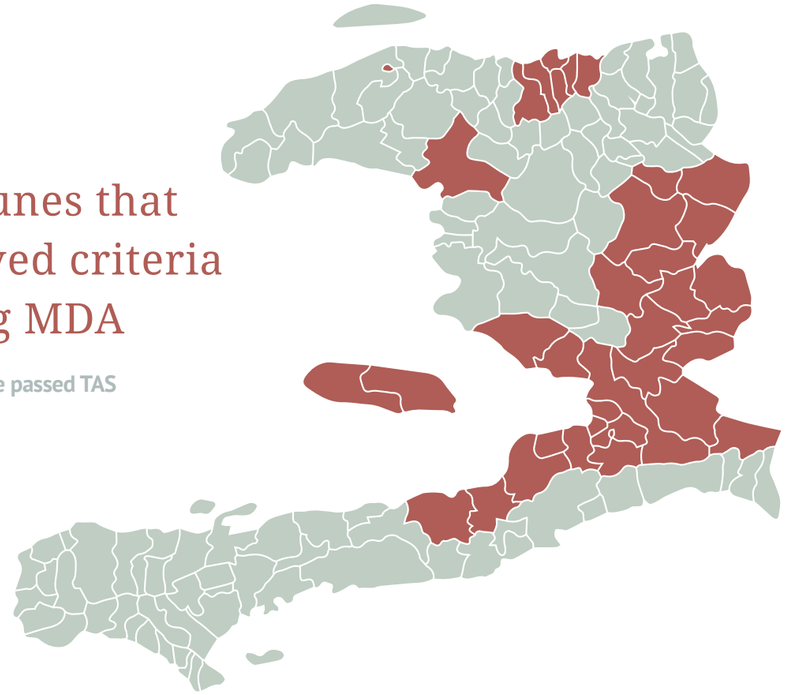
Students at National School of Lavanneau, near Jacmel, Haiti, wash their hands before eating lunch.
Photo by Matt Hackworth

Haiti

101 out of 140

communes have achieved global standards for no longer needing MDA

IMA communes that have achieved criteria for stopping MDA



communes that have passed TAS

In Haiti, an end to LF is in sight

IMA World Health's history in Haiti stretches back to 1998, when we partnered with the Haitian Ministry of Health and others to open a clinic to treat lymphedema, one of the debilitating symptoms of lymphatic filariasis, or LF. Since then, IMA has supported health in Haiti in a variety of ways but we have not taken our eyes off the disease that took us there.

LF is a mosquito-borne, neglected tropical disease that can cause severe physical disability and social stigma. But today, after years of continual hard work and cooperation among a score of government agencies, donors, partners and community members, Haiti is on the verge of eliminating LF as a public health problem.

IMA began distributing preventive treatment for LF in Haiti through mass drug administration in 2007. Elimination of the disease requires at least 65 percent of the population to receive five rounds of consecutive annual dosages of medicine, every individual counts. Many challenges have threatened to disrupt progress along the way, from the January 2010 earthquake—which trapped IMA President and CEO Rick Santos beneath a collapsed building for more than two days before his rescue—to cholera outbreaks and political instability. Despite these challenges and more, we continually make LF elimination a priority and treat millions each year.

The road to elimination has been long and arduous but it certainly has not been lonely. IMA is proud to be among the dedicated team that has worked toward this historic achievement in public health—from the Haitian Ministry of Health, USAID, U.S. Centers for Disease Control and Prevention and the pharmaceutical partners that have donated drugs, to the volunteers who knock on their neighbors' doors and the teachers who ensure their students receive treatment. While there is still work to do until the 2020 elimination goal, the finish line is in sight and each of us is stronger for having our partners run alongside us.

A community health worker tests a child for LF in a transmission assessment survey.
Photo by Lior Miller

ENVISION

$13.54 million funded to date | USAID | 2011–2019

The ENVISION project, led by RTI International, aims to eliminate lymphatic filariasis and control soil transmitted Helminthes in Haiti. ENVISION is a collaborative effort at every level; IMA works alongside donors and the Haiti Neglected Tropical Disease Control Program, a joint effort between the Ministry of Health and Population and the Ministry of Education, to provide mass drug administration of two safe drugs, diethylcarbamazine and albendazole, in 9 of Haiti's 10 departments—treating 3,243,074 million Haitians, including 805,092 school-aged children, in the last year.. To reach a population this size, IMA has trained approximately 20,000 community leaders, promoters and distributors to educate the population about LF, persuade the highest number of households possible to participate in preventive treatment for the disease, and conduct MDA through community distribution posts and schools.

As Haiti works toward the goal of eliminating LF by 2020, the LF surveillance work takes on an increasingly important role. IMA and the Ministry of Health have carried out 22 LF transmission assessment surveys (known as TAS) to date, including nine such surveys in 55 communes this year. The logistically complex surveys are carried out in hundreds of schools and communities across two-three weeks to determine if disease transmission has been disrupted.

Commonly known as elephantiasis, lymphatic filariasis is a mosquito-borne illness that results in disfiguration and often impedes mobility. IMA works to combat LF in Haiti, Tanzania and the DRC.
Photo by Paul Jeffrey

On May 5, 2016, the project hosted a "WASH Fun Day" where students presented their own poems, plays and songs to reinforce healthy hygiene practices. The event was supported by Episcopal Relief & Development, and Make-A-Wish® Alaska and Washington, thanks to the generous donation of 13-year-old Allison, who following a heart transplant donated her wish to IMA and partner TOMS to help children in Haiti.
Photo by Jennifer Bentzel

Healthy Schools, Successful Children (Sante nan lekol, se sikse timoun yo)

$1.96 million | Episcopal Relief & Development | 2015–2018

Much of Haiti lacks basic water and sanitation infrastructure, and its schools are particularly in need. According to a Ministry of Education report, more than 74 percent of Haiti's schools lack a source of clean water, 84 percent lack treated drinking water and more than 40 percent lack functional toilets or latrines. IMA World Health and member agency Episcopal Relief & Development are working together to improve students' health, school participation and educational success through water, sanitation and hygiene interventions in 60 public and Episcopalian schools in the Southeast, South and Grand'Anse departments. Launched in 2015, the project aims to provide or build latrines, reservoirs, water filters, and handwashing stations in schools as well as establish frameworks that enable schools and communities to sustain progress and maintain the infrastructure beyond the project's lifespan. Construction has begun and will continue into the next fiscal year.

Of equal importance is the goal of improving WASH behaviors of students, teachers and communities to prevent disease. At project startup, IMA conducted a baseline survey in all three departments to assess students' understanding and practices and used this information to tailor WASH education and behavior change programming at schools. Mentored by project-trained teachers and school directors, students have formed 70 school health clubs to raise awareness around WASH, model healthy behaviors and maintain a healthy school environment. The long-term hope is that working with youth in schools will promote improved hygiene practices within the wider community.

89,032
community members reached with sanitation and hygiene information

21,361
students reached with WASH interventions

Our partner:

A national partner keeps the pressure on eliminating LF

In a country facing many public health challenges, the buy-in and leadership of the National Program to Eliminate Lymphatic Filariasis—an arm of the national Ministry of Public Health and Population—is critical to keeping LF elimination goals on track, such as training thousands of community drug distributors prior to MDA, supervising drug distribution activities and providing laboratory technicians to help IMA carry out pre-TAS and TAS activities. This year the NPELF, along with IMA and the CDC, worked to update Haiti's national morbidity management and disability prevention plan, a critical resource for estimating the number of people living with active disease such as lymphedema or hydrocele, training health professionals and institutions across the country in managing these conditions and improving the quality of life for LF patients.

Children are enrolled for a transmission assessment survey at Trou du Nord, in the northern part of Haiti, in 2015.
Photo by Dr. Alaine Knipes

Helping mothers understand the important connection between nutrition and child development is a campaign goal.
Photo by Achmad Ibrahim

Indonesia

More than 1 out of every 3 children in Indonesia are stunted (World Food Programme)

Through media and strong relationships, IMA aims to improve nutrition in first 1,000 days of life

Last year, IMA World Health celebrated a major milestone in our quest to provide health, healing and well-being for all. With the launch of a new project to reduce stunting in Indonesia, we opened our first Asia-based field office.

Stunting is widespread and poorly understood in Indonesia, and the Indonesian context is new to IMA. As with all new undertakings, the biggest challenge was getting things going. Fortunately, IMA's greatest strength is in our partnerships, and whether we've worked in a country for one year or 20, we always start a new project doing what we do best: empowering local partners and mobilizing stakeholders to work together to do what they do best.

Parents and other caregivers, health workers, government and community leaders, local faith communities and organizations, donors and partners—each has a critical role in fostering healthy behaviors and cultural norms. So far, everyone is pitching in.

With funding from the Millennium Challenge Account in Indonesia, our partners at the University of Indonesia spent a year conducting research to determine the best approaches for the MCA's National Nutrition Communications Campaign. In December 2015, the Government of Indonesia supported the official launch of the mass media awareness campaign, which, with the help of major media partners, spreads critical messages to educate the public about stunting. Then, against the backdrop of heightened public awareness, local program managers rally government officials, health workers, faith leaders and other partners on the ground to drive policy changes, reinforce campaign messages and harmonize efforts toward achieving project goals.

As the campaign gains momentum, IMA is gratified to see our messages gaining attention and stakeholders at every level rising together to meet the challenge. This is the work of true partnership, and we are confident this collective investment of time and teamwork will grow into a healthier future for thousands of children throughout Indonesia.

Visit **annualreport2016.imaworldhealth.org** to see videos from this campaign.

Promoting sanitation goes hand-in-hand with IMA's messaging promoting good nutrition.
Photo by Iwan Hasan

A mothers' class in South Sumatra.
Photo by Iwan Hasan

Our partner:
The University of Indonesia

Before launching a national media campaign to promote behavior change, it is imperative to capture data on your target audience's existing customs, values, and social norms—from their relevant health behaviors to what kind of media they most frequently use. IMA World Health was pleased to have the University of Indonesia's esteemed Center for Nutrition and Health Studies on board to conduct the project's formative research to inform the design of the NNCC. Led by Dr. Ahmad Syafiq, the researchers used the Socio-Ecological Model in Health Promotion as a conceptual framework to collect quantitative and qualitative data across 10 provinces and 11 districts. Following the research phase ending in October 2014, their analysis recommended the multimedia campaign focus primarily on complementary feeding and improved sanitation and hygiene.

National Nutrition Communications Campaign

$4.1 million | Millennium Challenge Corporation-Indonesia | 2014–2017

More than one-third of Indonesians under age 5 are stunted, a problem with significant long-term implications for overall health, physical and cognitive development, and longevity. While prevailing cultural perceptions attribute a child's small stature to genetics, the real problem is inadequate nutrition during the first 1,000 days from conception to age 2. Fortunately, adopting basic practices - such as adequate nutrition for pregnant mothers, exclusive breastfeeding, good hygiene and a nutritious, diversified diet after 6 months of age–can have a big impact.

To dispel myths and promote healthy behaviors, IMA and partners are implementing a national multimedia campaign with a special focus on Landak, Kapuas and Sumatera Selatan districts.

The campaign has three main objectives: 1) Increase awareness and understanding of stunting among parents, community members, government officials, and the general public, 2) Gain commitment from a broad array of stakeholders in the public and private sectors to tackle stunting, and 3) Foster individual and community behavior change related to health and nutrition at all levels.

After a year-long formative research phase, this year the campaign released two public service announcements focused on complementary feeding and sanitation, and it maintains a website (www.gizitinggi.org) and social media channels to reinforce key messages. The project also uses health workers and local volunteers to create dialogue within communities through classes and support groups for parents, and by engaging faith leaders. Vice President of Indonesia Jusuf Kalla led the campaign's launch, drawing the attendance of the Coordinating Minister for Human Development and Culture, the Minister of Health, the Minister of Development Planning, and the U.S. Ambassador to Indonesia and reinforcing the strategic importance of partnership across stakeholder groups.

31,000,000+
viewers reached (61% of the television audience)

70
journalists trained on the importance of reducing stunting

officially launched the project website at www.gizitinggi.org

Participants at the national launch of the NNCC program promote sanitation on the streets of Jakarta.
Photo by Iwan Hasan

Ending preventable maternal mortality is a cornerstone of IMA's work with the USAID-funded Afya Jijini program.
Photo by Craig Thompson

Kenya

53,050
deliveries with a skilled birth attendant in U.S. Government - assisted programs (122.33% of our target)

33,388
individuals are receiving antiretroviral therapy

** within first 9 months of the project*

'Health in the City'

Health care in Nairobi faces several chronic challenges: a fluctuating population, numerous informal settlements, a high rate of HIV prevalence and an overburdened health system. Plus, a recent constitutional change means counties are now overseeing their own planning, budgeting, supply chain and other administrative tasks related to the provision of health care instead of the national government. While this change allows for more tailored health care services, naturally there has been a learning curve.

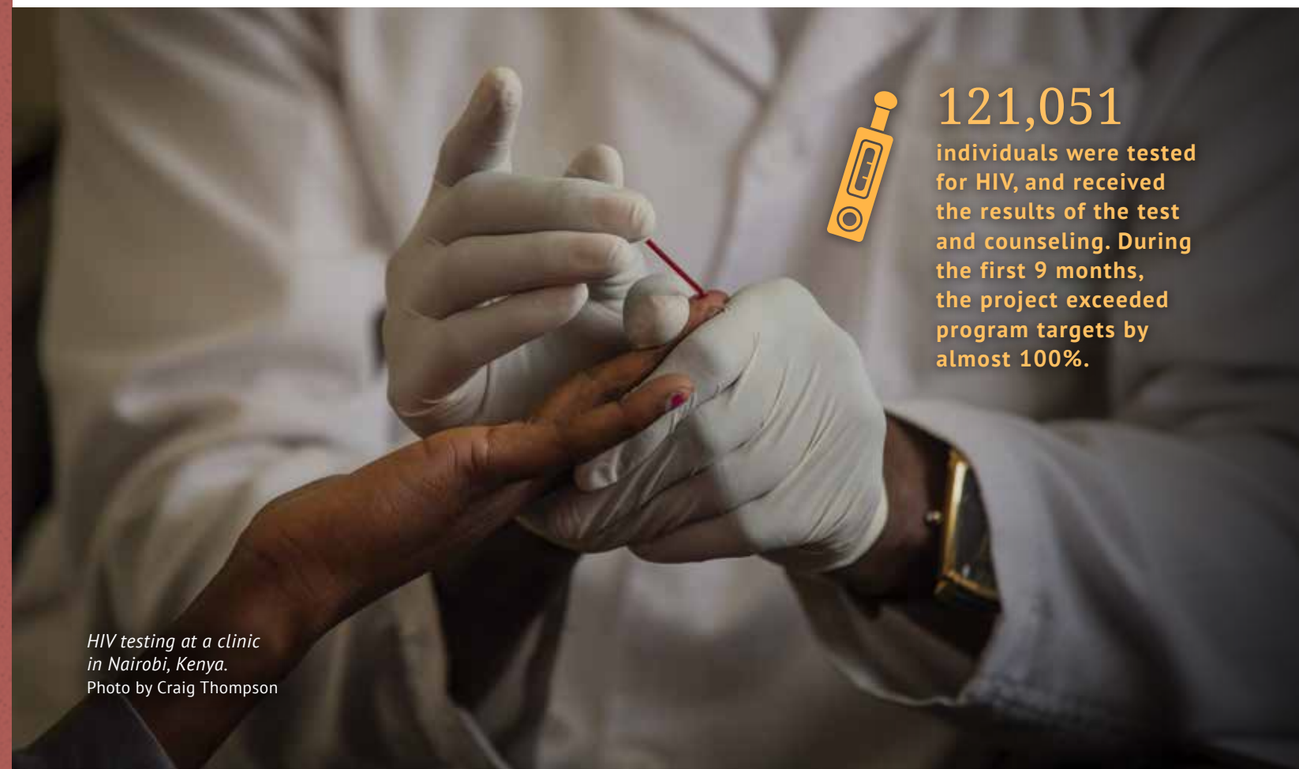
This year, IMA World Health launched our first, full-scale project in Kenya in partnership with USAID. IMA's presence aims to support the country's most-populated county in delivering health services and helping local civil society organizations respond to the burden of HIV.

From Swahili meaning "health in the city," the *Afya Jijini* program helps Nairobi City County deliver health services. The approach is altogether unique. Instead of implementing traditional individual public health activities, IMA has shifted the focus to implementing a set of well-defined activity models. While each of these efforts can stand alone, the power is in scaling them up as one integrated package.

IMA and our partners in *Afya Jijini* began gaining momentum toward project goals early. One example: to improve maternal and child health outcomes, one of our first steps was to encourage and empower health facilities to see patients on weekends. In our first year, the project has 35 facilities open seven days a week in targeted neighborhoods in Nairobi, and they have seen an additional 10,000 patients—a remarkable accomplishment for all involved.

At the same time, we are reaching key populations that are vulnerable to HIV infection through highly-engaged, community-level organizations. These local groups engage communities of faith, commercial sex workers, IV drug users and men who have sex with men in order to reduce stigma, promote safety and prevent mother-to-child transmission.

While navigating all these changes and new ideas is challenging, one great aspect of a learning curve is the learning itself. As data from *Afya Jijini*'s first year roll in, and our work under the AIDSFree partnership continues, the IMA Kenya team are excited to dig in and learn what's working best and how the health system in Nairobi City County can continue to grow and shift to better serve its people.



121,051
individuals were tested for HIV, and received the results of the test and counseling. During the first 9 months, the project exceeded program targets by almost 100%.

HIV testing at a clinic in Nairobi, Kenya.
Photo by Craig Thompson

AIDSFree

Funding varies by program year

Under the global AIDSFree Project, IMA is implementing the community-level component of the Public Private Alliance for Pediatric HIV, designed to improve delivery and access to quality health services through improved health systems. Through IMA's leadership and partnership with the Christian Health Association of Kenya, IMA is piloting a novel approach: engaging religious leaders in the urban informal settlements of Korogocho of Nairobi.

Recognizing their potential to influence behavior change and social norms, the approach equips Christian and Muslim leaders to become Pediatric HIV Champions. As such, religious leaders engage their congregations to increase community knowledge of HIV pediatric care and treatment services as well as demand for and access to these services. To equip religious leaders with the adequate tools and knowledge to make an impact, IMA and CHAK have developed sermon and khutba guides on pediatric HIV and trained religious leaders how to use them. Both the National Council of Churches Kenya and the Supreme Council of Kenya Muslims have praised these religious guides, and faith leaders will be encouraged to use them in their congregations beginning in September 2016 through 2017.

Afya Jijini

$34.9 million | USAID | 2015-2018

Afya Jijini, which translates to "health in the city," is a three-year contract (with two option years) designed to strengthen Nairobi City County's institutional and management capacity to deliver quality health care services. With IMA leadership and a strong consortium of local partners, the project's strategic goal is to improve county-level institutional capacity and management of health service delivery through three primary objectives:

1. **Increase access to and use of quality HIV services;**
2. **Improve access to and use of maternal, neonatal and child health services; family planning and reproductive health services; water, sanitation and hygiene; and nutrition services;**
3. **Strengthen county and sub-county health systems.**

Already the program is making an impact. In its first year, *Afya Jijini* supported Nairobi City County to scale up and make maternal and child health services available seven days a week at 35 of the County's high-volume sites. More than 3,000 mothers were reached with focused antenatal care and other maternal, neonatal and child health services as a result of the availability of weekend services. An additional 7,000 children benefited from weekend child health interventions. Additionally, following the launch of the project's "We Men Care" initiative in April 2016, the project reached more than 2,500 male partners of pregnant or lactating mothers with messaging focused on antenatal care, pregnancy, newborn and child health-related complications, birth planning and family planning.

33,388
adults and children receiving antiretroviral therapy

IMA partners with NOPE to engage communities most at risk to HIV, such as this education session in Nairobi.
Photo by Craig Thompson

Our partner:

Kenya's National Organization of Peer Educators works with at-risk communities

Kenya's National Organization of Peer Educators supports service delivery and initiates community engagement activities for targeted population groups. NOPE focuses on youth engagement strategies for at-risk youth and the provision of youth-friendly services at facilities; gender engagement and mainstreaming activities, including addressing gender-based violence; guidance to health providers on attitudes and approaches to best reach key populations; and activities under the Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe Women, or DREAMS, component of the project.

MAF Pilot Reinier Kwantes helps unload cargo–medicine and medical supplies–after landing in Kodok. The cargo was distributed to all the IMA medical clinics in the region.
Photo by MAF/LuAnne Cadd

South Sudan

27,281
children vaccinated

936
births assisted by skilled birth attendants

Work continues in an ever-changing environment

IMA World Health has been a key partner in addressing South Sudan's health needs since 2008, working closely with the nascent government's Ministry of Health, civil society, donors and other critical partners primarily on health systems strengthening, malaria and HIV/AIDS interventions.

On July 9, 2011, the Republic of South Sudan became an independent nation after nearly three decades of conflict and the displacement of hundreds of thousands of South Sudanese. After more than a generation of conflict, there was peace and celebration.

Jonglei and Upper Nile, where IMA projects focused, were the two most challenging states. Forming a natural corridor from Sudan, the states' populations constantly shifted as citizens made their way home from exile; severe flooding from seasonal rains made access to communities nearly impossible for much of the year and communication systems were very limited. Despite these unique challenges, progress was swift and encouraging.

Our projects exceeded targets, and for a time, health indicators in Jonglei and Upper Nile improved faster than the rest of the country.

But in mid-December 2013, violent conflict arose again, and Jonglei and Upper Nile were two of the three hardest-hit states. Many civilians were killed or injured, and more than 2 million have been displaced, facing hunger and other horrors of war. IMA and partners rallied in response, switching gears from long-term interventions to emergency support where most needed. Finding inspiration in the resilience of the people, IMA re-opened ransacked health centers and established mobile clinics in conflict zones, recruiting displaced health workers to staff them and serve their own dislocated communities.

Despite ongoing and ever-changing challenges, IMA's projects have continued to help hundreds of thousands of people in South Sudan, to the credit of IMA staff, our partners and South Sudan's resilient people.

Rapid Results Health Project

$57 million | Ministry of Health, Republic of South Sudan/World Bank | 2013–2016

In January 2013, IMA and its 12 international and local partners began implementing a flagship health systems strengthening initiative, the Rapid Results Health Project. RRHP strengthens the capacity of health systems throughout Jonglei and Upper Nile states to provide preventive and curative health services. This catchment area, which started with 24 counties in two states but expanded to 29 counties upon the creation of the Greater Pibor Administrative Area, comprises 3.1 million people — more than 25 percent of South Sudan's population.

Key activities include preventive and curative services, reproductive health services, delivery of essential medicines and training of health care workers. The conflict that erupted in December 2013 displaced hundreds of thousands in IMA's catchment area and greatly affected project efforts. Despite extreme challenges, IMA and partners have continued to support health services throughout the conflict period and have continued to support basic health care in the face of ongoing instability.

5,083,454
outpatient visits

53,933
pregnant women received at least one antenatal care visit

IMA has a major role in the development of the health care system in South Sudan. Since 2008, IMA has been working with South Sudan's government, international and national partners, and other health organizations to strengthen the health system's capacity.
Photo by MAF/LuAnne Cadd

5,511
people treated for severe acute malnutrition

10,669
people admitted for moderate acute malnutrition

52,375
medical consultations

OFDA IDP Emergency Health and Nutrition Response in South Sudan

$1.7 million | OFDA | 2015 - 2016

IMA World Health launched emergency health services in South Sudan in 2014 in response to conflict. Conflict-related emergencies contribute to disproportionately high levels of morbidity and mortality, and 90 percent of countries with the highest rates of maternal mortality recently experienced conflict—including South Sudan.

With support from the U.S. Agency for International Development's Office of Foreign Disaster Assistance, IMA provides vital primary health care and emergency health services through seven mobile clinics and outreach sites in Upper Nile and Jonglei states. The project's emergency health services include disability and trauma referral, screening for gender-based violence and psychosocial needs, and immediate primary health care. Working with partners, IMA also expanded its activities to include nutrition service provision in areas of Jonglei with high rates of malnutrition. Nutrition services focus on children under 5 years of age, pregnant or lactating women and other vulnerable persons through prevention, screening and treatment of acute malnutrition to reduce morbidity and mortality.

Scaling Up for Universal Coverage and Impact

$2.35 million | Population Services International/Global Fund | January–December 2016

A key component of the Ministry of Health's malaria prevention strategy is to distribute long-lasting insecticide-treated nets, or LLINs, across the entire population every three years. With resources from the Global Fund through Population Services International, IMA World Health works with the Ministry, as well as implementing partners that work directly with beneficiaries, to mass distribute LLINs in every community across Jonglei and Upper Nile states.

The political crisis that began in 2013 hit Jonglei and Upper Nile hardest. Ongoing conflict, poor roads and rainy season flooding have challenged net distribution, but IMA and partners have continued to overcome obstacles to train volunteers on distribution procedures and key malaria messaging for recipients and to mobilize the distributions at the community level.

169,745
bed nets distributed

KalaCORE South Sudan Emergency Response

$3 million | UK's Department for International Development | 2015–2017

Visceral leishmaniasis, also known as kala-azar, is a parasitic disease that afflicts many people in South Sudan. It is almost always fatal if not treated. Fever, weight loss, an enlarged spleen and liver and anemia are common signs of this disease, which is transmitted by the sandfly. With support from KalaCORE, a partnership dedicated to the control and elimination of kala-azar, IMA partners with Mott MacDonald to implement a kala-azar control program in South Sudan with the primary goal of scaling up access to lifesaving treatment and catalyzing the collaboration necessary to reduce the disease burden in East Africa.

The focus of the program includes improved diagnosis and effective treatment, building surveillance capacity and improving the ability to respond to outbreaks. IMA trains health workers, establishes emergency response teams, provides pharmaceuticals and supplies, re-activates previous kala-azar treatment centers destroyed during conflict and supports the Ministry of Health's neglected tropical disease departments.

3,080
people received emergency health education

91
health workers trained in diagnosis and management of kala-azar

Displaced, but not forgotten in South Sudan

The town of Kodok sits on the western side of the Nile River in the far north of South Sudan. The "western side" is important. The eastern side, from the town of Malakal to the northern border has experienced many explosions of violence since December 2013, causing a massive movement of people away from the area. Once South Sudan's second largest city and a mix of various ethnicities, Malakal is now a shattered, burned and mostly abandoned shell of a town. Its residents have scattered to safety among their own ethnic groups, and this western side of the river offers a small measure of security for upward of a hundred thousand displaced people.

One of the greatest issues that arises when a massive movement of people occurs is access to health facilities; any services still available are now stretched far beyond their limits. With emergency funding from the Office of U.S. Foreign Disaster Assistance, IMA World Health stepped into the aftermath of the crisis early in 2014 to set up and manage multiple mobile clinics for both the displaced and the host communities.

300 meters

On a hot Friday morning in October 2015, the MAF Cessna Caravan, loaded to the max with medicine and medical supplies, takes a little over two hours to reach Kodok from Juba. The plane is filled with fuel for a round-trip as there are no locations anywhere in the north to re-fuel. Pilot Reinier Kwantes plans the final bit of his route to bypass Malakal airspace as he descends. He can't take the risk of getting shot.

Once he crosses the Nile River, he eases down to take a closer look at the 950-meter airstrip, making a low pass. IMA staff warned earlier that it had rained two days before, and this strip can't handle much rain. Reinier estimates that a strip of mud begins 400-meters in. The airstrip is wide, though, and there's room to spare on the right of the mud patch if he needs more.

He lands in 300 meters, braking hard. It was a good call. The IMA clinics need this cargo.

Donkeys, quads, tractors and canoes

It's clear that getting around this area is difficult, especially in the rainy season. Four donkey carts arrive to pick up the cargo. IMA Medical Supervisor Dr. Oleny Amum and Field Operations Coordinator Serunkuma Luigi Adwok arrive on an all-terrain vehicle. The cargo, supported by numerous donors, includes malaria rapid tests and anti-malaria injectables, external and topical drugs, oral and injectable medicine, IVs, and syringes. Oleny and Luigi are responsible for making sure the cargo makes it to all the IMA medical clinics in the region.

This is the difficult part

Just getting to the Kodok mobile clinic on the outskirts of town is tricky. Luigi drives while Oleny sits on the back. Once off the dirt road, it's wet, slippery mud the rest of the way. Oleny points to possible less-muddy routes as they make their way to the small enclave of white tents and huts that make up the mobile clinic.

Our level best

The number of displaced people is staggering. In this region alone, an estimated 150,000 people fled their homes and few have settled permanently. Through the mobile clinics, IMA provides emergency and primary health care services to approximately 128,000 Internally Displaced Persons from Upper Nile State, and emergency nutritional needs to approximately 202,500 IDPs and host community members. Between February and September 2015, the clinics in Upper Nile State saw a total of 52,534 patients and distributed approximately two to three tons of medical supplies each quarter; the level of need and service has remained constant since.

"After the crisis there was a shortage of many things for us to survive here, but we are struggling to do our level best to ensure that the health services reach the internally displaced and host community as well," Luigi says.

Serving to the end

In Kodok alone, there are an estimated 35,000 IDPs. Luigi and Oleny say they receive an average of 110 patients per day at the Kodok mobile clinic. The staff is part of the community of displaced people, having fled their homes and jobs in Malakal. By hiring and training staff who are themselves IDPs, IMA gives health workers a chance to serve their own communities.

MAF Pilot Reinier Kwantes smiles as IMA's Serunkuma Luigi Adwok handles paperwork related to the cargo.
Photo by MAF/LuAnne Cadd

The number of displaced people in South Sudan is staggering. One of the greatest issues that arises when a massive movement of people occurs is access to health facilities.
Photo by MAF/LuAnne Cadd

Emergency Reproductive Health Services of IDPs and Host Community

$1.2 million | UNFPA | January 2014–Present

The UNFPA-funded project provides new services through a mobile clinic and outreach as well as through strengthening local capacity to implement the Minimum Initial Service Package for reproductive health, including interventions to address gender-based violence, sexually transmitted infections and HIV services. It also supports sexual and reproductive health outreach activities in partnership with community-based organizations or support groups. Internally displaced people, who would have otherwise had no access to reproductive health services, are seeking services at an average of 200 patients per month at the temporary clinic in Mingkaman, where thousands of IDPs from Jonglei are still encamped. The program includes procurement of supplies, which is no small feat; the remoteness of the area makes it difficult to obtain quotes, especially given the rapid inflation of the South Sudan pound, and materials usually must be transported by small boats that can carry only a few cartons at a time as they cross the Nile from the city of Bor.

One highlight of the program is an hour-long radio show that clinical staff host every Monday evening. They provide information on reproductive health topics and answer questions during the "call-in" segment. Topics include nutrition during pregnancy, making birth plans, birth preparedness, the importance of delivering at a health facility, danger signs during pregnancy, STIs, HIV/AIDS awareness, and good feeding practices for infants and children. The radio talk show was officially launched in January 2016, building on the success of ad hoc talk shows in 2015.

Our partner:
Sudan Medical Care remains amidst adversity

Providing primary health care services to millions of people displaced by ongoing conflict in South Sudan is challenging. The greatest hurdle continues to be a lack of security, which has caused many health workers to flee, fearing for their safety. But that hasn't been the case with Sudan Medical Care, a non-governmental organization formed by a group of Sudanese doctors in 2009. Dr. Mounir Christo Lado Lugga, IMA's Country Director for South Sudan, said SMC remains flexible and resilient in the face of great adversity. When South Sudan was experiencing more stable times, SMC was managing 24 health facilities. Though most were destroyed or looted in the fighting, in less than one year, SMC had opened or reopened 21 facilities. "You cannot imagine that resilience," he said. "It's not easy to go from zero and then open all those facilities." Despite ongoing violence, SMC has kept its health workers in the field, which has enabled IMA to continue to help the men, women and children caught in the middle of the crisis that began in mid-December 2013. "We work together," Lado said.

Photo by MAF/LuAnne Cadd

Testing for lymphatic filariasis, Mwanaidi Mtui takes a blood sample from a girl in a public school in Vikuge, Tanzania.
Photo by Paul Jeffrey

Tanzania

65.25 %
reduction of people at risk for LF between 2011 and 2016

Research, media aim to curb stunting

Historically, IMA World Health's Tanzania team has been eager to expand our reach and explore new solutions to advancing health, healing and well-being for all. It started in 1997, when IMA took a leap of faith and opened our first field office in Dar es Salaam to lead a team of partners in targeting the neglected tropical disease onchocerciasis. IMA never looked back, and from that first project our vision, scope and areas of expertise have grown exponentially. Luke King, IMA's Country Director for Tanzania, explained, "Our team is energized by finding ways to continually improve our services to beneficiaries."

True to form, the Tanzania team is taking on a new challenge this year: paving the way for a brighter future by reducing stunting among children under age five. As with all new endeavors, IMA is working closely with the Ministry of Health and a network of partners to determine the best, most cost effective solutions to reach as many children and families as possible.

Yet amid this growth and expansion into new focus areas, IMA's earliest work to control and eliminate NTDs in Tanzania remains a priority—and a point of pride. "Our work to prevent and treat these diseases has benefits that go beyond health alone," King explained. In addition to debilitating physical symptoms, NTDs often bring social stigma and economic suffering to those infected; and, by definition, these diseases—and those who suffer from them—have been overlooked for far too long.

We are working with partners to carry out mass drug administration, and we have seen intensive efforts paying off. Encouragingly, recent surveys have shown that 43 percent of districts endemic for lymphatic filariasis have passed transmission assessment surveys and over 15 million people no longer require treatment. IMA also supports individual surgical interventions to help thousands with hydrocele and trachomatous trichiasis return to a normal life. Through these efforts to control and eliminate NTDs and support patients, IMA and our partners are literally changing the course of people's lives.

It started with one small leap of faith and one small project more than 20 years ago; now IMA projects help millions of people in Tanzania each year. What made it all possible? A dynamic team eager to grow our impact, coupled with those first seeds of partnership planted all those years ago.

A child gets weighed at the Nyamagana District Hospital in Mwanza, Tanzania.
Photo by Paul Jeffrey

ENVISION

$26.82 million | USAID, RTI | 2012 to date

IMA, with ENVISION support, follows the lead of Tanzania's National Tropical Disease Control Program and its Neglected Tropical Disease Secretariat to implement NTD control activities in line with the Tanzania NTD Master Plan. Since 2011, IMA has supported Tanzania's Ministry of Health and the NTDCP to provide technical assistance and funding for NTD control and elimination activities, capacity development for NTD control and elimination and improved monitoring and evaluation for NTD program activities.

The five NTDs endemic in Tanzania are lymphatic filariasis, onchocerciasis, schistosomiasis, soil transmitted helminths and trachoma. A large portion of the population is at risk of co-infection with two or more of these diseases. IMA collaborates with health officials to carry out mass drug administration in 19 regions and 126 districts across Tanzania. To accomplish this, IMA worked with officials to train 11,414 front line health workers, 27,087 teachers and 90,284 community drug distributors who delivered treatments to more than 20 million people by the end of fiscal year 2016. In addition, IMA provides technical support for carrying out disease specific assessments for the five NTDs.

This year, one of the biggest highlights was conducting transmission assessment surveys for lymphatic filariasis in 27 districts to determine whether the program could stop mass drug administration for LF. To date, a population of more than 15 million people in 74 districts (an increase from 64 districts) have achieved criteria for stopping MDA for LF.

4,000,000
children treated for intestinal worms

90,284
community drug distributors trained

ASTUTE

$31.5 million | DFID | 2015–2020

IMA World Health is leading the new DFID-funded Addressing Stunting in Tanzania Early, or ASTUTE, program. Our consortium, which includes the Partnership for Nutrition in Tanzania, Cornell University's Division of Nutritional Sciences and Development Media International, builds the capacity of local government authorities to address child stunting and contribute to the evidence base for what works best and most cost-effectively in Tanzania.

ASTUTE activities will ultimately be implemented in all districts of five regions of the Lake Zone—Kagera, Kigoma, Mwanza, Geita and Shinyanga—representing a collective population of 10.2 million and more than 750,000 stunted children. These regions were selected for their documented high rates of stunting and anemia, high numbers of stunted children, low levels of appropriate child feeding practices and the potential to leverage local resources, including the presence of partner civil society organizations.

ASTUTE aims to build the capacity of 50 local CSO partners; train over 3,600 district nutritionists, community workers, health facility workers, and non-health sector service providers; reach 3 million mothers, caregivers and decision makers with improved child care and feeding information; and reach over 8 million people with a broad, multi-pronged communication strategy.

LEAD Project

$9.5 million | U.S. Centers for Disease Control and Prevention, President's Emergency Plan for AIDS Relief | 2012–2016

More than 30,000 individuals were tested for HIV in this final year of the Local Partners Excel in Comprehensive HIV and AIDS Service Delivery, or LEAD, project. At least 20,000 were enrolled in treatment, including antiretroviral therapy. One of IMA's key strategies was to build effective relationships with local partners, health facilities and the Ministry of Health. IMA worked directly with 36 local partner treatment facilities through sub-agreements, not only to strengthen service delivery but also to strengthen their organizational capacity to directly manage delivery of HIV services.

About 1.4 million people are living with HIV in Tanzania, equating to an estimated HIV prevalence of around five percent. The LEAD project strengthened and scaled-up quality HIV care and treatment, TB/HIV services and PMTCT in Tanzania to ensure people living with HIV and AIDS and their families experience improved health and well-being. In partnership with the Ministry of Health, IMA provided direct technical assistance to scale up antiretroviral treatment and prevention of mother-to-child transmission service delivery at 89 HIV care and treatment centers in 16 districts in the regions of Mara, Manyara and Tanga.

IMA World Health joined partners Futures Group and the University of Maryland Institute of Human Virology in the project, which was led by Catholic Relief Services.

30,000+
people tested for HIV

20,000+
enrolled in HIV care & treatment

A student has her height measured in order to calculate the correct dose during a distribution of medicines in a public school in Vikuge, Tanzania. The medicines include praziquantel and albendazole.
Photo by Paul Jeffrey

SAFE

$1.2 million | DFID/Sightsavers | 2015–2020

IMA is the lead implementing partner in the Mtwara region of Tanzania on the SAFE project. The project follows the World Health Organization-endorsed SAFE strategy—Surgery, Antibiotics, Facial Cleanliness and Environmental Improvements—to address the underlying causes of trachoma. IMA addresses the backlog of trichiasis trachomatous cases, in which eyelashes have turned inward and scrape the surface of the eye. In such cases, surgery is required to relieve pain and prevent blindness.

IMA has worked closely with regional and district-level MOH personnel to organize and carry out surgery camps in Masasi and Tandahimba districts. In the project's second year, more than 1,300 patients have had TT surgery; in Year 3, IMA will begin surgery camps in three additional districts of Mtwara. In Year 2 of SAFE implementation, IMA continues to improve program efficiency and carry out quality TT surgery and eye lash epilation. The biggest highlight of Year 2 is that IMA introduced a modified case finding approach to complement the traditional method in order to discover hard-to-find cases. The combined approach fully engages local leaders in the area, mobilizing community members to attend the screening/surgery camps, which has raised the number of TT patients coming to the camps. In addition, IMA has cleared the estimated backlog in Masai district.

Mwaruka Mmole Mole survived lymphatic filariasis, a parasitic disease caused by microscopic, thread-like worms spread from person to person by mosquitoes. The hydrocele caused by the disease meant Mole couldn't work as a farmer, and suffered shame and embarrassment as profound as his limited mobility. IMA World Health helps communities fight this and other neglected tropical diseases, by providing training for medical staff in Tanzania's Nachingwea District and covering the cost of the surgery to remove the hydrocele.
Photo by Matt Hackworth

1,320
hydrocele surgeries

75%
of districts at risk for LF have achieved criteria for discontinuing mass-drug administration

Our partner:

Working alongside Tanzania's Ministry of Health: locally, regionally, nationally

Strengthening health systems is the heartbeat of our work, and that entails a close partnership with Tanzania's Ministry of Health. IMA is engaged with the Ministry at national, regional and district levels across a wide spectrum of public health efforts. IMA's staff in Tanzania collaborate with Ministry staff on project strategic plans, work plans, budgets, and monitoring and evaluation efforts. The partnership has been so fruitful that more than 60 health workers transitioned from IMA staff to public sector positions when the Ministry absorbed former IMA programs.

One of the most successful components of the Ministry partnership is IMA's work with the Neglected Tropical Diseases Secretariat. The Secretariat leads the entire planning process for mass drug administration, and monitoring and evaluation activities. IMA supports the planning and implementation of the Secretariat's strategy at every level (district, regional and national). IMA's partnership with the NTD Secretariat is critical for carrying out joint training and supervision of frontline health workers, teachers and community drug distributors for 142 districts across 20 regions of Tanzania.

Tandahimba District eye coordinator Pirmin Eriyo examines a patient in Nanhyanga, Tanzania for trachoma – a neglected tropical disease.
Photo by Matt Hackworth

Lymphatic Filariasis Morbidity Management

$150,000 | Izumi Foundation | (FY)2014–2016

Globally, more than 27 million men suffer from filarial hydrocele, a fluid-filled enlargement of the scrotum, which leads to deformity and often the inability to work and provide for their families. This project supported district councils to establish an LF Morbidity Management program with a focus on hydrocele surgery to address a growing backlog of men who suffer from the condition.

The program trained surgeons, nurses and anesthesia assistants at health facilities in hydrocelectomy by partial excision of Tunica Vaginalis technique, use of local anesthesia and patient care. Surgical teams performed procedures on weekends so they could attend to their usual patients during weekdays. During the project period, IMA supported surgical teams to carry out 1,320 surgeries—well above the target of 1,000 surgeries. The program used a cost share model, and IZUMI-supported costs included allowances to the surgical teams and NTD coordinators, consumables used for the procedure, fees for Muhimbili National Hospital surgeons and costs associated with supportive supervision. The participating hospitals covered all other surgery and follow-up care costs.

The biggest highlight of Year 2 comes from the Mtwara region, where surgeons were able to complete 640 surgeries—42 percent above the initial target of 450 surgeries. These additional surgeries were possible within the same budget, because program staff recognized that performing surgeries at district hospitals and facilities instead of at regional hospitals created a significant costs savings. The project has increased awareness of hydrocele treatment among community members, and it has greatly reduced myths about the disease, as patients who have been treated serve as ambassadors providing live testimonies about the success of the surgery.

Theresa Nyamupachitu, Health Systems Strengthening Advisor for IMA World Health, makes a presentation on "Training and Formation: Lessons learnt and opportunities for ACHAP and CHAs" during a World Council of Churches-ACHAP event titled "Global Public Health: The future of faith-based organizations" on May 25, 2016, during the 69th World Health Assembly in Geneva, Switzerland. It was an opportunity for IMA to increase FBO visibility and recognition in global health. IMA works in close partnership with local FBO networks in most African countries known as Christian Health Associations and their regional body, the Africa Christian Health Associations Platform.
Photo by Peter Kenny/WCC

Advocacy

IMA World Health's vision of health, healing and well-being for all calls for joining hands with others to address the mindsets and systems that are essential to change. When both the stakes and the obstacles are high, informed voices, creative approaches and sustained effort are required. Partnerships are invaluable in advocacy, as they leverage experience, networks and constituencies for an impact far beyond the sum of what individual efforts could achieve.

We Will Speak Out

IMA has been an active member since 2011 of the global We Will Speak Out coalition to end sexual violence. We engaged our member organizations to spearhead the launch of a U.S.-based, multifaith initiative known as We Will Speak Out U.S. in 2013 and continue to host the secretariat. We Will Speak Out U.S. works to generate action and advocacy to end the silence around the public health crisis of sexual and gender-based violence, or SGBV, and to reduce stigma for survivors. We Will Speak Out U.S. unites the voices and efforts of 19 member organizations, and more than 25,000 individuals have signed the Pledge Against Violence.

This year, IMA and We Will Speak Out U.S. worked to build on the knowledge gained from the "2014 Broken Silence report". The study highlighted the findings of a LifeWay Research poll of 1,000 U.S. Protestant pastors about their understanding and responses to SGBV. Early in the fiscal year, IMA and the coalition worked with the Science, Religion and Culture Program at Harvard Divinity School to conduct additional research and release a follow-up report, "Interrogating the Silence". The report highlighted the results of a qualitative study of seven Boston-area congregations examining the untapped potential, challenges and opportunities of faith communities to prevent and respond to SGBV.

We Will Speak Out U.S. also hosted a parallel event at the U.N. Commission on the Status of Women and a panel at the Sojourner's Summit for Change, bringing in diverse voices and perspectives on engaging male allies to end SGBV.

WE WILL SPEAK OUT.US
UNITING TO END SEXUAL VIOLENCE

Gavi, the Vaccine Alliance

Founded in 2000, Gavi, the Vaccine Alliance, is committed to expanding children's access to immunizations worldwide through a public-private partnership among U.N. institutions, governments, the pharmaceutical industry and civil society. IMA's President and CEO, Rick Santos, serves on the steering committee for the Gavi CSO Constituency for Immunisation and Stronger Health Systems, which works to strengthen participation by civil society.

A child receives a vaccine as part of the Rapid Results Health Project in South Sudan.
Photo by Christopher Glass/IMA World Health

During the CCIH Annual Conference in June 2016, the Rev. Amy Gopp, Vice President of External Relations for IMA World Health, moderated a session on effective partnerships with faith-based organizations in fighting communicable and non-communicable diseases and advancing sustainable development.
Photo courtesy of CCIH

Faith-Based Action Framework to End Extreme Poverty and Realize the Sustainable Development Goals: Evidence Working Group

Just prior to the U.N. Sustainable Development Summit in September 2015, IMA participated with a diverse group of stakeholders to develop and affirm a Faith-Based Action Framework to End Extreme Poverty and Realize the Sustainable Development Goals, with three working groups organized to carry the Framework forward.

The SDGs reflect global agreements on 2016–2030 priorities and targets. Health targets include a dramatic reduction in maternal mortality, ending preventable neonatal and under-5 deaths as well as ending the epidemics of AIDS, TB, malaria and neglected tropical diseases. Gender equality and empowerment targets call for eliminating all forms of violence against women and girls and ensuring access to sexual and reproductive health services. Targets for hunger (including improved nutrition) and water and sanitation clearly play a role in health as well.

IMA is deeply committed to these global goals and makes strong contributions where we work. In addition, as a member of the Faith-Based Action Framework's Evidence Working Group, we collaborate on efforts to provide encouragement and tools for faith-based groups of all sizes and sorts, especially grassroots groups in the developing world, to take evidence seriously—using evidence-based approaches and documenting their own work as partners in achieving the SDGs.

Adding our voice

In the complex world of advocacy, sometimes we initiate efforts and other times we respond by endorsing platforms that advance goals we share with others. In 2016, IMA responded to and participated in initiatives of consortia partners and others as a co-signatory on a variety of high-profile position statements:

- Coalition of Advocacy on Nutrition Call to Action
- Letter to President Obama at United Nations General Assembly
- Global Strategy for Women's, Children's and Adolescents' Health
- Gayle Smith, USAID Administrator, support letter
- InterAction FY17 Letter for Public Policy Committee
- FY17 State and Foreign Operations Humanitarian and poverty-focused development assistance funding letter
- FY17 Organizational Sign on Letter for maternal and child health roundtable and U.S. Coalition for Child Survival
- InterAction World Water Day 2016
- FY2017 Community Sign on Letter in support of State and Foreign Operations spending - U.S. House and U.S. Senate
- Faith-Based Organization Statement of Support for the Global Food Security Act
- Letter to Senator Corker in support of the End Modern Slavery Act
- Universal Health Coverage Declaration

A nurse measures the mid-upper arm circumference of a child at the Nyamagana District Hospital in Mwanza, Tanzania.
Photo by Paul Jeffrey

Growing our technical capabilities

By Mary Linehan, MPH, Senior Technical Director

In recent years, IMA has grown by participating in the global discourse on health and by learning from best practices. We incorporate lessons learned and leverage our presence in countries–and our strong partnerships–to undertake new technical areas that can improve the well-being of local populations, especially the underserved and most in need.

- **Nutrition.** Last year, building on our experience in DRC and South Sudan, IMA expanded nutrition programs in Indonesia, Kenya and Tanzania. As a result, IMA is a partner in the global movement to improve child nutritional status, focusing especially on the 1,000 days from conception to the second birthday, the critical period for nutrition that determines whether children can reach their full potential for growth and development.

- **Behavior change communication.** IMA works with the Indonesia and Tanzania governments to develop national social and behavior change communications to build knowledge and behaviors that will improve maternal nutrition, breastfeeding and other child feeding practices, food safety, sanitation and hygiene, and early childhood development—all factors that are recognized as contributing to a child's ability to achieve optimal growth and potential. (Black et al).

- **Trachoma trichiasis surgery.** IMA leveraged its expertise in neglected tropical disease control and treatment to undertake trachoma trichiasis surgeries for more than 13,000 patients through the DFID-funded SAFE Trachoma Implementation Programme in Tanzania, relieving extreme suffering of those afflicted with the leading global cause of preventable blindness.

- **Water and sanitation for health.** This year IMA initiated programs for improved access to water and improved hygiene and sanitation in Haiti and Kenya. Focusing on schools in Haiti and urban populations in Nairobi, IMA is developing strategies to improve health through WASH activities—a critical underlying factor in improving community health.

- **Key Populations for HIV and AIDS.** In the *Afya Jijini* project, IMA and its faith-based and other partners focus on providing services to key populations at risk for HIV and AIDS, including sex workers, men who have sex with men, adolescent girls and users of injectable drugs. Leveraging faith-based partners and local community organizations to reach these difficult to engage and ostracized populations, ensures they are provided appropriate information, care and treatment, and has allowed IMA to exceed program targets each quarter.

To make sure that our country programs can share program information and successful approaches and innovations to improve health, IMA invested in improved information systems and monitoring and evaluation capacity. To better track performance and measure impact in a timely way, IMA expanded the use of the cloud-based DHIS2 health information software platform for program data management and storage. The system will improve IMA's ability to obtain data, conduct real-time data analysis, efficiently support country program quality deliverables, compare performance across countries, and monitor progress toward organizational and program milestones. It will also allow our headquarters team to aggregate results and highlight achievements for business development, advocacy and promotion. Intensive training was conducted at IMA headquarters in May, involving participation from country programs, building staff capacity to improve quality and measure the impact of field programs. The workshop focused on team building among the participants, determining data quality issues and other challenges to meeting donor and IMA needs for data, and reporting and documentation of achievement and impact.

The expansion into new technical areas has resulted in recruitment of highly skilled professionals who bring a range of technical expertise in nutrition, HIV and AIDS, behavior change communication, research and evaluation. This talented work force offers even more opportunity for IMA to support local implementers and partners, mentor and train country counterparts, validate the approaches that work and document our impact in achieving health, healing and well-being for all.

A man distributes pills in a public school in Vikuge, Tanzania. The pills include praziquantel and albendazole.
Photo by Paul Jeffrey

Governance, management and financials

Members

Founded in 1950 by Protestant churches, IMA World Health serves as an ecumenical membership agency representing 11 faith based organizations. Our mission to serve the most vulnerable is grounded in our belief that we are stronger together than we are alone. Members gather annually for a Members meeting to provide ultimate governance and oversight of IMA in electing its Board of Directors, affirming the agency's chief executive, and funding and collaborating on IMA programs. Together, IMA and our Members share resources, collaborate on projects and share a common goal of advancing health and development through faith networks.

Members are:

- **Adventist Development and Relief Agency**
- **American Baptist Churches USA**
- **Christian Church (Disciples of Christ), Week of Compassion**
- **Church of the Brethren**
- **Church World Service**
- **Episcopal Relief & Development**
- **Global Ministries, The United Methodist Church**
- **Lutheran World Relief**
- **Mennonite Central Committee**
- **Presbyterian Church (USA)**
- **United Church of Christ**

Board of Directors

IMA World Health is governed by a Board of Directors made up of Member agency representatives and members-at-large. The Board is the principal governing body guiding strategy and ensuring accountability and the achievement of our mission.

Chair
Lisa Rothenberger

Lisa Rothenberger-Winter has served International Ministries, the global mission organization of the American Baptist Churches USA for 15 years. Her ecumenical connections include eight years on the Board of Church World Service and service on IMA's Board since 2010.

Vice Chair
Dr. Gregg Sylvester

Dr. Gregg Sylvester is a preventive medicine expert with a passion for disease prevention and health promotion on a local, statewide and global basis. He has extensive experience in corporate pharmaceutical work, and has served the state of Delaware in a variety of public health roles.

Treasurer
William C. Clarke III

William C. Clarke III retired from the business world in 2007 to pursue philanthropy full time through his family foundation, The Osprey Foundation. As a catalyst for change, the foundation has concentrations in worldwide water-based issues and interfaith thinking.

Executive Committee Member-At-Large
Bjorn Sorenson

Bjorn Sorenson serves as counsel, consultant and coach to mission-driven social entrepreneurs, businesses and leaders. Bjorn has advised diverse stakeholders in post-conflict and developing countries on complex issues of economic development, investment regulation, international law and human rights.

Secretary
Sarah Newhall

As the president and CEO of Pact, Inc. from June 2000 until May 2009, Sarah was responsible for the overall leadership and strategic management of nearly 1,000 employees across the globe. She led to Pact becoming a premier grant-maker for USAID funds.

Members of the Board

Frank E. Dimmock
Frank has lived and served with Presbyterian partners in six African countries for 35 years, working in health and with vulnerable children. Since 1997, Frank has been helping to network national Christian Health Associations across Africa into a continental platform.

Sonya Funna Evelyn
Sonya Funna Evelyn is the Director for the Program Technical Support Unit at ADRA International. In this role, Sonya works with a team of technical experts in the design and backstopping of U.S. government grants and in producing best practice products from across the ADRA network.

Dr. Deborah McFarland
Dr. Deborah A. McFarland is a professor in the Hubert Department of Global Health and the Department of Health Policy and Management at the Rollins School of Public Health of Emory University. Dr. McFarland is the director of the Foege Fellowship program, the Global Field Experience Program and the Peace Corps Master's International Program in addition to her teaching and research activities.

Martine Polycarpe
Martine Polycarpe is a 15-year veteran of the international health and development profession. Her experience includes leading, managing and contributing to USAID and World Bank programs in Africa, Asia and Latin America.

Dr. Samuel Mwenda Rukunga
Dr. Samuel Mwenda Rukunga serves as General Secretary for the Christian Health Association of Kenya, as well as the vice-chair of the Africa Christian Health Associations Platform. He recently was presented the 2016 Christian International Health Champion Award by Christian Connections in International Health.

Shannon Trilli
Shannon Trilli is the Director of Corporate Responsibility for McGraw Hill Financial. Shannon previously served at the Director of Global Health for the United Methodist Committee on Relief, where she designed, scaled and led UMCOR's Signature Health and Sustainability Program to provide funding and technical support to community-based health organizations.

Abagail Nelson
Abagail Nelson is the Senior Vice President for Programs at Episcopal Relief & Development. She has worked throughout Africa, Asia, Latin America and the United States with the worldwide Church, responding to disasters, alleviating hunger, fighting disease and reducing exposure to risk for more than 15 years.

Executive leadership

Rick Santos
President & CEO

Jim Cox
Chief Operating Officer

Dr. Dragana Veskov
Vice President, International Public Health Programs

Tracey Stevens
Chief Financial Officer

The Rev. Amy Gopp
Vice President, External Relations

Senior management

Susan Duberstein
Senior Technical Director of Programs

Mary Linehan
Senior Technical Director

Ron Otteson
Director of Internal Audit

Laura Shahi
Senior Director of Business Development

Imran Babayev
Director of Accounting

Matthew Hackworth
Director of Communications

A woman places her offering in a basket at a worship service in Tanzania.
Photo by Craig Thompson

Funding our work

IMA World Health's condensed financial report and the statement of activities for the years ending June 2016 are presented in this section. A copy of IMA World Health's financial statements is available upon request or may be viewed at **www.imaworldhealth.org.**

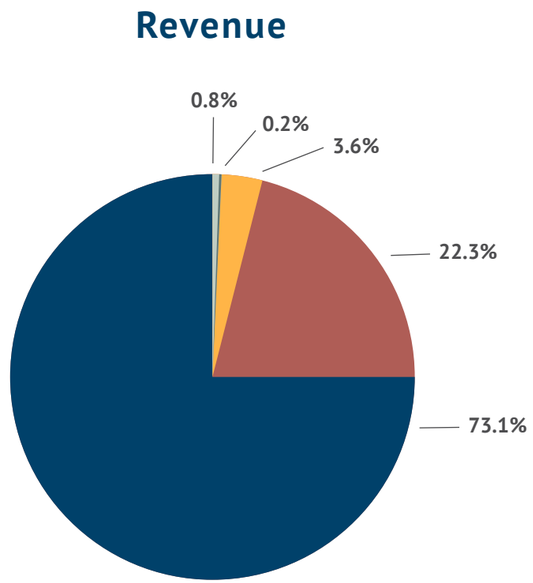
Additional information about IMA World Health can be found in the Form 990, which is available in our offices or may be viewed on the IMA website.

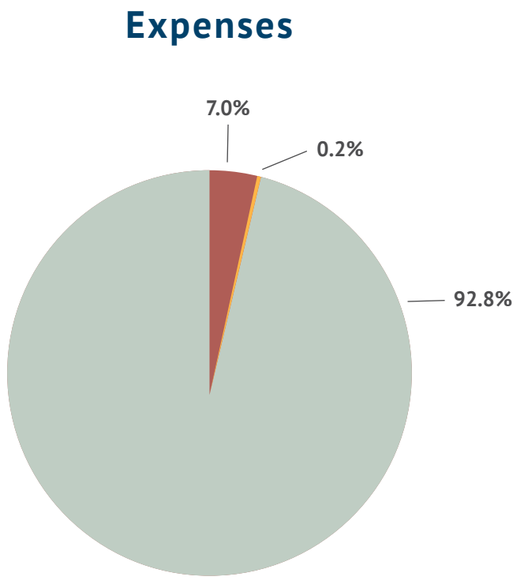
Revenue

US Government Grants & Contracts	$22,419,382
Non US Government Grants & Contracts	$73,315,450
General Contributions	$754,599
Donated Inventory, GIK	$3,647,734
Other Income	$213,687
Total Revenue	$100,350,852

Expenses

Program Services	$92,841,143
General Administration	$7,005,864
Promotional and Interpretation	$158,762
Total Expenses	$100,005,769
Change in Net Assets	$345,083
General Operating Surplus/(Deficit)	$561,534





Donors

Leadership Giving Societies

Benefactor $25,000+

Christian Church (Disciples of Christ), Week of Compassion

Episcopal Relief & Development

Izumi Foundation

Jacobsen Family Trust

The Osprey Foundation

Humanitarian $10,000-$24,999

American Baptist Churches USA, International Ministries

Presbyterian Church (USA)

Annual Giving Societies

Samaritan $5,000-$9,999

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Adventist Development & Relief Agency International

Mr. Scott Booker

Church of the Brethren, Brethren Service Center

Church World Service, Inc.

Mr. and Mrs. Dave and Jan Flora

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Lutheran World Relief

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Mr. and Mrs. Anthony Silva

Dr. Gregg Sylvester

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United Methodist Committee on Relief

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Woods Memorial Presbyterian Church, Severna Park, Md.

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Community United Methodist Church, Columbia, Mo.

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First Presbyterian Church, Presbyterian Women,Grinnell, Iowa

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Lydistone, LLLP

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McGraw Hill

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Mr. Tom Minor

Mrs. Alice Mongin

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New Hope United Methodist Church, Norborne, Mo.

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David and Mary Lahman Sollenberger

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Mr. and Mrs. Alan Sonnenleiter

Ms. Margaret Lynne Sootheran

Mr. Bjorn C. Sorenson

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Soroptimist International of Frostburg, Md.

Soroptimist International of Howard County, Md.

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Ms. Shannon Trilli

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Mr. and Mrs. William C. Voss

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Mr. and Mrs. Bruce Wengert

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Westminster Church of the Brethren, Westminster, Md.

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Ms. Catherine White

Ms. Candice Whitney

Mr. Alford Williams

Mrs. Jane Wood

Mr. Kent S. Woods

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Ms. Caitlyn Wright

Mr. Roland Wrinkle

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Mr. and Mrs. Glen Brubaker

Cross Keys Village, The Brethren Home Community

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Festival of Sharing, Columbia, Mo.

First Presbyterian Church, Marshall, Mo.

Freedom District Lions Club, Sykesville, Md.

GlaxoSmithKline

Hampstead Lions Club, Hampstead, Md.

Haygood United Methodist Church, Virginia Beach, Va.

Homewood at Plumcreek, Hanover, Penn.

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Lehman's

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Ms. Linda Ludwig

Merck & Co., Inc.

New Covenant Presbyterian Church, Hutchinson, Kan.

New Windsor Lions Club, New Windsor, Md.

Mr. Bill Russell

Soroptimist International of Williamsburg, Va.

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Taylorsville United Methodist Church, Mt. Airy, Md.

TOMS Shoes

Ms. Tamika White

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