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IMA World Health

2014 ANNUAL REPORT



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# PRESIDENT'S MESSAGE

Dear Friends,

Compiling our Annual Report is both an externally and internally reflective time, and as I write this letter I am struck by how reflective this entire year was for our team at IMA World Health.

This year, led by our Board of Directors, we closely examined the context in which we work and who and what IMA is during the months-long process of updating our Strategic Plan. During this process we refreshed IMA's mission, vision, and identity statements and took great care to set down our core values and directional goals to ensure we continue to be as effective and efficient as possible.

Close self-examination and contextual analysis are critical for the health of an organization like IMA in order to remain true to our mission, to our donors, and most importantly to those we serve. IMA is somewhat unique in that we bridge two worlds: we employ a highly technical public health approach while also remaining true to the faith-based, grassroots approach to working with local partners that got us started years ago. This dual focus, we know, is what makes IMA great and our work sustainable.

This year's Annual Report focuses on those key technical areas where IMA shines particularly bright: Strengthening Health Systems, Neglected Tropical Diseases, HIV/AIDS, and Malaria.

We hope you'll join us in celebrating the tremendous impact your support and partnership have enabled us to realize this year in these and other areas as we work to achieve our vision of Health, Healing and Well-Being for All!

In partnership,

Rick





# HEALTH SYSTEMS STRENGTHENING

The World Health Organization defines a health system as all the organizations, institutions, resources and people whose primary purpose is to improve health. Strengthening health systems means addressing key constraints related to:

- Service Delivery
- Human Resources
- Medicine and Technology
- Financing Systems
- Information Systems
- Leadership and Governance

IMA World Health is a specialist in health systems strengthening, and we have more than a decade of improving delivery of health services in developing country settings, including post-conflict contexts. Wherever we work, our strategy is centered on our close partnerships with the Ministry of Health and local faith-based and community organizations.

## OUR HISTORY IN THE DRC

IMA World Health began working in the Democratic Republic of Congo (DRC) in 2000 to strengthen health zones destroyed by conflict and political instability. Our work includes primary health care, HIV/AIDS, malaria, neglected tropical diseases (NTD), and sexual and gender based violence (SGBV) prevention and treatment services.

### PROJET D'ACCÈS AUX SOINS DE SANTÉ PRIMAIRE (ASSP)

**Funding: \$283M • UK aid and Swedish International Development Cooperation Agency**

**Agency • 2013 – 2018**

*Implementing partners: SANRU, World Vision, CARITAS, and the International Rescue Committee (IRC).*

*Technical partners: Tulane University, Pathfinder, HISP, and IntraHealth International.*

IMA launched “ASSP” (or the Access to Primary Health Care Project)—our largest project to date—in 2013 to improve access to primary health care services for 9 million people in 56 health zones with the primary aim of improving the health of the mother, newborn and child. Supporting the Ministry of Health’s strategic objectives, IMA and our partners focus on improving the health system’s capacity to deliver malaria, pneumonia, diarrhea, nutrition interventions; obstetric and neonatal care; family planning; immunization; and water, sanitation, and hygiene interventions. Supporting activities include health center construction and rehabilitation, roll-out of the District Health Information System, and distribution of essential medicines and supplies.

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## DONOR AND PARTNER FEEDBACK

***“IMA has a remarkable ability to quickly learn and adapt its programs to be more effective.”***

***Jo Yvon, Director for Health,  
UK aid Department for International  
Development***

***“ASSP is the only project that has delivered what they promised.”***

***Minister of Health, West Kasai Province***



### *Key achievements this year:*

- **Skilled births: 293,425 births** attended by skilled health personnel.
- **Immunization: Immunized 294,416 children** for measles.
- **IPTp: 201,730 pregnant women** received two doses of intermittent preventive treatment for malaria prevention.
- **Malaria nets: 167,989** long-lasting insecticide-treated **bed nets** were distributed to both pregnant women and children under one.
- **Emergency obstetric care: 168 facilities** are offering comprehensive emergency obstetric and neonatal care.
- **Fistula repair:** A campaign to train local health workers in fistula repair and care resulted in **92 women being treated** for urogenital fistulae.

## OUR HISTORY IN SOUTH SUDAN

Three years before South Sudan gained independence in 2011, IMA World Health began working alongside the Republic of South Sudan's government, international and national partners, and other health organizations to strengthen the health system in two of South Sudan's most populous and geographically challenging states—Jonglei and Upper Nile. Driven by our health systems strengthening approach, IMA works with the county health departments to improve delivery of health services. In December 2013, a new conflict broke out in South Sudan, concentrated particularly in the regions we serve. In response, IMA is also supporting emergency primary health care and nutrition services in conflict-affected areas, allowing us to meet immediate needs while continuing to work toward long-term goals.

### RAPID RESULTS HEALTH PROJECT (RRHP)

**Funding: \$33M • Ministry of Health with funding from the World Bank 2013 - 2014**

As a key partner to the national Ministry of Health, RRHP provides performance-based incentives to improve capacity of county health departments and health care facilities to deliver primary health care services to 3.3 million people living in Upper Nile and Jonglei States. Key focus areas include vaccination, care for pregnant mothers and children under five, and HIV/AIDS screening and prevention.

#### *Key Achievements (January 13 to June 2014)*

- **Preventive services for children:** **117,678 children** have received the third and final vaccination for diphtheria, pertussis, and tetanus (DPT3); **186,677 children** received measles vaccinations; and **402,285 children** received Vitamin A.
- **Curative services for children:** **1,799,147 children** under the age of 5 have received outpatient services.
- **Reproductive health:** **134,874 pregnant women** attended their first antenatal care (ANC) visit with **32,074 pregnant women** (approx. 24%) attending all four of the recommended number of visits for ANC.
- **Essential medicines:** Imported **733 cartons of essential medicine** into South Sudan and distributed them to **24 counties** to supply all **284 health care facilities**.
- **Training:** **Trained 1,366 health care workers** in Jonglei State and **14,941** in Upper Nile State in various topics such as maternal and child health, integrated management of childhood illness (IMCI), nutrition, and HIV/AIDS.

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*Recent studies by the Liverpool Associates in Tropical Health (LATH) found that the two states where RRHP and its partners are working to improve health (Jonglei and Upper Nile) were ranked in the top three and had the most improved counties, nationwide. (South Sudan Health Facility Survey MOH/LATH)*

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## REPRODUCTIVE HEALTH SERVICE DELIVERY

**Funding: \$418K • UNFPA • 2014**

IMA is partnering with UNFPA and the State Ministries of Health in Lakes and Upper Nile States to support a mobile clinic to provide Reproductive Health (RH) services to local and IDP populations in Mingkaman, Awerial County, as well as re-establish Sexual and Reproductive Health (SRH) services in facilities in Akobo County that were destroyed or looted in the conflict that began in December 2013. IMA is improving the quality of existing SRH services and scale up services through support to the Bor State Hospital SRH outreach clinic.

### Activities include:

- *Support outreach SRH activities in partnership with community-based organizations or support groups*
- *Provide commodities*
- *Provide technical oversight for training midwives*



## EMERGENCY MEDICAL CARE AND NUTRITION RESPONSE FOR INTERNALLY DISPLACED PERSONS

**Funding: \$2M • USAID/Office of U.S. Foreign Disaster Assistance (OFDA) 2014**

*Partners: Sudan Medical Care (SMC), Nile Hope Development Forum (NHDF), John Dau Foundation (JDF), and Coordination of Organizations for Voluntary Service (COSV)*

In collaboration with the national Ministry of Health and partners, IMA provides emergency health care services by way of mobile clinics to an estimated 380,000 Internally Displaced Persons (IDPs) from Bor and Malakal Counties, among the counties most adversely affected by the 2013-2014 conflict, in Jonglei and Upper Nile states.

The project's focus is to establish services for acute malnutrition and provide basic primary health care services (including antenatal, maternal and child health and reproductive health) including emergency health services via mobile clinics as well as rehabilitation of facilities and scale up of emergency services in key cluster areas of IDP settlements.

### Key Achievements (January 2013 to June 2014)

- **Health services:** Treated an average of **14,000 patients per month** at the 11 mobile and outreach clinic sites.
- **Mobile clinics:** Rapid establishment and equipping of **9 mobile health clinics** serving primarily **210,000 internally displaced persons** due to fighting in Jonglei and Upper Nile States.
- **Net distribution:** **2,450 LLINS delivered** to project sites.
- **Cholera:** Cholera surveillance and prevention team sent to Upper Nile and Jonglei States to train on prevention, reporting and case management. One case detected in county served by mobile clinic.



# MALARIA

The World Health Organization says deaths from malaria have dropped by almost half since 2000 thanks to global prevention and control efforts, and IMA World Health is proud to be a part of this victory. For over a decade, IMA has been combating malaria by providing anti-malaria insecticide treated nets by the million, providing preventive treatment for pregnant women, improving access to malaria diagnostics, and educating communities about prevention and treatment, and more. There is still much work to be done to continue the downward trend in malaria infection and death, and IMA remains dedicated to the task, motivated by our successes to date.

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## SOUTH SUDAN: GLOBAL FUND MALARIA PROJECT

**Funding:** \$3.5M • Global Fund/PSI • 2011 – 2014

IMA is reducing the malaria burden in Jonglei and Upper Nile states through the distribution of long lasting insecticide treated nets (LLINs) to vulnerable populations including pregnant women and children under five years of age at the household and health facility levels.

### *Key Achievements (to date)*

- **Net Distribution:** Distributed **23 million** LLINs

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***Through the OFDA-funded Emergency Medical Care and Nutrition Response Project in South Sudan, IMA delivered 2,450 LLINs to project sites for the prevention of malaria among people displaced by conflict this year.***

***IMA is piloting an innovative approach to distribution of LLINs that includes hang-up strategies and tracks LLIN distribution and coverage through use of mobile devices through the Access to Primary Health Care Project (ASSP) in DR Congo, that has resulted in distribution of 167,989 LLINs to pregnant women and children under one. The project has also provided 201,730 pregnant women with two doses of intermittent preventive treatment for malaria prevention.***

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## DR CONGO: GLOBAL FUND MALARIA PROJECT

Funding: \$3.6M • Global Fund • 2012 – 2014

As sub-recipient to SANRU NGO, a local NGO in the DRC and one of the largest principal recipients of funding from the Global Fund, IMA ensures that 38 Health Zones are supplied with malaria diagnostics, treatment, and prevention commodities. This includes supply of LLINs as well as intermittent preventive therapy for pregnant women (IPTp) to prevent malaria.

### Key Achievements (to date)

- **Net distribution:** Distributed **361,297 LLINs** to pregnant women and children under 5 years of age.
- **Malaria prevention:** Provided 2 doses of IPTp to **186,136 pregnant women** in ANC.
- **Treatment:** Provided **treatment for 850,180 cases** of malaria.
- **Diagnostics:** Provided diagnostics for **almost 100%** of expected malaria cases.

### EMPOWERING LOCAL PARTNERS:

*Since helping to establish SANRU, a local Congolese health organization, over a decade ago, IMA has continually supported it through technical support and capacity building. Today, SANRU is a leading regional organization and the largest Global Fund Prime Recipient in Africa, thanks in large part to IMA support.*

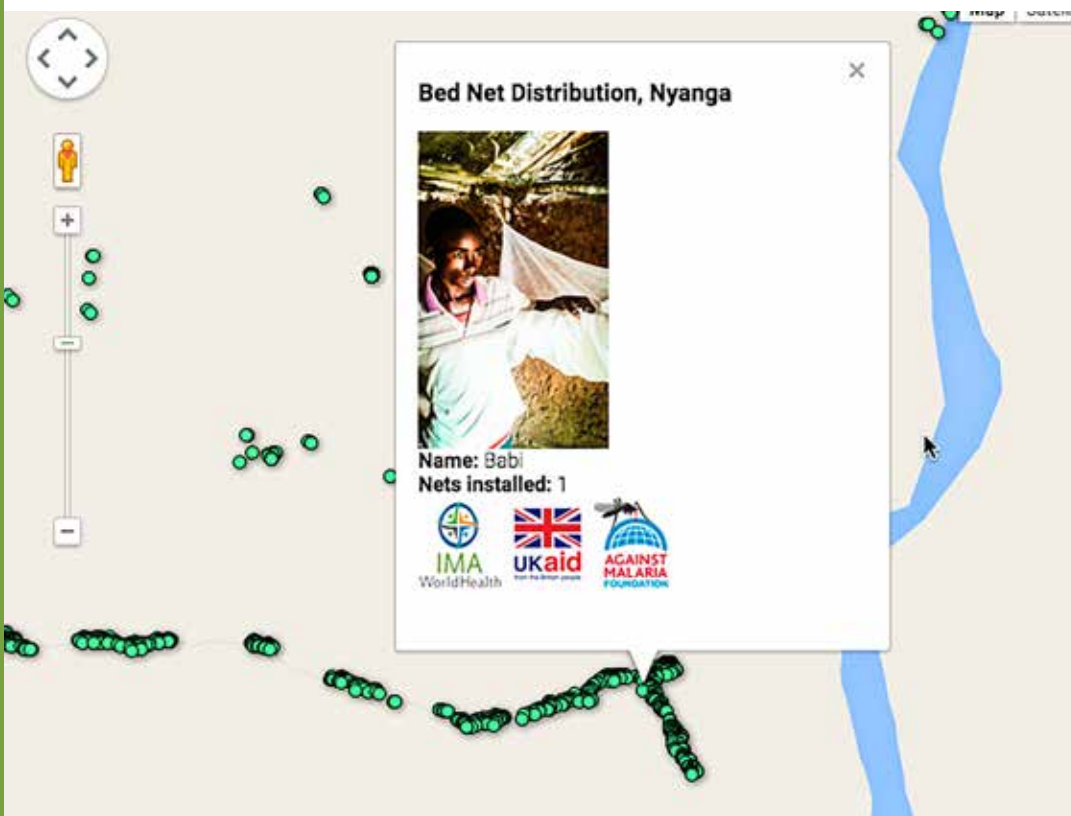
## ASSP SUCCESS STORY

### IMA REVOLUTIONIZES BED NET DISTRIBUTION AND ACCOUNTABILITY

*In summer 2014, the ASSP team distributed 3,000 treated malaria nets in Nyanga, DR Congo -- a pilot project to test the distribution methods and, most importantly, a new method of using cellphones to capture GPS coordinates and photos of every household receiving a net.*

*IMA trained over 40 community volunteers, doctors and other staff on cellphone usage and Open Data Kit (ODK) software in Nyanga. Following the pilot distribution, the ASSP team plotted the data into an interactive map. By clicking on a point on the map, the viewer can see the name of the recipient, a photo of the recipient and/or the net, and the number of nets installed in that household. (example at left)*

*IMA believes this new technology is not only setting a new standard for IMA as distribution continues in 8 other health zones, but also the bed net community at large -- creating a new level of transparency and accountability.*



# HIV

## AIDS

IMA World Health has responded to the HIV/AIDS epidemic in Sub-Saharan Africa for over a decade through specialized prevention, care and treatment programs. IMA's work involves strengthening the local response and prevention activities, encouraging treatment adherence and providing patient support. We are proud to be a part of the worldwide effort to "Get to Zero"—zero new HIV infections, zero discrimination and zero AIDS-related deaths.

### LOCAL PARTNERS EXCEL IN COMPREHENSIVE HIV/AIDS SERVICE DELIVERY (LEAD)

**Funding: \$8 Million • PEPFAR and the US Centers for Disease Control and Prevention (CDC) • 2012 - 2016**

*Partners: Catholic Relief Services, Tanzania Ministry of Health and Social Welfare, Futures Group, and Institute of Human Virology*

The LEAD Project is designed to strengthen and scale up quality HIV care and treatment, TB/HIV, and Prevention of Mother to Child Transmission of HIV (PMTCT) services in Tanzania. IMA provides technical assistance to support rapid scale-up of antiretroviral treatment in three regions, over 60 districts and over 30 public and faith-based local partner treatment facilities. IMA is also strengthening laboratory systems and supply chain management systems, health management information systems (HMIS), and supporting health facility infrastructural improvements.

### Key Achievements this year:

- **HIV care and treatment:** Provision of **HIV care to more than 80,000 patients and initiation of over 50,000 patients** on ART.
- **Capacity building of local partner:** Transition of **more than 50 sites in the Mwanza region to Christian Social Services Commission (CSSC)**, IMA's local partner, as a result of successful capacity building approach to strengthen CSSC's organizational and technical capacity.
- **Supply chain:** **Strengthened supply chain system** for HIV/AIDS commodities at facility level through the procurement and distribution of laboratory equipment and commodities and drugs **to treat HIV and opportunistic infections.**





## **DR CONGO: GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS & MALARIA**

**Funding: \$753,000 • 2012 – 2014**

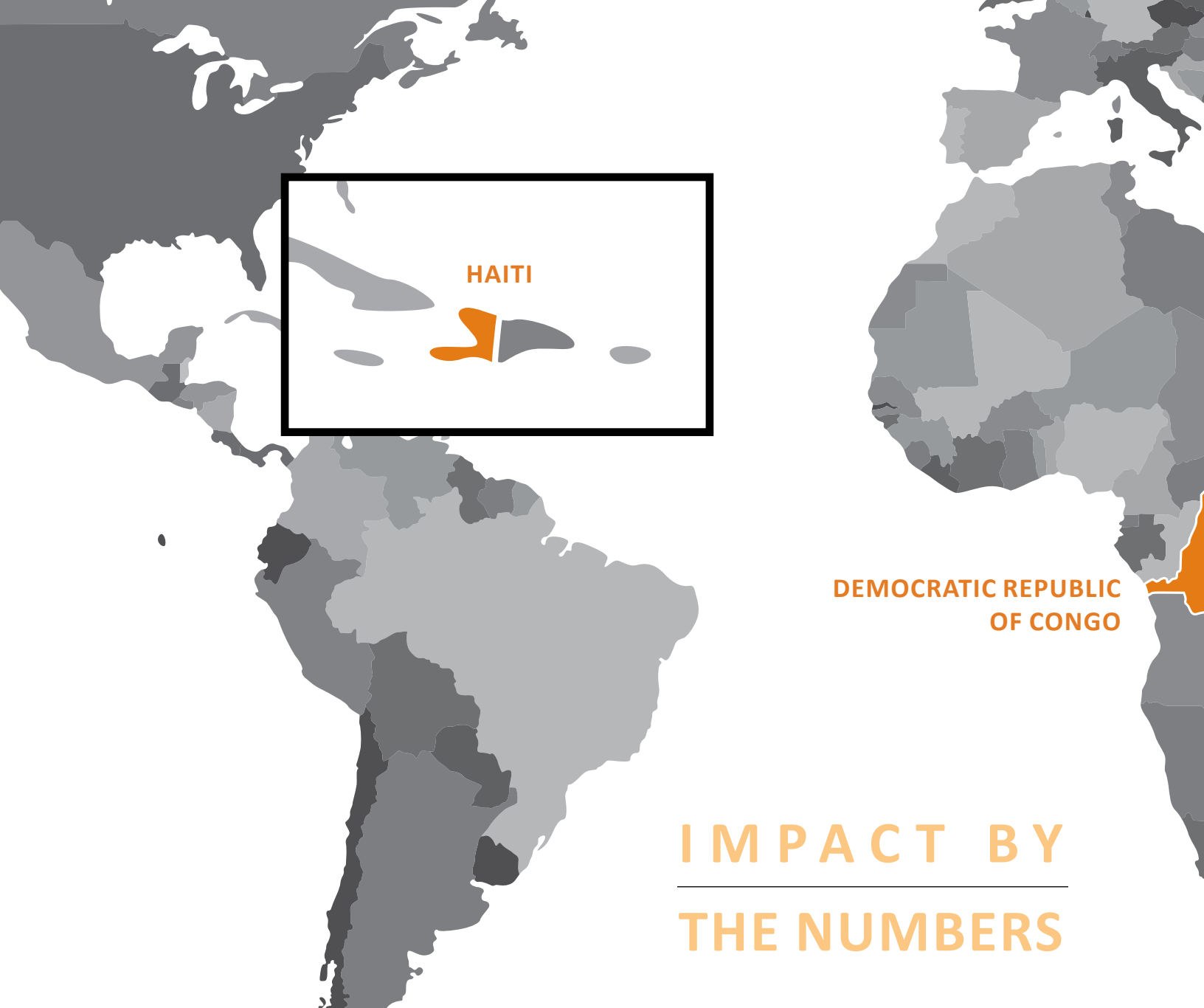
IMA provides technical assistance to SANRU NGO, a faith-based NGO established in 2011, in financial management, planning and mapping, monitoring & evaluation, and logistics management.

## **AIDSFree Project**

IMA, as part of a team led by JSI Research & Training Institute, Inc. (JSI), has been awarded the Strengthening High Impact Interventions for an AIDS-Free Generation (AIDSFree) project, by the United States Agency for International Development (USAID). Other partners are Jhpiego, Encompass, Elizabeth Glaser Pediatric AIDS Foundation, the International HIV/AIDS Alliance, PATH, and Abt Associates.

The purpose of this project is to support and advance implementation of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) by providing capacity development and technical support to USAID missions, host-country governments, and HIV implementers at the local, regional, and national level.

In line with the PEPFAR Blueprint: Creating an AIDS-free Generation, the team will mobilize new technologies and service delivery innovations, address and remove barriers to scaling up effective approaches and advance global HIV prevention best practices.



DEMOCRATIC REPUBLIC  
OF CONGO

## IMPACT BY THE NUMBERS

**30,000**  
Safe  
Motherhood  
Kits™  
distributed to  
date (private  
donors)

**7,615**  
survivors of  
sexual and  
gender based  
violence  
received  
medical care  
in Eastern  
DRC (USHINDI  
Project, USAID)

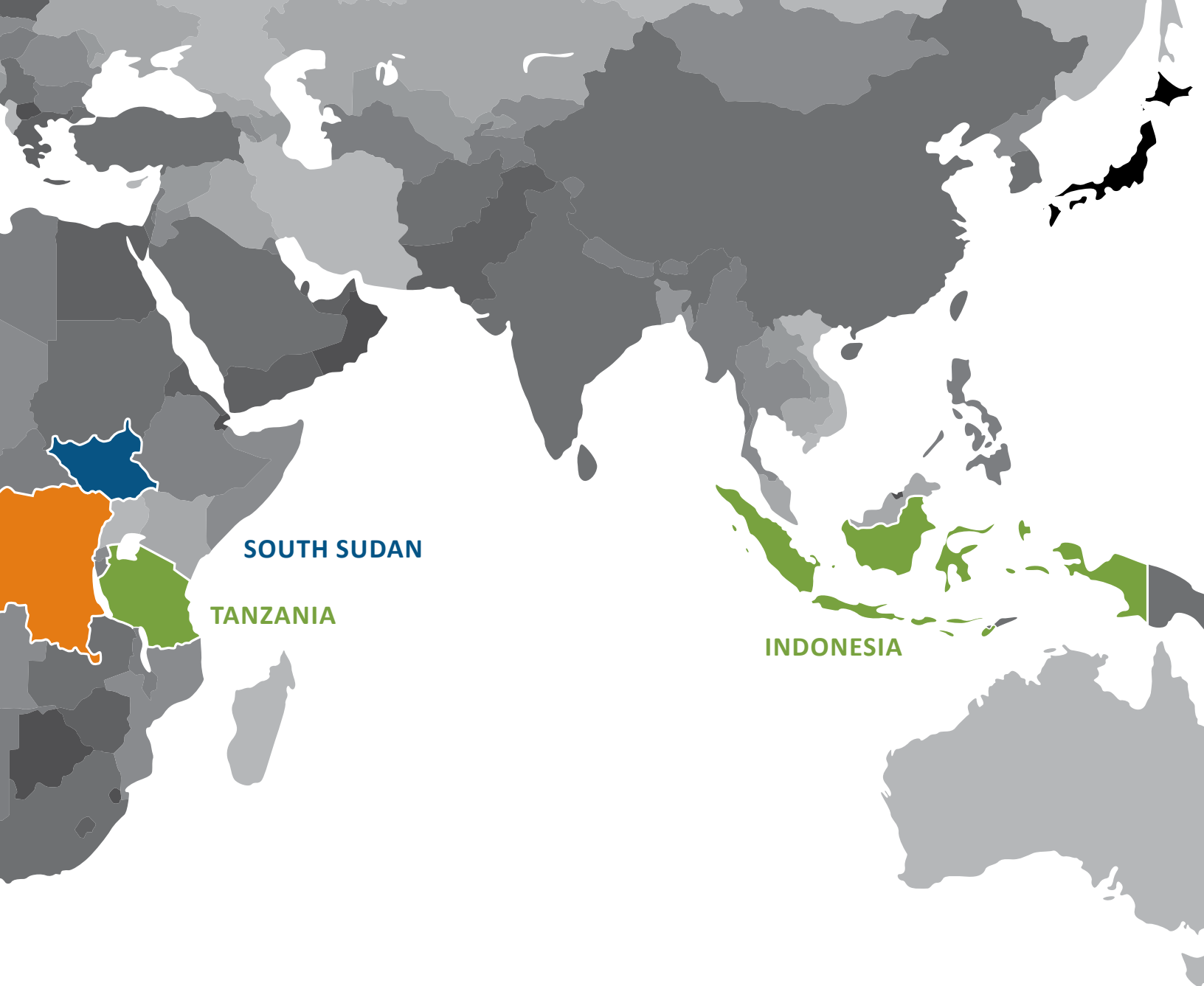
**110**  
"Champion  
Couples"  
were trained  
to promote  
gender  
equality,  
women's  
leadership  
and optimal  
birth spacing  
in Eastern DRC  
(Women's  
Leadership  
Project, USAID)

**12,852**  
people  
participated in  
village savings  
and loans  
associations  
for economic  
empowerment  
(USHINDI  
Project, USAID)

**850,180**  
cases of  
malaria were  
treated in DRC  
(Global Fund)

**213,716**  
women  
delivered  
babies with  
help from  
skilled health  
personnel in  
DRC (ASSP, UK  
Aid)

**\$5.4 million**  
in medicines  
were procured  
and distributed  
in DRC (ASSP,  
UK Aid)



**5.1 million** Haitians received preventive NTD treatment (ENVISION, USAID)

**1,799,147** children under age 5 received outpatient services in South Sudan (Rapid Results Health Project, World Bank)

**16,307** health care workers in South Sudan were trained in maternal and child health, nutrition, HIV/AIDS, and more (Rapid Results Health Project, World Bank)

**14,000** patients per month were treated at mobile and outreach clinics serving people displaced by the conflict in South Sudan (Emergency Medical Care, OFDA)

**86** children were treated for Burkitt's Lymphoma in Tanzania (BL Care and Treatment, various)

**4,234** women were treated for cervical cancer in Tanzania (various)

**900** faith based health facilities are using new HR policies and procedures (CapacityPlus, USAID)

# NEGLECTED TROPICAL DISEASES

Neglected tropical diseases (NTDs) affect as many as one billion people around the world and cause chronic suffering, disability, and an equally crippling social stigma.

IMA World Health's first field-based project, launched in the late 1990s in Tanzania, responded to the NTD onchocerciasis or River Blindness. In the two decades since, IMA World Health has become a recognized leader of successful NTD programs around the world. IMA works to control and eliminate NTDs through two key approaches:

- Mass drug administration (MDA), or the administration of drugs to entire populations in order to control, prevent or eliminate common or widespread disease.
- Morbidity management, which refers to the treatment or management of an existing disease or illness.

## HAITI

IMA began working in Haiti in 1998, establishing a clinic for patients suffering from lymphatic filariasis, a common neglected tropical disease (NTD). Since then, IMA has played a significant role in the ongoing effort to eliminate LF from the population through MDA—a goal that is increasingly within reach.

### ENVISION HAITI NEGLECTED TROPICAL DISEASE (NTD) CONTROL PROGRAM

**Funding: \$10M • USAID through RTI International • 2011 – 2016**

*Partners: RTI International, Haiti Ministry of Health and Population (MSPP), and Haiti Ministry of Education (MENFP)*

IMA and partners conduct mass drug administration (MDA) to prevent and control the spread of lymphatic filariasis (LF) and soil transmitted helminthes (STH). IMA leads MDA in 9 of the 10 Departments through community distribution posts and schools with the help of approximately 19,000 community volunteers IMA has trained to educate the population and distribute the medication.



### Key Achievements

- **MDA:** Treat over **5.1 million Haitians** annually, an average of **94%** of the eligible population.
- **Consecutive treatment:** Achieved **6 rounds** of consecutive MDA in **91 USAID supported** communes to date.
- **Impact evaluation:** Currently implementing **Transmission Assessment Surveys** to evaluate the impact of MDA and whether MDA can be stopped in some areas.
- **TOMS partnership:** Through a partnership with TOMS, provided **hundreds of thousands of new shoes** to children in need since 2010.



## ENVISION SUCCESS STORY

### CELEBRATING HISTORIC PROGRESS IN THE GLOBAL FIGHT AGAINST NTDS

*Neglected tropical diseases affect more than 1 billion people—one-sixth of the world's population—including an estimated 800 million children. This year, USAID will have supported countries to deliver one billion NTD treatments in the global effort to reduce the burden of NTDs—a remarkable achievement reached in only eight years. USAID support for NTD control began in 2008 under the NTD Control Program (2006-2012) and continues under the ENVISION project (2011-2016). Both projects have been led by RTI International.*

IMA was thrilled to facilitate a USAID delegation to Haiti on May 8, 2014 to celebrate the historic 1 billionth dose and highlight the success of Haiti's NTD program.

*"The success of Haiti has been supported by IMA World Health, Centers for Disease Control and Prevention, and RTI International. Let me also say that reaching out to poor and marginalized communities is not an easy task. We need such partners. We need the community itself and we need the ministries of health and education to work in tandem to ensure we can deliver the treatments to the people who need it," said Dr. Pablos-Mendez, Assistant Administrator for Global Health at USAID.*

**IMA is proud to be a part of the effort that will one day eliminate these devastating diseases.**

## TANZANIA

IMA's NTD work in Tanzania remains as important to us as in the beginning. Today, we continue to address the NTD burden through mass drug administration as well as provide much-needed (and often overlooked) health services to those suffering from complications of NTD infection.

### ENVISION TANZANIA NEGLECTED TROPICAL DISEASE (NTD) CONTROL PROGRAM

**Funding: \$17.5 million • USAID • 2011-2016**

*Partners: RTI International and Tanzania Ministry of Health and Social Welfare (MOHSW)*

IMA and partners work to eliminate and control five NTDs endemic in Tanzania, including onchocerciasis (River Blindness), lymphatic filariasis (LF), schistosomiasis, soil-transmitted helminthes (STH), and trachoma. IMA supports mass drug administration (MDA) in nine regions and 54 districts.

### Key Achievements

- **MDA:** Provide **14 million** treatments annually to prevent and control transmission of NTDs.
- **Community volunteers:** Trained more than **45,000** community drug distributors, frontline health workers and teachers who provide treatment to the communities.



## LYMPHATIC FILARIASIS (LF) MORBIDITY MANAGEMENT PROJECT

Funding: \$100,000 Presbyterian  
Churches (USA), 2013-present  
• \$150,000 IZUMI Foundation,  
2014-2016

IMA supports patients suffering from scrotal hydrocele—a manifestation of LF infection over many years—through a simple surgery called hydrocelectomy, training surgeons, and community awareness. Hydrocele is a debilitating condition causing physical disability as well as social stigma. The project is embedded in the Tanzania health system, using local hospital-based personnel whose capacity is built by surgeons from the national referral hospital.

### Key Achievements

- **Surgery:** Provided **life-changing surgeries** and follow-up care to nearly **1,000** male patients.
- **Training:** Trained and mentored **47 local doctors, nurses, and anesthesia assistants** in the Lindi Region.





## NEW COUNTRY: INDONESIA

IMA proudly launched our first project in Indonesia in 2014, which led to opening our first-ever field office in Asia. We are excited for how this new project and major milestone will enable us to improve health, healing, and well-being for more people, in new areas, and in new ways.

### INDONESIA NATIONAL NUTRITION COMMUNICATIONS CAMPAIGN (NNCC)

**Funding: \$4.1 million • Millennium Challenge Corporation in Indonesia • 2014-2017**

*Key partners: University of Indonesia Center for Nutrition and Health Studies, Mobile Accord Inc., Scale Up Nutrition (SUN) Working Group and Indonesia Ministry of Health*

More than 35% of Indonesian children are considered to be stunted. Stunting affects cognitive capabilities and results in reduced income potential, risk of low birth weight for infants, and a shorter life span; yet stunting is not well understood among the population, and there is no word for it in the local language. The National Nutrition Communications Campaign works with the larger Community-Based Health and Nutrition to Reduce Stunting Project and the Government of Indonesia to address the problem of childhood stunting in 11 provinces using a combination of national mass media and local media to raise awareness and understanding, gain commitment from a broad array of stakeholders, and foster behavior change related to health and nutrition.

### Key Achievements

- **Formative research, designed to identify key contributors to malnutrition and the most effective behavior change and communications approaches, is underway. Findings will be finalized in March 2015 and will inform design of the project's two year behavior change and communications campaign.**



# THANK YOU DONORS!

IMA World Health was able to make an impact in the world through the following individuals, organizations and foundations whose support funded IMA programs this fiscal year.

## Leadership Giving Societies

### Benefactor \$25,000 +

All We Can  
American Baptist  
Churches USA,  
International  
Ministries  
Christian Church  
(Disciples of Christ)  
Episcopal Relief &  
Development  
Jacobsen Family Trust  
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Maryland  
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Alternative Gifts  
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Presbyterian Women  
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Ms. Barbara Leasure  
Ms. Dorothy LeFevre  
Mr. and Mrs. Edwin Leighton  
Mr. John Light  
Mr. Greg Loek and Mrs. Kathleen Rice  
Logan Memorial Presbyterian Church  
Mr. Raymond S. Martin  
Mr. and Mrs. Paul McCollum  
Ms. April McCoy  
Mr. and Mrs. Tim McCully  
Mr. and Mrs. Patrick McDermott  
Ms. Charlotte McKay  
Mr. Robert McLaughlin  
Mr. and Mrs. Ronald Means  
Ms. Versie Meyer  
Mr. Phillip Miller  
Mr. Tyler Miller  
Ms. Marybeth Mitts  
Mrs. Alice Mongin  
Ms. Marie Morin  
Ms. Susan Murray  
Mr. and Mrs. Donald Myers  
Narberth Presbyterian Church  
Ms. Sarah Nee  
Mr. and Mrs. Thomas Nelson  
New Covenant Presbyterian Church  
New Windsor State Bank  
Ms. Sarah Newhall

Ms. Kristan Norris  
Mrs. Sue Norton  
Ms. Frances Nyce  
Dr. and Mrs. Donald Parker  
Mr. and Mrs. Jeffrey B. Parker  
Ms. Ntfombi Penner  
Ms. Mimi Perez  
Performance Food Service Carroll County  
Ms. Deirdre Peterson  
Ms. Elizabeth Peterson  
Ms. Patty Pickett  
Pilgrim Congregational Church  
Platte Center Presbyterian Church  
Mr. and Mrs. James W. Poling  
Mr. and Mrs. Gary Portner  
Ms. Rachel Posner  
Mr. and Mrs. William Powel  
Ms. Christina Powell  
Presbyterian Church of Bella Vista  
Presbyterian Women at First Presbyterian Church  
Ms. Edith Pryor  
Ms. Martha D. Red  
Regional Chimney Supply LLC  
Mr. and Mrs. Henry Reiff  
Ms. Louisa Rettew  
Mr. and Mrs. Matt Rickeman  
Ms. Ann Marie Rios

Mr. and Mrs. David Ritchie  
Ms. Dianne Robertson  
Ms. Sarah Romain  
Mr. and Mrs. Ronald Royer  
Ms. Donna Saunders  
Ms. Janet Schaefer  
Mr. Robert Scholle  
Mr. David Schooley  
Ms. Joan Schumaker  
Mr. and Mrs. Bob Sefrit  
Mr. and Mrs. Bryan Shaffer  
Mr. Paul Shenal, , Jr.  
Mrs. Carol Shores  
Mr. and Mrs. Ed Silva  
Ms. Susan Smith  
Mr. and Mrs. Steven Smith  
Sorooptimist International of Frostburg  
Sorooptimist International of Howard County  
Sorooptimist Int'l of Woodbridge  
Southold Presbyterian Women  
Ms. Joy Spratley Wynn  
Ms. Kathleen Stringfellow  
Mr. and Mrs. Robert Swingen  
Mr. John Szeto  
Szeto's Inc.  
Mr. and Mrs. Cole Tabler  
Mr. Mark Tajima

Mr. Kevin Taylor  
 Mr. Philip Thomas  
 Mrs. Glenna Thompson  
 Thurmont United Methodist Church  
 Mr. Scott Todd  
 United Methodist Women of South Yarmouth  
 United Methodist Women Of Yarmouth  
 Mr. and Mrs. James Vaughan  
 Ms. Debra Vaughn  
 Mr. and Mrs. William Voss  
 Mr. and Mrs. Robert Wagner  
 Ms. Rebecca Waugh  
 Westminster Church of the Brethren  
 Westminster Presbyterian Friendship Circle  
 Westminster United Methodist Church  
 Mr. and Mrs. Andrew White  
 Mr. Richard Whitehouse  
 Mr. Alfred Williams  
 Ms. Alice Wilmot  
 Ms. Teena Wilson  
 Mrs. Mary Wood  
 Woods Memorial Presbyterian Church  
 Ms. Carolyn Wukitch  
 Mr. Stevan Yee

## Gifts In Kind

Amedisys Home Health Services  
 American Sewing Guild (ASG) - Maryland Chapter  
 Mr. Dan Andrews  
 Dr. Cherry Brandstater  
 Mr. and Mrs. Glen Brubaker  
 Mr. George Butler  
 Carroll Health Group  
 Carroll Lutheran Village  
 Christ Our King Presbyterian Church  
 Christiana Care Health System - CCHS Logistics Center  
 Ms. Brenda Cornbower  
 Ms. Miriam Cutman  
 Ms. Jayne Dattillo  
 Daughtridge Sale Co., Inc.  
 Ms. Edna Dragoo  
 Ms. Carol Ebersole  
 Mr. D. Merrill Ewert  
 Faith Lutheran Parish  
 Dr. Nancy Fecher  
 First Church of the Brethren  
 First Presbyterian Church of Mendham "Hilltop Church"  
 Ms. Beulah Gerber  
 GlaxoSmithKline  
 Mr. and Mrs. Harold Good  
 Hampstead Lions Club  
 Mr. David Hands

Ms. Kathryn Harnish  
 Ms. Carol Harper  
 Haygood United Methodist Church  
 Holy Trinity Lutheran Church  
 Homewood at Plumcreek  
 Ms. Ruth Houser  
 Mr. and Mrs. Vince Kulp  
 Lexington Presbyterian Church  
 Merck & Co., Inc.  
 Miller's Minuteman Press  
 Prayer Shawl Ministry  
 Mr. David Quinn  
 Ms. Donna Racine  
 Regester Chapel United Methodist Church  
 Ms. Becky Riggs  
 Rutland Regional Medical Center  
 Saint Paul Presbyterian Church  
 Shepherd of the Hills United Methodist Church  
 Ms. Eileen Smith  
 Soroptimist International of Williamsburg  
 St. Johns Ev Lutheran Church  
 Ms. Charlotte Staggs  
 Stone Church of the Brethren  
 Taylorsville United Methodist Church  
 TOMS Shoes  
 Trinity United

Methodist Church  
 Dr. John Vaillancourt  
 Ms. Terry Walker  
 Washington Heights/Anchor Pharmacy  
 Mr. Stephen G. Weiss  
 Ms. Anna Wenger  
 Mr. Mark Yeakel

# FINANCIAL REVIEW

IMA World Health's condensed financial report and the statement of activities for the years ending June 30, 2013 and 2014 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](http://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 website.

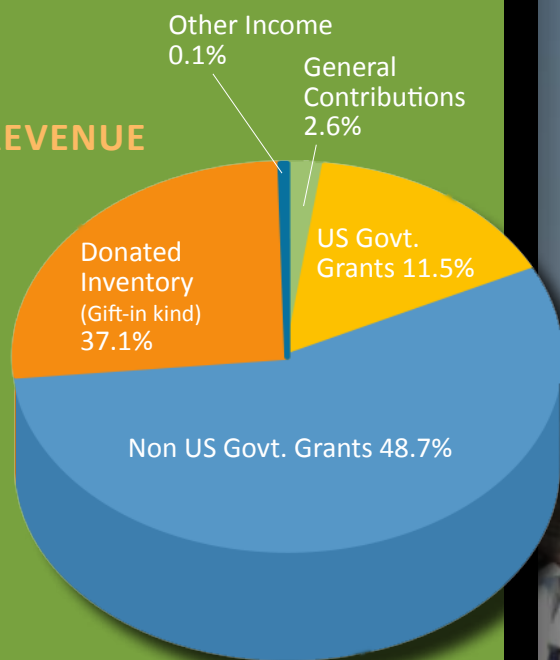
## STATEMENT OF FINANCIAL POSITION

REVENUE	2014	2013	2012
U.S. Government Grants	14,801,663	12,857,083	12,738,795
Non U.S. Government Grants	62,544,671	27,346,842	4,559,792
General Contributions	3,320,454	1,079,014	2,427,198
Donated Inventory (Gifts-in-Kind)	47,656,021	7,583,437	100,288,577
Other Income	89,951	174,184	129,145
<b>Total Revenue</b>	<b>120,412,760</b>	<b>49,058,560</b>	<b>120,143,507</b>
<b>EXPENSES</b>			
Program Services	123,672,376	45,666,892	126,416,818
General Administration	5,364,902	3,666,457	2,347,219
Promotional and Interpretational	165,827	130,367	183,997
<b>Total Expenses</b>	<b>129,203,105</b>	<b>49,463,716</b>	<b>128,948,034</b>
<b>Net Change in Assets</b>	<b>(790,345)</b>	<b>(405,156)</b>	<b>(8,804,527)</b>
<b>General Operating Surplus/(Deficit)</b>	<b>(114,136)</b>	<b>208,738</b>	<b>101,475</b>

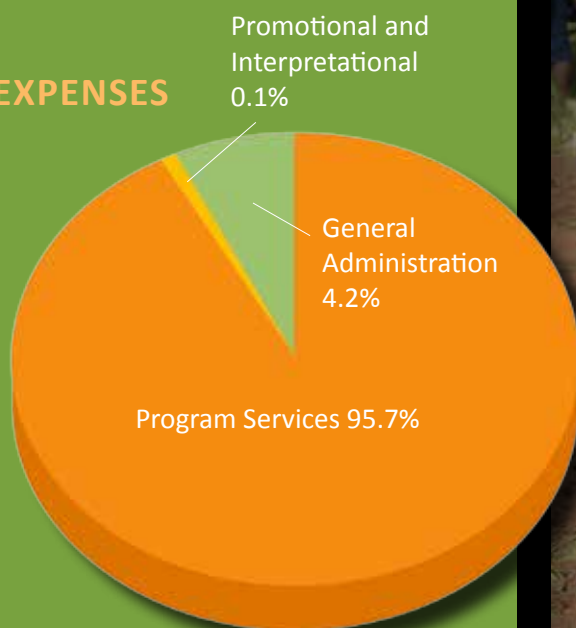


## BREAKDOWN OF REVENUE AND EXPENSES IN FISCAL YEAR 2014

### REVENUE



### EXPENSES





#### NEW WINDSOR OFFICE

500 Main Street  
P.O. Box 429  
New Windsor, MD 21776  
877 | 241 | 7952  
410 | 635 | 8726 fax

#### WASHINGTON, DC OFFICE

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Suite 808  
Washington, DC 20036

