

IMA World Health 2010 Annual Report



IMA **50**
1960-2010
WORLDHEALTH

Advancing Health. Saving Lives. 50 Years.

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IMA World Health... Delivering more than medicine

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On the cover: This smiling child is one of many to take part in a USAID-funded mass drug administration for Neglected Tropical Diseases in Haiti. In the past year, IMA treated over 3.5 million people under the National Neglected Tropical Disease Control Program.



For the third year in a row, *Forbes* magazine and Forbes.com have recognized IMA World Health for its high level of efficiency. In its special report, *America's 200 Largest Charities*, *Forbes* identified IMA as one of the 20 Most Efficient large charities in the United States.



Charity Navigator, the nation's largest charity evaluator, has also recognized IMA's efficiency and awarded it the highest possible efficiency rating for five consecutive years.

Message from the President

It was exciting for me to join the staff at IMA World Health during our 50th year. In those 50 years, IMA grew from a small, narrowly-focused organization to become a force in advancing health programs and saving lives in the developing world. I am impressed by IMA's achievements and the commitment of our members and staff. I am also grateful for the visionary leadership of my predecessor Paul Derstine, who saw opportunities to expand into programs to target disease, to strengthen health systems, and to train health care providers, leading IMA to become what it is today. It is especially impressive that throughout IMA's growth the organization has maintained extraordinary efficiency, resulting in high praise from both *Forbes* magazine and Charity Navigator.

IMA's work demonstrates a true commitment to people in need, especially in post-conflict areas, such as the Democratic Republic of Congo and Southern Sudan. These are challenging areas where many other organizations have chosen not to work. Yet IMA continues to press forward to provide basic health services to people who desperately need them. And, although we have expanded our focus, IMA continues its original mission of providing medicines and supplies to people in need. Throughout our 50-year history, IMA has delivered more than \$1 billion of medicine and supplies. These include essential medicines, such as life-saving antibiotics, and we know they saved many lives.



“The needs in the developing world are great, but so is our commitment.”

I am amazed that more than 230,000 women were assisted in childbirth by skilled birth attendants in the Democratic Republic of Congo through IMA's Project AXxes. These women would likely not have received skilled care without this program. And more than 360,000 children were treated for pneumonia through the program. In Haiti, IMA's work with the Haitian government resulted in more than 3.5 million people being treated for painful Neglected Tropical Diseases.

We are clearly making a difference. Yet, I see enormous potential to leverage our strengths to help even more people. As a faith-based organization we have a special connection to Christian health organizations, hospitals, and clinics that are providing much of the health care in developing areas. And IMA also has a strong history of working collaboratively with governments, secular groups, and those of other faiths.

I look forward to working with our member organizations to identify opportunities that support our core health mission in areas such as improving nutrition and providing clean water. I urge all of our friends and partners to reflect on our 50 years of growth, but also to look to the future with us. The needs in the developing world are great, but so is our commitment. IMA has already proven we can save many lives. Working together, we can do even more.

Rick Santos
President



In 2010, IMA Strengthening the health system at state and county levels to deliver a basic package of health services in the 2 largest states, Upper Nile and Jonglei. Tim McKulka/ UNMIS



“Most of the people in Southern Sudan have never seen a medical doctor in their entire life. Working with IMA there means not only providing health services, it also means developing a sustainable health care system—a system that would be owned and maintained by the communities.”

—Dr. Daniel Madit

Hope, Empowerment, and Self-Reliance

IMA World Health was created as Interchurch Medical Assistance in 1960 by a group of Protestant relief and development agencies to provide medicine and other supplies to mission hospitals and missionaries around the world. Think how the world has changed since then—the Colonial Era has long gone, replaced by nations struggling to create new infrastructures. Fifty years later, and now known as IMA World Health, we are working with nations in the developing world to help them meet their pressing health care needs.

IMA World Health still works with our member agencies and other partners to provide much needed **medicines and supplies**. We also **target devastating diseases** that afflict huge numbers of people, including malaria and HIV/AIDS, bringing hope for a better life to people in the developing world.

While IMA provides care for those with immediate needs, we also work to empower local partners to meet the health care needs of their own communities. Through **capacity building**, including education and training, we help local organizations gain the skills they need to provide health care services and eventually become self-reliant, no longer dependent on foreign assistance.

Short term aid only goes so far. Truly sustainable health systems run by empowered governments and local organizations in the developing world will result in stronger, healthier populations. Today, IMA has become a leader in building and strengthening sustainable systems that deliver basic health care to millions.

Highlights of 2010

In 2010, IMA and our partners

- Provided assistance to over 930 health centers and hospitals in 4 provinces in DR Congo (57 health zones) serving a population in excess of 8.1M persons
- Treated more than 3.5 million people for painful and debilitating tropical diseases in Haiti
- Trained more than 10,000 health care workers in DR Congo
- Received from TOMS Shoes a donation of 800,000 pairs of new shoes to be distributed to children in collaboration with the Neglected Tropical Disease program
- Provided enough basic medicines to treat more than 400,000 people for approximately two months through the IMA Medicine Box® program
- Provided Safe Motherhood Kits to ensure clean deliveries to nearly 5,000 mothers and their babies in the DR Congo, Haiti and Pakistan

IMA World Health... Delivering more than medicine

In October 2010 IMA World Health celebrated 50 years of health and healing with an anniversary event at the Newseum in Washington DC. Hosted by CNN's Gary Tuchman, speakers from the United States Agency for International Development, TOMS Shoes, church relief and humanitarian member agencies, and nongovernmental partners all touched on the important and essential role IMA plays in public health in some of the world's most challenging countries.

On January 12th, the world held its breath as the largest earthquake in living memory struck Haiti with the epicenter only miles from the capital city Port au Prince. IMA president and CEO Rick Santos,

The Evolving and Expanding IMA Mission



In 2010 IMA announced a partnership with TOMS Shoes to distribute 800,000 new pairs of shoes to children in Haiti.

IMA Vice President for International Programs Dr. Sarla Chand, and NTD Program Officer Ann Varghese were in the Hotel Montana for a meeting when the tremors devastated the island, and were buried for 55 hours under the rubble until they were rescued.

Although IMA staff escaped relatively unscathed, our dear Haitian brothers and sisters have not been so fortunate. Throughout the year IMA has sent medicines and medical supplies valued at more than \$1 million, supporting efforts by many organizations to provide help where needed most.

Despite the earthquake, the Haitian Neglected Tropical Disease control program led by IMA was restarted and more than 3.5 million people were treated, a testament of the desire of Haitians for a return to normalcy.

The foundation for a significant new initiative was begun in 2010. IMA and TOMS Shoes, which has pioneered the One for One™ giving concept, reached agreement to donate and distribute 800,000 pairs of new shoes to the children of Haiti. The distribution of the shoes will take place in collaboration with the Neglected Tropical Disease mass drug administration program across the country. This will result in the largest shoe donation ever made by TOMS Shoes.

Not only in Haiti, but also in the DR Congo, Southern Sudan, Tanzania, India and Togo IMA's role continues to expand as we maintain a high level of efficiency. In 2010, approximately 99¢ of every dollar spent went directly into our programs. Our efficiency has led *Forbes* magazine to name IMA as one of the 10 most efficient nonprofit organizations in the nation for the third consecutive year, while *Charity Navigator* gave IMA its highest rating for efficiency for the sixth year running.

Our programs in 2010 advanced health care in the developing world, touching millions of lives, and brought healing, hope and empowerment to those in the greatest need.

Sending Help to Those in Need: Medicine Shipments

When IMA began more than 50 years ago, its sole mission was to provide medicines and supplies to missionaries serving people in the developing world. Although our focus has greatly expanded, we still provide much-needed medicine and supplies through medicine shipments, our IMA Medicine Boxes®, Diflucan® program, and the IMA Safe Motherhood Kit™.

Medicines, Supplies, and Care

The IMA Medicine Box®

Medical missionaries work in difficult conditions. The areas they serve often lack basic supplies to provide routine health care. This is where the IMA Medicine Box® comes in. It provides missionaries and other providers with medicines and supplies to treat a variety of common illnesses. It contains pain relief medications, antibiotics, first aid items such as gauze and ointments, and digestive aids.

In 2010, IMA provided 413 Medicine Boxes® to 33 nations. Each Medicine Box® contains enough medicine to treat up to 1,000 people for approximately two months. In 2010, IMA assisted more than 150 medical mission teams and provided them with more than \$1.5 million in donated products. Since its beginning, more than 11 million people have been treated through the Medicine Box® program.

After the devastating January 12th earthquake in Haiti, IMA delivered over \$2.2 million worth of medications and supplies (including the IMA Medicine Box® program) to a number of different partner agencies on the ground. The earthquake killed more than 250,000 people and left more than 1 million with inadequate shelter, food, water or medical care. Fortunately, the orthopedic supplies, Lifestraws™ for clean water and medicines and medical supplies were timely, vital and absolutely essential.

Since its beginning, 11 million people have been treated through the IMA Medicine Box® program. Over our 50 year history, IMA has provided more than \$1 billion worth of medicines to those in need in the developing world.

Also during fiscal year 2010, IMA sent three shipments totaling more than \$400,000 in medical supplies to the Democratic Republic of Congo (DR Congo). The medical supply company BD donated a shipment of 1.2 million needles and syringes, worth more than \$80,000, to IMA for vaccine programs in DR Congo. IMA also sent \$250,000 worth of medical supplies to Zimbabwe in 2010. Over our 50 year history, IMA has provided more than \$1 billion worth of medicines and supplies to those in need in the developing world.

Providing Relief with Diflucan®

Secondary opportunistic infections adversely affect people living with HIV/AIDS. Working with the pharmaceutical manufacturer, Pfizer, and with help from Axios International, IMA provided Diflucan® to treat these infections. In 2010, Pfizer donated more than \$96 million of Diflucan®, which we directed to those suffering from these infections.



IMA Pharmacist Ambroise Jean-Sylvain with a large shipment of medicines that arrived in Haiti.

Medicines, Supplies, and Care

“We treated more than 1,300 patients on this trip....Without IMA’s (Medicine Box®) program, we would not be able to provide the degree of assistance that we have been able to give the people of Rosita (Nicaragua).”

—Gail Tomkowiak, RN, United Hearts for Health, Fond du Lac, Wisconsin.

Safe Motherhood Kit™

Women in the developing world often give birth in unsafe and unsanitary conditions. The IMA Safe Motherhood Kit™ provides sterile birthing supplies to fight infection, a leading cause of maternal and infant mortality. In 2010, IMA shipped 4,760 kits to hospitals and clinics in developing countries. (In July, 2010, IMA received \$24,000 through Alternative Gifts International, which will allow us to create almost 1,000 additional kits).

Healthy Kids Kits

A new initiative by IMA to promote children’s health, the Healthy Kids Kit contains a bar of soap, toothbrush, toothpaste, comb, skin lotion and a new washcloth – all in a sturdy safe-lock bag for storage. In challenging environments, such as post-conflict and post-disaster areas where IMA works, it can



In 2010, IMA shipped 4,760 Safe Motherhood Kits™ to hospitals and clinics in developing countries.

be very difficult to maintain personal hygiene. The Healthy Kids Kits help kids to stay clean and healthy. In 2010, more than 2,000 Healthy Kids Kits were distributed to schoolchildren in Haiti.

Delivering Medicine and Controlling Disease

For the first 35 years of our existence, IMA focused on procuring and delivering medicines. In 1994 we expanded our reach and began a program to treat the parasitic disease River Blindness in sub-Saharan Africa. We helped deliver 8 million doses of medicine to treat this debilitating disease between 1995 and 2007. This was the beginning of our efforts to actually control diseases impacting the developing world. Today, our programs have grown to target



Pallets of supplies fill the warehouse in New Windsor, Maryland awaiting shipment overseas.

Targeted Disease Control

HIV/AIDS, the childhood cancer Burkitt's Lymphoma, and malaria, while still combating tropical diseases, such as intestinal worms and Lymphatic Filariasis.

Provide Care and Treatment Services to People Living with HIV/AIDS

AIDSRelief provides much needed care and support for those living with HIV/AIDS. IMA plays a key role in the program, which is led by Catholic Relief Services. IMA focuses its efforts on Tanzania, where it is estimated that roughly six percent of the adult population is HIV positive. In 2010, AIDSRelief supported 98 AIDS treatment clinics in Tanzania and was providing care for more than 117,000 people. IMA in partnership with faith-based organizations and District/Regional Government structures and other partners provides overall site management for 31 of these hospitals and health centers, and works with community groups to help them educate others about HIV/AIDS and support those who are HIV positive in adhering to their treatment regimens.

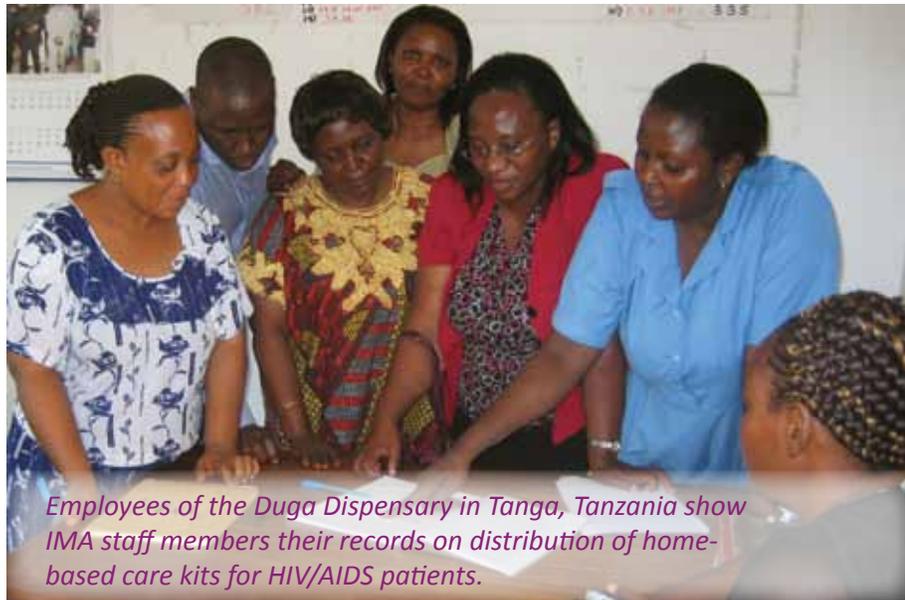
Over the next one year, local partners in Tanzania will take on greater responsibility of managing

In 2010, more than 117,000 people were receiving care from the AIDSRelief program in Tanzania.

HIV/AIDS care and treatment programs. IMA and other partners will continue to provide support to these organizations as they develop their capacity. AIDSRelief is funded by the U.S. President's Plan for AIDS Relief (PEPFAR). Other partners in the AIDSRelief consortium are Catholic Medical Mission Board, University of Maryland School of Medicine Institute of Human Virology, and Futures Group International.

Reaching Orphans and Vulnerable Children

AIDS can devastate a family and leave children on their own. Without the protection of family, children lack basic necessities, such as food, shelter, and medical care. IMA's Orphans and Most Vulnerable Children Project helps orphans and vulnerable



Employees of the Duga Dispensary in Tanga, Tanzania show IMA staff members their records on distribution of home-based care kits for HIV/AIDS patients.

children in Lushoto District of Tanzania's Tanga region. IMA has been working in collaboration with its partner, Pact Tanzania, and received funding from the Global Fund for HIV/AIDS, TB, and Malaria. Last year, 3,310 children were enrolled to receive free medical care and more than 850 children received various clean bedding materials including mattresses, blankets and sheets.

HIV/AIDS Home Based Care

With funding from the Centers for Disease Control and Prevention through Pathfinder International, from 2005-2009 IMA participated in a community home-based care (HBC) program to improve the health status and overall well being of people living with HIV/AIDS in Tanzania. To support quality care, IMA procured and distributed HBC kits as well as created working partnerships with community and other HIV/AIDS programs.

Targeted Disease Control

Communities Support HIV/AIDS Prevention and Care

IMA has received funding from the Multi-Donor Trust Fund through the Southern Sudan Aids Commission (SSAC) for the building of capacity of HIV prevention, Voluntary Counseling and Testing (VCT), Prevention of Mother-to-Child Transmission of HIV (PMTCT), and HIV/AIDS care and treatment in the 24 counties in the two states of Jonglei and Upper Nile. IMA will also work to increase the capacity of SSAC to oversee HIV/AIDS activities, and designate NGOs to conduct HIV prevention work in the target areas.

Communities Fight Neglected Tropical Diseases in Haiti

In addition to the massive earthquake on January 12th which killed hundreds of thousands and left more than a million people homeless, Haitians continue to suffer the consequences of a number of tropical diseases, all of which have been exacerbated by the disaster.

A large proportion of the Haitian population suffers from intestinal worms (Soil Transmitted Helminthes or STH), part of a grouping known as Neglected Tropical Diseases (NTDs). STH, along with Lymphatic Filariasis (LF), a painful and debilitating disease that can result in elephantiasis, are two of the major diseases affecting people in Haiti. Under the leadership of the Haitian government, IMA is fighting these diseases, organizing mass drug

In 2010, mass drug administrations in Haiti treated more than 3.5 million people for painful and debilitating tropical diseases.

administrations (MDAs) and distributing medications to large numbers of the population.

This massive program to eliminate disease is partially funded by USAID (United States Agency for International Development) through RTI International. IMA works in partnership with the Centers for Disease Control and Prevention, the University of



A young girl walks down a beach near Saint Marc, Haiti in the summer of 2010.

Targeted Disease Control



Community volunteers distribute medicine to schoolchildren as part of the National Neglected Tropical Disease Control Program in Haiti.

Notre Dame, Christian Blind Mission, the Pan American Health Organization and GlaxoSmithKline. The IMA-led portion of this effort treated more than 3.5 million people for LF and STH in 2010.

A vast network of community volunteers is crucial to the success of the MDA. IMA trained local people who were respected in their communities to serve as leaders, oversee the distribution posts and supervise the activities of thousands of other trained volunteers who distribute medications and promote the program. More than 17,000 volunteers have been trained so far.

The Mass Drug Administration program to fight Neglected Tropical Diseases has been so successful that coverage of the entire nation of Haiti is expected by 2011.

Community leaders who once received training are now serving as trainers themselves. The program has been so successful that national coverage in Haiti is expected by the end of 2011.

IMA is also working with the Ministry of Health and Social Welfare in Tanzania to implement a five disease integrated NTD Control Program. The five most common NTDs endemic to Tanzania are Onchocerciasis (River Blindness), Lymphatic Filariasis (LF, or elephantiasis), Schistosomiasis, Soil-transmitted Helminthes (STH) and Trachoma.

Through mass drug administration, IMA is working with the Ministry of Health and Social Welfare (MOHSW) to control and eliminate these diseases

in three regions of the country with plans to cover an additional five regions by the end of 2011.

Program Objectives:

- Collaborate with the MoHSW to implement and scale-up an integrated elimination and control approach.
- Use MDA to provide safe and effective medication to target over 2.5 million people.
- Introduce mobile phone technology to improve monitoring and evaluation.

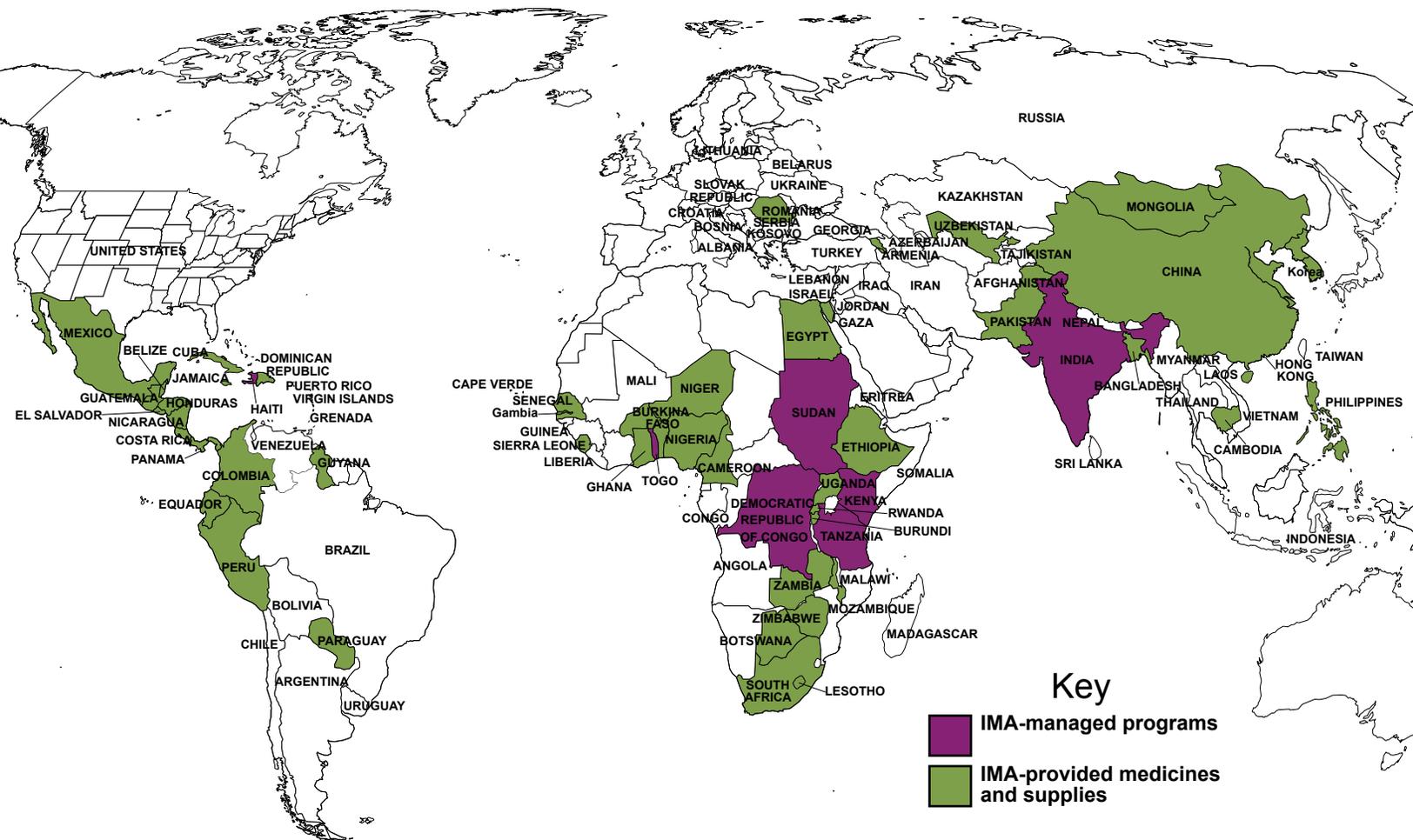
Combating the Pain of LF and Changing Lives

Lymphatic Filariasis often results in elephantiasis which leads to swelling of arms and legs. In addition to the burden of this additional weight, swollen limbs are easily wounded leading to secondary infections, and those afflicted also suffer with agonizing fevers. The swelling can often make it impossible to work or lead a normal life. After learning proper treatment techniques to wash, exercise, and elevate limbs, many patients are greatly improved with only minimal swelling and greater

(continued on page 12)

Saving Lives Across the Globe

Places where IMA has helped with medicines, supplies, or programs over the past year.



Some Highlights from 2010

Haiti



Treated over 3.5 million people during USAID-funded mass drug administration under the National Neglected Tropical Disease Control Program, Haiti.

DR Congo



Provided assistance to over 930 health centers and hospitals in 4 provinces in DR Congo (57 health zones) serving a population in excess of 8.1M persons.

Tanzania



Worked with religious leaders and Ministry of Health and Social Welfare on new maternal, newborn and child health Sermon Guides.

IMA World Health

50 Years of IMA: Since its founding, effective programs and over \$1 billion in medicines and supplies have helped many millions of people.

1950s

- Bertha “Bert” Marker, the wife of a Methodist minister in New Jersey, asks drug and medical supply companies to donate for mission hospitals. Her work shows the need for one group to represent Protestant health and relief agencies.

1960

- Interchurch Medical Assistance is formally created to obtain and distribute medicines and supplies for founding agencies. Over the next 30 years, IMA hones its skills and efficiency.

1992

- Paul Derstine is named president of IMA.

1993

- The IMA Medicine Box[®] is established to treat up to 1,000 people for approximately two months.

1994

- IMA expands its impact, partnering with Merck in a program to treat River Blindness in Tanzania. Over the years, nearly 30 million doses of medicine to treat River Blindness and Lymphatic Filariasis (LF) are given.

1997

- IMA establishes its first field office in Dar es Salaam, Tanzania, to support the River Blindness program.

1998

- IMA partners with U.S. Centers for Disease Control and Hôpital Sacré Coeur to combat LF in northern Haiti. 120,000 are treated in the first year; today nationwide coverage treats 4 million annually.

2000

- Burkitt’s Lymphoma (BL) Treatment Program established in Tanzania. More than 3,200 children are treated in the first eight years.
- USAID awards \$25 million grant to IMA to help strengthen the health zone system in the Democratic Republic of Congo. Eventually, IMA helps provide basic health services for more than 10 million Congolese.

2003

- Pfizer Inc. partners with IMA to provide Diflucan[®] to HIV/AIDS patients. Hundreds of millions of dollars worth of medicines have been distributed since.

2004

- IMA provides 600 Medicine Boxes[®] to Indonesia, Sri Lanka, and Thailand, and supports long-term tsunami recovery efforts in South India.
- IMA expands its field office in Dar es Salaam, Tanzania, to support HIV/AIDS work.
- De-worming programs in Nicaragua for more than 1 million school-aged children started.

2006

- By 2006, more than 10 million people in 48 countries had been helped by the Medicine Box[®] program.
- IMA leads consortium in \$40 million USAID-funded AXxes Project to bring basic health services to DR Congo.

2007

- IMA launches the Safe Motherhood Kit[™], in collaboration with Bonds Meadow Rotary Club, to provide clean supplies for birthing and newborns.

2008

- IMA selected by Multi-Donor Trust Fund administered by The World Bank to establish basic health services for approximately 2 million people in Southern Sudan.

2010

- *Forbes* magazine names IMA one of the “20 Most Efficient” nonprofits in the US for the third consecutive year. Charity Navigator gives IMA top Four Star efficiency rating for fifth straight year.
- Announced partnership with TOMS Shoes to distribute 800,000 pairs of new shoes to children in Haiti.
- Provided more than \$2.2 million worth of medicines and supplies to Haiti post-earthquake.

Targeted Disease Control



To date, more than 750 volunteers have been trained and are managing more than 23,000 patients in the villages of the Indian state of Orissa.

acceptance into the community. People once shut off from neighbors, suffering greatly and unable to work, can once again become contributing members of their communities.

The LF program, which is funded by USAID through the World Bank, relies on volunteers and medical personnel who identify people suffering from the disease and train them on how to manage symptoms. There were more than 900 cases actively monitored in the program in Togo in 2010.

IMA is also working in India to fight the debilitating effects of LF. IMA works with its partner, CASA (the

“Heaven has brought us this help. We wouldn’t have known NTDs even existed without this program.”

—Jose Mirar, Community Leader, and one of 10,000 community volunteers in Haiti trained to support mass drug administrations to fight painful tropical diseases.

Church’s Auxiliary for Social Action), to use community volunteers to train patients and their family members in managing the symptoms of LF. To date, more than 750 volunteers have been trained and are managing more than 23,000 patients in the villages of the Indian state of Orissa. A recent CDC study published in June 2010 showed the positive impact that the morbidity management program had on increasing community participation in MDA.

Building the capacity of local governments, organizations, and health care workers to provide quality care is critical to developing sustainable health systems in the developing world. IMA began working more than a decade ago with a national faith-based organiza-

Capacity Building

tion in the Democratic Republic of Congo, the Église du Christ au Congo (ECC), to provide basic health care through the SANRU (Santé Rurale, or rural health) project. The success of the project has led to IMA's expansion into other projects to develop health care delivery systems in DR Congo and other nations, such as Southern Sudan. IMA has scaled up its efforts in recent years to train local health care workers and educate populations on how to protect their health, especially in areas of maternal and child health, safe birthing, and newborn care.

Saving Mothers and Babies: Maternal and Newborn Child Health

According to the World Health Organization, every minute of every day, somewhere in the world, a woman dies as a result of complications arising during pregnancy and childbirth. Of the 130 million babies born each year, approximately four million die in the first four weeks of life. Mothers are dying much more frequently in the developing world and yet the majority of these deaths are preventable. IMA is working through a variety of programs to build the capacity of local populations to improve the health of mothers and babies and save lives.

Maternal Assistance Project

For the third year, IMA received funding in 2010 from an anonymous donor to support a mother and child health project to provide prenatal care to vulnerable women and children in the isolated province of Equateur in DR Congo. IMA provides essential medicines, vaccinations, and prenatal health kits, collects vital health data, and trains community health providers to improve their ability to provide quality services in this underserved, highly volatile area.

Promoting Safe Motherhood through Spiritual Leaders

Spiritual leaders often have enormous influence in their communities. In 2010, IMA distributed the *Christian Sermon Guide to Save the Lives of Mothers and Newborns*, the *Muslim Sermon Khutbah Guide to Save the Lives of Mothers and*



Women wait for a prenatal checkup at a clinic in the DR Congo.

Newborns, and Faith-Based Models for Improving Maternal and Newborn Health. In late 2009, IMA distributed the Rwanda-specific sermon guide, *Christians and Muslims Promoting Maternal and Infant Health: A Sermon Guide Based on the Holy Bible and the Holy Quran* produced in collaboration with the Rwanda Faith-Based Organizations Network Against HIV/AIDS (RCLS) on USAID's Safe Birth Africa Initiative.

MAISHA: Improving Reproductive and Child Health in Tanzania

MAISHA, the Swahili word for life, stands for Mothers and Infants, Safe Healthy Alive. It is a program to improve reproductive and child health in Tanzania. This five-year project is funded by USAID and led by Jhpiego, with support from IMA, Save the Children, T-MARC and the White Ribbon Alliance. As a partner on the MAISHA Project, IMA works with the faith-based community to help religious leaders educate their congregations and communities on how to have a healthy pregnancy and delivery. In the past year, the Tanzanian Ministry of Health and Social Welfare and the Tanzanian interfaith community have embraced the development of maternal, newborn and child health sermon guides.

Capacity Building



© 2008 Bob Wisangul,
Courtesy of Photoshare

IMA's partnership with the Ocean Road Cancer Institute is helping Tanzania's children survive Burkitt's Lymphoma.

Strengthening the Health Care Worker in the Developing World

Organizations rely on the strength of their people. Yet, the human resources function has been greatly underused in health care facilities in the developing world. In addition, the migration of health care professionals out of developing nations results in a real shortage of qualified workers. With this in mind, IMA participates in *CapacityPlus* to raise the visibility of the human resources function in the faith community. IMA focuses building the capacity of the human resource function at faith-based facilities, which provide between 30-70% of health care in Africa.

CapacityPlus is funded by USAID and led by Intra-Health International, and also includes Abt Associates, TRG and Liverpool Associates in Tropical Health. *CapacityPlus* works to improve health workforce planning and leadership, develop better education and training programs, and reward good performance to encourage workers to stay in their jobs.

Groundbreaking Work in Burkitt's Lymphoma Fosters Sustainability

IMA has been a pioneer in the treatment of Burkitt's Lymphoma (BL), the childhood cancer that afflicts hundreds of children each year in Tanzania. In the past year the Tanzanian Ministry of Health and

Social Welfare released the Burkitt's Lymphoma National Treatment Guidelines, the nation's first treatment guidelines for any form of cancer. IMA worked with the Ocean Road Cancer Institute, a division of the Tanzanian Ministry of Health and Social Welfare, for many years to develop these historic guidelines.

Standing Together Against Sexual and Gender-based Violence

In the year to come IMA will be the recipient of a \$16.5 million grant from USAID to be the lead agency in a new project in eastern DR Congo serving the conflicted areas of North and South Kivu. The Ushindi Project ('ushindi' is Kiswahili for 'victory') combines support and treatment to victims of sexual and gender-based violence including treatment and surgery, safe houses, counseling, legal assistance and income-generating funds combined with technical assistance. The project will serve a population in excess of 1.3 million. Seventeen thousand women will have access to either psycho-social counseling, medical support, legal assistance or microfinance support annually.

Health System Strengthening

IMA's health systems strengthening programs address the physical infrastructure for health care delivery, the capacity building of health workers and other key personnel for the management and provision of primary health care health, and the provision of a range of comprehensive health care services. Since the 1980s, IMA has worked with partner FBOs and NGOs in collaboration with the Ministries of Health to deliver essential health care services such as maternal, newborn and child health, women's health, malaria, common childhood illnesses, nutrition, water and sanitation, and re-emerging and epidemic diseases such as tuberculosis, HIV/AIDS, and sexually transmitted infections to over 8 million people in the DRC. IMA also supports the Government of Southern Sudan to increase to primary health services and access to HIV/AIDS prevention, care and treatment, and to strengthen community health outreach in the country's two largest states. IMA is also piloting a decentralized, community-driven health and development program in Haiti.

Rebuilding Health Zones in the Democratic Republic of Congo

Imagine a nation torn by years of conflict, its people struggling for the basic necessities of life. Health care services that many in the developed world take for granted are out of the question for most people. That is the case in the Democratic Republic of Congo. To improve the lives of those living in this struggling nation, IMA World Health and its partner, ECC, worked to provide improved health care. IMA and ECC received a grant of \$1.2 million from the World Bank to assist two new health zones in the province of Maniema in DR Congo to help the area recover from years of conflict. In 2010, IMA and ECC are working to rehabilitate and equip health care facilities, prevent malaria, and provide medicines, supplies, and vaccines in these zones.

National Partner Prepares to Fight Malaria in DR Congo

IMA is pleased that our long-time partner, ECC, now plays a crucial role in malaria prevention. ECC



Health care workers are trained in cancer diagnosis and treatment at Turiani Hospital in Tanzania.

Health System Strengthening

is one of the Principal Recipients of a project grant funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria. ECC, with technical assistance provided by IMA, will distribute long-lasting insecticide treated nets through antenatal clinics as part of the malaria mitigation efforts of the government of DR Congo. The grant of \$120 million over a five-year period will cover 120 health zones and serves a population exceeding 15 million people. This is an important leap forward in building capacity in DR Congo and provides hope and an example for sustainable health systems in the developing world.

Bringing Basic Health Services to DR Congo: Project AXxes

IMA headed up a nation-wide primary health care project (Project AXxes) four years ago to provide health care to more than eight million people, primarily women and children, in 57 health districts in DR Congo. Although accessing quality health care is still a struggle for many in this nation, Project AXxes has made a significant impact and provided services for many thousands who would have gone without treatment.

Over the past four years the project received USAID funding of \$60 million and was implemented by a consortium led by IMA and including ECC, World Vision, and Catholic Relief Services. Project AXxes provides primary health services, such as safe delivery of babies, vaccinations for children and pregnant women, and diagnosis and treatment of disease, including life-threatening diarrhea, HIV, and tuberculosis. In this past year more than 250,000 women were attended in childbirth (women who without this help would most likely have given birth without skilled care); more than 390,000 children received treatment for pneumonia; and almost 400,000 insecticide-treated bed nets were distributed to combat malaria and other mosquito-borne diseases. To build capacity among local health care workers, Project AXxes trained more than 12,000 doctors and nurses.

Main Components

Project AXxes is a multifaceted program, encompassing a wide range of essential health care components:

- Increase access to and quality of maternal and child health services including immunization, HIV prevention, water/sanitation, family planning and addressing specific diseases such as malaria and tuberculosis
- Train health care workers and improve the clinical capacity at the hospital and clinic level
- Support and improve national Ministry of Health programs
- Strengthen the sustainability of health care programs by working with government and private stakeholders to collect and analyze data for better decision making
- Incorporate additional related project work from a variety of funding sources, including the World Bank's \$18.5 million PMURR program, Axios, Abbott Pharmaceuticals, BD and others to improve infrastructure, support critical maternal health programs and more.

SuddHealth - Bringing Hope to South Sudan

Many decades of civil war have left Southern Sudan with damaged buildings and hospitals, and no warehouses or refrigeration to store what little medication exists. Also, there is a lack of properly trained health care personnel, both to provide medical care, and to manage that care at all levels of the health care system. On top of these challenges, much of the states of Jonglei and Upper Nile is covered in swampland, and very difficult to access. IMA has taken on the challenge of bringing hope to this struggling nation and is leading a program funded by the World Bank Multi Donor Trust Fund (MDTF) to provide basic health services, such as immunizations, primary health care, and maternal care to the area.

In the past year IMA conducted training focusing on Primary Health Care and improving immunization



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coverage to personnel within the Ministries of Health and the County Health Departments in the two states. In addition, progress was made throughout the 24 counties of the two states in training workers in a new electronic health management information system, vital to collecting and analyzing data on a regular basis. Regular information flow is essential to a functioning health system.

IMA and its partners, the Christian Health Association of Sudan, the Tropical Institute of Community Health (Great Lakes University of Kenya), and ETC Crystal, Inc., work to strengthen the capacity of personnel within the Ministry of Health, and increase access to health services for at least 50% of the population in the states—approximately 1 million people— within the next three years.

Main Components of SuddHealth

- Conduct assessments throughout the two states to determine capability and need.
- Award sub-grants to Non-Government Organizations (NGOs) to deliver services and review financial and narrative reports for accuracy.
- Provide training and supervision of immunization, an essential feature of the BPHS.
- Assist the state ministries of Health and County Health Departments in the implementation of the Basic Package of Health Services (BPHS). The 15 elements of the BPHS can be clustered under three main components: reproductive health, community-based health and health promotion. High impact components of BPHS include:

Health System Strengthening

- Preventive services including immunization, micronutrient supplementation, HIV/AIDS sensitization and promotion of insecticide treated bed nets against malaria.
- Promotive health services such as breast feeding and family planning.
- Basic curative services such as treatment of malaria, acute respiratory tract infections, diarrhea, other childhood illnesses and tuberculosis.
- Reproductive health services such as prenatal care, emergency obstetrical care and post-partum care.
- Referral of severe or life threatening complications to hospital services at the county and state levels.
- Train and supervise health care workers to ensure quality of service delivery.
- Liaise with ministry officials in Juba.
- Work with other MDTF programs to allocate medicines, supplies and construction services.
- Provide encouragement, training and support for Sudanese medical professionals to return to Sudan.
- Support a health management information system (HMIS) project by mapping the locations of existing health facilities, developing databases and other technology tools to capture, monitor and evaluate program data and performance, and train workers to update and utilize the tools.

Haiti ACCorD

In 2010, IMA and several partners began the ACCorD, a pilot program to develop a comprehensive health and development system in the Grand Rivière du Nord/Bahon (GRN/Bahon) region of Haiti. The ACCorD (Areas for Cooperation and Coordination of Development) concept demonstrates how Faith-Based Organizations might work together to manage health and development programs. The short-term goal is to establish a community led model where local stakeholders are empowered to set their own priorities, monitor progress by providers, and communicate results/feedback to the community.

(continued on page 20)



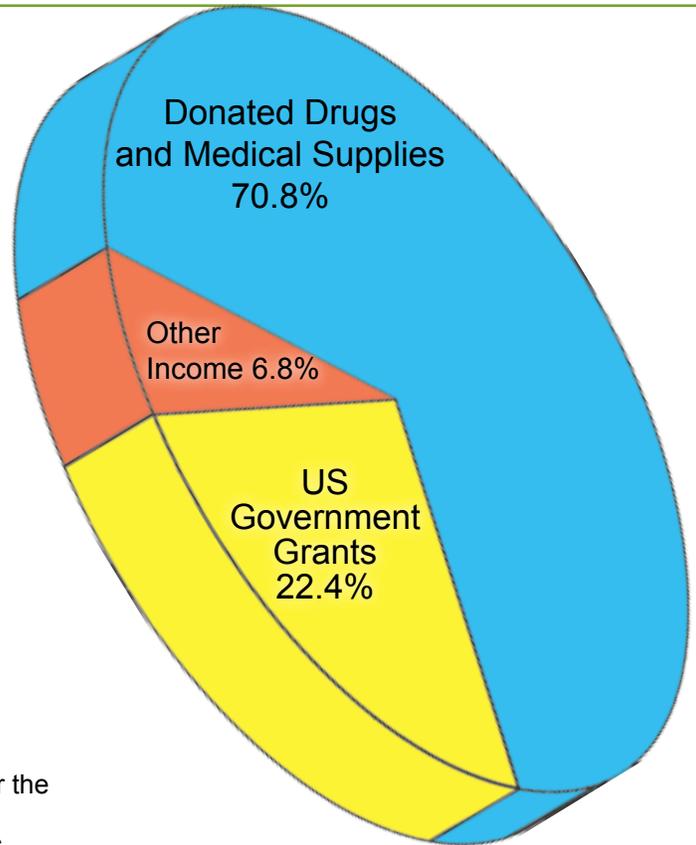
After the devastating earthquake in January 2010, IMA provided more than \$2.2 million worth of medicines and supplies to the people of Haiti.

Financial Report 2010

Fiscal Year Ending June 30, 2010

Revenue

	2010	2009
Donated Drugs and Medical Supplies	69,939,303	116,848,296
U.S. Government Grants	22,092,213	20,773,469
General Contributions/Grants	6,545,245	5,356,378
Other Income	220,584	22,303
Total Revenue	98,797,345	143,000,446



Leveraging Every Dollar

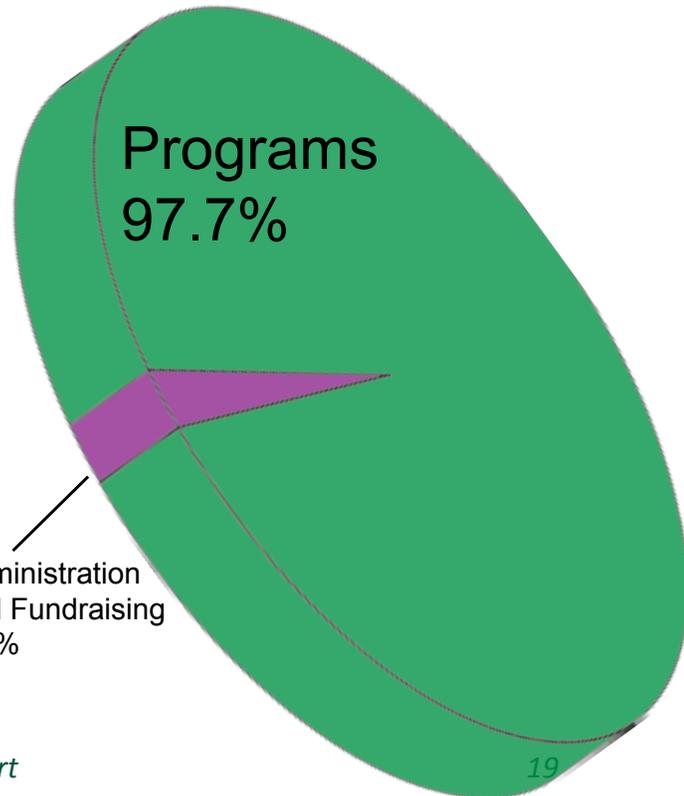
Financial publication *Forbes* has named IMA World Health to its list of the “10 Most Efficient” US charities for the third year in a row.

Each year *Forbes* lists the top 200 charities in the US, and recognizes those few that demonstrate the greatest efficiency.

“All of us at IMA are continually aware of our need to leverage every dollar to do more, and we recognize that those who donate to IMA’s work and those who benefit from our programs deserve no less,” said Rick Santos, President and CEO of IMA.

Expenses

	2010	2009
Program Services	126,395,761	170,400,749
U.S. Government Grants	2,643,540	1,655,298
General Contributions/Grants	362,175	369,025
Total Expenses	129,401,476	172,425,072
Change in Net Assets	(30,604,131)	(29,424,626)



Health System Strengthening



Improved nutrition is one of the points of focus of the Haiti ACCorD program. Here a young girl enrolled in a daily nutrition program eats a healthy lunch in the Grand Rivière du Nord region of Haiti.

IMA has worked closely with the Department of Public Health and Population (MSPP), local hospital staff, and International Child Care (a local NGO) to prioritize needs and develop a plan to get the program up and running.

Main Components of ACCorD

- **Maternal Health:** Make available skilled providers to handle antenatal and postnatal consultations as well as increase the number of deliveries with a skilled birth attendant.
- **Child Health:** Make available vaccinations, vitamin supplements and de-worming medicine to young children ranging from 0 to 5 years of age.
- **Malnutrition:** Enroll children in a daily nutrition program who have been identified as “at risk” for malnutrition.
- **Water and sanitation:** Build wells and latrines to ensure a quality water source.

- **Community participation:** Allow members of the community to give feedback on the effectiveness and direction of the program.
- **Mobile clinics:** Provide monthly mobile clinics to improve coverage in more remote areas of GRN/Bahon

Health Management Information System (HMIS)

In order to provide effective health care services, having organized data and accurate information is essential.

Health information systems help to maximize the limited resources in developing countries by keeping track of key information, such as the number and locations of clinics and hospitals, the number and qualifications of health care workers and the nature and effectiveness of active programs.

Knowing this key information helps health managers to plan better, to provide health care access to more people and to improve the efficiency of service.

Health System Strengthening

In collaboration with its faith-based and US government partners, IMA World Health has been at the forefront in efforts to collect, analyze and disseminate health facility and program data in several countries. Here are a few highlights:

Democratic Republic of Congo and Southern Sudan

- In both of these countries IMA is working with the Health Information System Programme (HISP) to assist program efforts. HISP facilitates development and implementation of sustainable and integrated health information systems through an open source software development project called the District Health Information System (DHIS).
- In DRC, IMA supported implementation of the DHIS to improve data collection, maintenance and reporting on established USAID indicators. Initially the system was implemented at the Project AXxes HQ level and has since been expanded to cover all implementing partner health zones.
- In Southern Sudan, IMA supported the SuddHealth program by performing State and County level assessments and interviews to understand the needs, capabilities and specific interventions required to strengthen health information management and now use the DHIS to report capacity in the Jonglei and Upper Nile states.

Haiti

In Haiti, IMA has been involved in a variety of Health IT efforts aimed at recovery, reconstruction and renewed development of health system information following the devastating earthquake in January 2010. A primary area of involvement has been through participation on a Haiti Health Facilities Working Group. This group has focused on contributing to an accurate up-to-date master list of health facilities that includes functional status, service availability, bed capacities and other critical information required for emergency response, coordination of recovery efforts and future overall health system planning.

Tanzania

- In Tanzania IMA is assisting faith-based partners in implementing health management information systems through improved monitoring and evaluation practice and better human resource data collection.
- In the Tanzania Human Resources Project (THRP), IMA provides technical assistance to the Christian Social Services Commission (CSSC) for implementing the roll-out of a nationwide human resource information system (HRIS) using the Capacity Project open source iHRIS Manage software (www.capacityproject.org/hris) that will support all faith-based and private sector health institutions in Tanzania (CSSC, BAKWATA & APHFTA).
- IMA also provides technical assistance to the CSSC through M&E activities to support their President's Malaria Initiative (PMI) Malaria Communities Program (MCP). An M&E database now accommodates information on activities related to training health facility staff, Accredited Drug Dispenser Outlets (ADDOs) and Community Health Workers (CHWs), as well as Community Outreach and a Behavioral Change Campaigns. The M&E database also supports reporting on USAID promulgated Tanzania-Monitoring and Evaluation Management System (T-MEMS) indicators.

In Africa Overall

IMA has mapped the distribution of Christian Health Associations (ACHA) across Africa. This ACHA Platform map promotes recognition of FBO contributions to health throughout Africa, improving coordination within the faith-based global public health community. It can be viewed on the IMA website at www.imaworldhealth.org/images/stories/technical-publications/acha_platform_map.pdf

Strength through Partnerships

In 1960, six medical mission agencies joined together to form Interchurch Medical Assistance, Inc.® (now IMA World Health). Its purpose was to provide medicines and supplies to church medical missions and emergency health care programs around the world. In collaboration, these agencies' efforts proved to be more effective through IMA than they could be individually.

Fifty years later, partnerships are as important today as in the beginning. IMA is focused on advancing health and healing the world over – but we can't do it alone. In our long history we've learned that the most successful programs make the best use of true partnerships, utilizing the strengths and resources of a variety of highly skilled people and organizations.

In addition to our member agencies and key public funding partners, IMA also works with foundations, corporations, faith-based partners and local partners to expand our reach and provide critical supplies and health care where they are needed most.

Public Funding Agencies

IMA received support from U.S. and international funding agencies in 2010, including:



U.S. Agency for International Development (USAID);



Global Fund to Fight AIDS, Tuberculosis and Malaria;



World Bank Multi-Donor Trust Fund;



U.S. President's Emergency Plan for AIDS Relief (PEPFAR);

and IMA's Member Agencies.

Corporate Partners

IMA got its start providing medicines to missionaries through the generous donations of pharmaceutical and medical supply companies. In 2010, our corporate partners continued to support IMA's mission and donated more than \$115 million in medicines and medical supplies. In particular, IMA would like to thank BD, GlaxoSmithKline, Johnson & Johnson, Merck, and Pfizer.

Foundations

IMA is grateful for the assistance we have received from foundations that support our programs. In 2010, we received generous support from the United Services Foundation, the F. Dohmen Company Foundation, and two other large foundations that request anonymity.

Local Partners

IMA is also thankful for the support of a number of organizations in our local community. We offer special thanks to the Brethren Service Center, Carroll Lutheran Village, the Rotary Club of Bonds Meadow (Maryland), and Soroptimist International of Howard County, Maryland.



IMA Board of Directors, Members, and Staff

Board of Directors

IMA is governed by a Board of Directors comprised of Member Agency and At-Large representatives. The Board of Directors meets twice yearly. At its April 2009 meeting, the Board adopted a five-year Strategic Plan to achieve IMA's goals for sustainable, systemic growth.

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Vice Chair

Mr. Timothy McCully, Lutheran World Relief

Secretary

Mr. Roy Winter, Church of the Brethren

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Rev. Cynthia Fierro Harvey, General Board of Global Ministries (The United Methodist Church)

Rev. Amy Gopp, Christian Church (Disciples of Christ), Week of Compassion

Dr. W. Henry Mosley (At-Large)

Ms. Kirsten Laursen Muth, Episcopal Relief and Development

Ms. JoAnn Saunders, Presbyterian Church USA

Mr. John Scicchitano (At-Large)

Dr. Samuel Mwenda Rukunga, Christian Health Association of Kenya

Ms. Lisa Rothenberger, American Baptist Churches USA

Member Agencies

IMA currently has 12 member agencies (providing guidance and funding) that work together to meet the tremendous health care needs in developing nations.

Adventist Development and Relief Agency International
American Baptist Churches USA, International Ministries

Christian Church (Disciples of Christ), Week of Compassion

Church of the Brethren

Church World Service

Episcopal Relief and Development

Lutheran World Relief

Mennonite Central Committee

Presbyterian Church (USA) International Health Ministries Office, Worldwide Ministries Division

United Church of Christ USA, Wider Church Ministries

Global Ministries of the United Methodist Church

Vellore Christian Medical College Board (USA), Inc.

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