







## TABLE OF CONTENTS

President's Message .....	2
Who We Are.....	3
Program Impact.....	5
A. Health Systems Strengthening.....	5
i. Access to Primary Health Care Project (ASSP) .....	6
ii. Rapid Results Health Project.....	8
B. Commitment to Partnership.....	10
i. Africa Christian Health Associations Platform.....	10
ii. CapacityPlus .....	12
C. Gifts in Kind Program.....	13
D. Impact by the Numbers Infographic .....	14
E. Responding to Emergencies.....	16
i. Ebola Outbreak .....	16
ii. South Sudan.....	17
E. Milestones.....	18
i. Celebrating 20 Years in Tanzania .....	18
ii. Our First Year in Indonesia.....	19
F. Neglected Tropical Diseases.....	20
i. Tanzania.....	20
ii. Haiti.....	21
G. Local Partners Excel in Comprehensive HIV and AIDS Service Delivery (LEAD) Project.....	22
H. Overcoming Sexual and Gender-Based Violence .....	23
Leadership and Governance.....	24
Donors .....	25
Financial Review .....	28





## FROM THE PRESIDENT



Dear Friends,

This year, IMA World Health celebrated our 20th anniversary in Tanzania, one of the countries where IMA is on the frontlines working to provide health, healing, and well-being for all. While reflecting on the significance of this milestone, the keywords that come to mind are “investment” and “partnership.”

There are many things that make IMA great, but one of the biggest is our unique way of digging in and committing to the vision for the long haul. This means developing relationships with and working alongside local governments and partners; it means pouring resources into local staff to further develop their skills and leadership; and it means, sometimes, forgoing smaller, more immediate successes in favor of larger, long-term ones.

This level of investment—and the deep relationships it produces—allows us to make an impact in ways some other organizations simply cannot.

Our commitment to partnership led us to Nairobi, Kenya in February for the Africa Christian Health Associations Platform (ACHAP) 7th biennial conference where we were among 63 health-related organizations, including churches, donors, and faith-based organizations (FBOs). IMA is a key partner of ACHAP, an advocacy and networking platform improving knowledge sharing and joint learning among Christian Health Associations (CHAs) and Church Health Networks in Sub-Saharan Africa. The event energized all attendees to advance our shared vision of health and healing for all in Africa. IMA’s participation in the ACHAP conference was truly a highlight for our work this past year.

Though there is still much work to do, the tides of health care have changed immensely since we started working in Tanzania 20 years ago. IMA has also invested 15 years in the Democratic Republic of Congo, and the result of our work to develop and strengthen the nation’s health system has been nothing short of revolutionary.

I’m incredibly proud of the determination, commitment, and loyalty that has allowed IMA to celebrate yet another successful year, the highlights of which are found on these pages. And I remain grateful for all those who have invested in IMA through funding, partnership, and other support. Our successes are also yours.

In partnership,

Rick



## WHO WE ARE

IMA World Health (IMA) is a faith-based international public health organization that builds healthier communities by collaborating with key partners to serve vulnerable people.

# Our vision is health, healing and well-being for all.

IMA believes all people are children of God and thus deserve to lead healthy and productive lives. Our vision is based on the Christian call to serve one another. The founding members of IMA, Protestant Churches and church-based organizations, chose to be intentionally ecumenical to provide health services and to build healthy communities around the world.

We can do more together than alone; that spirit of joint action remains foundational to IMA today.



HEAL Africa is one of IMA's implementing partners for the Ushindi Project in the Democratic Republic of Congo.





## PROGRAM IMPACT HEALTH SYSTEMS STRENGTHENING

Health goals are not achieved without strong systems to support them. Whether a government hopes to reduce HIV incidence or increase access to modern family planning methods, it must examine these achievements through a health systems strengthening (HSS) lens. The overall health system, with its many layers and players, creates an enabling environment for improving coverage, quality, and scale of health interventions.

IMA programs adopt and address the World Health Organization's recommended six building blocks of HSS: improved health service delivery, health workforce development, information systems, access to essential medicines, health system financing, and leadership and governance.

The HSS building blocks help IMA define the "ideal" capacity of a health system and to prioritize key HSS issues, ensuring there are no gaps in support. In addition, IMA's health systems approach is community-driven so that services are designed to meet the needs of the community and universal access is promoted.

In the Democratic Republic of Congo and South Sudan, IMA supports health systems to address overwhelming need in an environment of constrained human and financial resources. IMA provides customized technical assistance at national and sub-national levels in each country to help the government and its partners improve in priority areas across the HSS framework, resulting in improved primary health care and Maternal and Child Health outcomes.



# DEMOCRATIC REPUBLIC OF CONGO: ACCESS TO PRIMARY HEALTH CARE PROJECT (ASSP)

UK aid and Swedish International Development Agency | 2012 – 2018 | \$283 million

The ASSP project collaborates with the Ministry of Health (MOH) at all levels of service delivery, with focused support at health zone, health facility, and community levels. IMA and its partners ensure that more than 75% of the project resources are concentrated within the health zones for service delivery, empowerment, accountability, and capacity building of local community service organizations, partners, and MOH representatives.

ASSP supports DRC's National Health Development Plan by working to improve access to and coverage of primary health care services for more than 8 million people living within 56 health zones in five of the country's 11 provinces: Kasai Occidental, Maniema, Equateur, Oriental, and South Kivu. ASSP's priority interventions include the treatment of malaria, pneumonia and diarrhea, nutrition, obstetric and neonatal care, family planning, immunization, and water, hygiene, and sanitation interventions that are delivered through the health system. These intervention packages are aimed at improving the health of the mother, newborn and child, thus allowing the DRC to achieve significant progress towards reaching Millennium Development Goals 4, 5, and 6.

## Key 2015 Achievements



**272,491**

births attended by skilled health personnel



**311,073**

children were immunized for measles



**262,646**

pregnant women received two doses of intermittent preventative treatment for malaria prevention



**174,465**

long-lasting, insecticide-treated bed nets were distributed to both pregnant women and children under age one



**168 FACILITIES**

offered comprehensive obstetric and neonatal care



## CHIEF LIVES TO SEE HEALTH CENTER BUILT

Chief Kibulungu and his people had no idea what was in store for them when the ASSP construction team stopped at their village, and vice versa. Kibulungu, a large village on the road between Nyanga and Tshikapa, had been selected as a site for construction of a health center. But before a health center could be built, the chief of the village needed to sign a letter ceding the land for the health center to the government.

The ASSP construction team met with Chief Kibulungu to start the discussion and process. As the team talked with Chief Kibulungu, they learned that in the 1980s he had set aside a large area of land in the middle of the village for a health center. He wrote letters to parliament asking for assistance in building it and even went to Kinshasa to deliver a letter personally. There was no response. Over the years, the chief had also asked various groups if they could help, to no avail. Now he was an old man and thought that he would die without seeing a health center built. After talking with the construction team, Chief Kibulungu immediately wrote a letter and called in his notables to sign too.

When the ASSP construction team "builds" a new health center, they don't build the health center for the community; they build it with the community. They usually send in only one person, a construction supervisor. The rest of the team is recruited from the village, and the supervisor takes the crew through all the steps of building. Evan Schellenberg, who leads the ASSP construction unit, says they do this intentionally because they want to develop the capacity of the local people to build for themselves. He hopes in the future other projects will be able to build schools because they will find local people who are now skilled and experienced in construction.

*"When the ASSP construction team "builds" a new health center, they don't build the health center for the community; they build it with the community."*

For example, when the Kibulungu construction started, one young man was hired as a mason's assistant without any previous training, but by the end of the project he was an excellent mason. One day as he was working on the health center, he said to a construction team member, "My wife is pregnant. I never dreamed that I would ever be building the health center in which my child will be born."

A couple of months into construction, the community got wind that Larry Sthresley, who directs the ASSP project, and representatives from UK's development funding mechanism, which funds the ASSP project, were coming to the area. They stepped up work on the health center and finished it in time for their visit. They put together an inauguration ceremony using their own means. Half an hour before the inauguration ceremony a woman was brought to the health center with obstructed labor. The case was too complicated for the local health center nurse, but the health zone doctor who had come for the ceremony was able to save the mother and baby — and the baby was named Larry.

At the ceremony Chief Kibulungu said: **"Now I can die happy. My people have a health center."**

Kibulungu health center is just one of 200 new health centers being built and 250 health centers being renovated through the ASSP project. Currently many of the health facilities are just stick-and-mud brick construction, with thatched roofs and dirt floors. Through ASSP, nearly 4.5 million people will have a new or a renovated health center in their community made of compressed brick, with cement floors and tin roofs, furnished with beds and medical equipment.





Community mobilizers support a mother with obstructed labor to a location where transport is available for those referred to Pochalla PHCC.

## SOUTH SUDAN: RAPID RESULTS HEALTH PROJECT

Ministry of Health - Republic of South Sudan/World Bank | 2012 - 2016 | \$53 million

Emerging from nearly three decades of conflict to achieve independence, South Sudan set forth its vision of justice, liberty, and prosperity. One important component of this vision is the health of its people.

IMA is a key partner in the government's health strategy through its implementation of the Rapid Results Health Project (RRHP). The goal of RRHP, which builds on IMA's work in South Sudan since 2008, is to strengthen the capacity of local County Health Departments to provide basic health services in Jonglei and Upper Nile states and, as of 2015, the newly created Greater Pibor Area Association.

Through RRHP, IMA works in partnership with the national Ministry of Health and 12 international and local partners to meet the health care needs of 3.3 million people, representing over 25% of South Sudan's population.

### Key Achievements in Fiscal Year 2015

18,300

children received the full 3-vaccination series for diphtheria, pertussis, and tetanus (DPT3)

83,219

children received measles vaccinations

92,965

children received Vitamin A

1,466,082

visits were made to outpatient services in FY 2015

40,369

pregnant women attended their first antenatal care visit

## KEEPING PACE IN A CHANGING ENVIRONMENT

South Sudan has experienced ongoing conflict and change since gaining independence in 2011. One such change was the establishment in May 2015 of the Greater Pibor Administrative Area (GPAA), the functional equivalent of a new state. Created from the former Pibor and Pochalla counties of Jonglei State, where IMA works to improve health care, the new GPAA was a significant peace dividend between warring factions in Pibor County. **For IMA, this meant taking swift action to get a health care system up and running to ensure health care needs could be met.**

With World Bank support, IMA participated in extensive planning with the Ministry of Health and GPAA Chief Administrator to create a comprehensive implementation strategy for delivering primary health care services. Then IMA staff mobilized to implement it, establishing County Health Departments for the new counties, training the new leadership and staff; overseeing service delivery; providing technical support; creating infrastructure for permanent health facilities; and taking services to remote communities.

With no time to lose before seasonal rains set in, making access extremely difficult for months to come, IMA secured six pre-fab units and transported them to key areas where health facilities had been destroyed or did not exist. In collaboration with UNICEF and WHO, IMA supported the local health authorities to install solar fridges for vaccines and trained staff on vaccine administration. Reaching out in these communities where health services are now much more accessible, IMA is helping to establish a network of village health committees to manage the health facilities and spread the word about the services that are available and the difference they can make in people's lives, women and children in particular.

As work continues into 2016, IMA is encouraged by the zeal, courage, and resilience of the local leadership and health workers, who have acted quickly and worked together under very challenging conditions to save lives of the vulnerable. To date, tens of thousands of patients have already been seen under the new system.



Jacob Nuer sits at his desk in IMA's office in Bor. Holes in the walls of his office, in his door, and on the side of his filing cabinet, are a reminder of the day the office was looted in December 2013.



Bill Clemmer leads a discussion during the first day of the ACHAP conference.



*“IMA deeply values the Christian Health Associations and their rich history and faith-based identity. IMA’s involvement with ACHAP is a cornerstone of our commitment to strategic partnerships. The Christian Health Associations play a crucial role in providing health care across Africa, and we are thrilled to be a part of that life-saving work.”*

— Rick Santos, IMA World Health President and CEO



## COMMITMENT TO PARTNERSHIP

### STRENGTHENING AFRICA’S FAITH-BASED HEALTH NETWORKS

IMA World Health participated in the 7th biennial conference of the Africa Christian Health Associations Platform (ACHAP) Feb. 23 to 26 in Nairobi, Kenya. ACHAP hosted the conference in collaboration with the Christian Health Association of Kenya (CHAK) and with support from various health and development partners.

The theme of the conference was “The role of faith based health services in contributing to universal health coverage in Africa.” It was attended by over 20 of ACHAP’s member institutions (Christian Health Associations) from 26 countries as well as local, regional, and international partners and donors including the World Health Organization, World Bank, UNAIDS, and the United States Agency for International Development (USAID).

#### Accomplishments from IMA’s participation at the conference include:

- **Successful support to ACHAP’s conference**, which led to opportunities to continue building ACHAP capacity.
- **Formation of the ACHAP HIV/AIDS Technical Working Group** due to IMA’s strong advocacy for faith-based organization (FBO) engagement in HIV/AIDS issues at the conference.
- **Continued engagement with Christian Health Associations (CHAs)** on existing and future work opportunities for strengthening health systems, such as the AIDSFree Project.
- **Appointment of IMA President Rick Santos** as a member of the ACHAP Advisory Group, a new group created to support the ACHAP Board of Directors to achieve the organizational mission through support of ideas, contacts, and resource mobilization strategies.

IMA has and continues to work to strengthen the capacity of ACHAP and the CHA network through various project initiatives. Highlights of IMA’s engagement with faith-based organizations include strengthening human resources for health, health service delivery, emergency response, behavioral change and communication, and HIV/AIDS response. We also work to strengthen mapping of FBO assets and global advocacy.



AFRICA CHA PLATFORM

ACHAP is an advocacy and networking platform improving knowledge sharing and joint learning among Christian Health Associations (CHAs) and Church Health Networks in Sub-Saharan Africa. CHA networks have a long history of working within developing countries to provide health care services to populations in need, and they form the integral link between the Ministry of Health and the faith-based health care facilities.

### ENCOURAGED TO PRESS ON FOR THE HEALTH WORKFORCE IN AFRICA

IMA sponsored a dinner meeting for the ACHAP Human Resources for Health Technical Working Group (HRH TWG) on February 24, 2015 in Nairobi during the 7th ACHAP Biennial Conference, providing a good opportunity for the TWG to reflect on its activities over the last two years.

The ACHAP HRH TWG serves as a technical reference group on HRH issues identified as key and common among Christian Health Associations in Africa. The TWG was set up in 2007 and was supported by IMA World Health and the USAID-funded CapacityPlus project until June 2014. IMA continues to provide support.

During the meeting, members received updates on the CapacityPlus-sponsored FBO study on HR management policies conducted through the Christian Health Association of Kenya and were encouraged to learn from the findings, such as the increased recognition of HR management functions and departments.

The group also heard a presentation from the Christian Health Association of Malawi (CHAM) on its ongoing progress in applying the CapacityPlus productivity toolkit, as well as presentations on other great initiatives this enthusiastic team of FBO HRH leaders in Africa had been implementing.

The discussions showed how the TWG has made important strides, such as the development and publication of key HRH messages targeted at FBO leaders, Skype calls on thematic areas, and exchange visits to benchmark and learn how to replicate best practices, among others. The meeting participants discussed the need for further deliberation on how the TWG can continue to grow and reflect the entire ACHAP network.

Following the meeting, the HRH TWG reported having renewed energy to take ownership of ACHAP’s 7th Biennial Conference commitment statement for universal health coverage: “Address HRH issues and challenges taking into consideration appropriate incentive schemes.”



## CAPACITYPLUS

USAID | 2009 – 2015 | \$1,277,351

CapacityPlus was launched in 2009 to focus on increasing and strengthening the health workforce. For the past six years, IMA has led efforts to develop and support faith-based organizations (FBOs)—which own and operate an estimated 30-70% of health care facilities in Africa—in managing their human resources for health.

Most notably, IMA provided technical support to the Africa Christian Health Associations Platform (ACHAP), a network organization of 26 Christian Health Associations (CHAs) by facilitating the sharing of information and human resource expertise among ACHAP members and the larger FBO community.

### Key 2015 Achievements

- **Supply chain assessment** conducted for Christian Health Association of Liberia (CHAL) that maps the way forward by presenting key considerations and options to inform decisions for future investments in CHAL's supply chain system. CHAL has since engaged with other donors on rebuilding based on this report.
- **Health Workforce Productivity Analysis and improvement process** conducted for Christian Health Association of Malawi (CHAM) in nine health facilities. The process measured health workforce productivity; analyzed the problems and their underlying causes; and determined appropriate interventions to improve health worker productivity within their respective facilities. Using findings from the assessment, CHAM has managed to leverage donor support it receives through other projects to be able to act on a number of prioritized interventions to address health facility inefficiencies and low patient demand.
- **Conducted a half day dissemination event titled "A Strong Health Workforce for Africa: Building effective partnerships with FBOs"** to highlight our significant efforts to strengthen the health workforce of faith-based organizations, particularly CHAs. The event was highly visible to USAID and other stakeholders.



CapacityPlus held an interactive event in October 2014 at the National Press Club in Washington, DC, to present and share the role and best practices of faith-based organizations and to advance the dialogue for overcoming key challenges to scaling up Africa's health workforce for better health services and outcomes.



## GIFTS IN KIND PROGRAM

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

### From June 2014 to April 2015



**\$1.4 MILLION**

*in supplies were shipped from the IMA Warehouse in New Windsor, Maryland.*

**SIX COUNTRIES**

*received life-saving medicines and supplies. They were Haiti, Nigeria, Cambodia, Honduras, Nicaragua and Jamaica.*

**3,990**

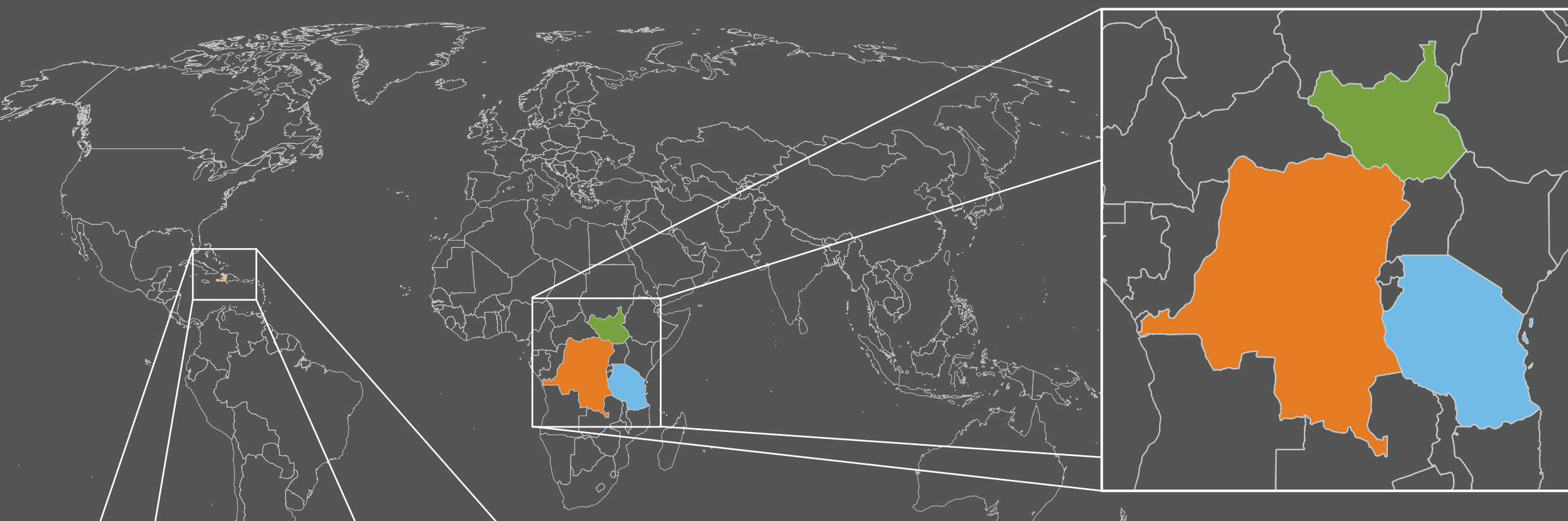
*Safe Motherhood Kits™ were sent to medical facilities in Haiti. Many of those kits contained handmade hats and blankets donated by churches and organizations from across the U.S. In some cases, volunteers learned how to crochet so they could contribute to the kits.*

*Donations reached their destinations by*  
**LAND, SEA AND AIR**





# IMPACT BY THE NUMBERS



## NEGLECTED TROPICAL DISEASES: HAITI

# 46 COMMUNES

have met lymphatic filariasis elimination goals

ENVISION (USAID)

## SKILLED BIRTHS: DR CONGO

# 272,491 BIRTHS

attended by skilled health personnel

ASSP (UK aid)

## MALARIA: DR CONGO

# 262,646 PREGNANT WOMEN

received two doses of intermittent preventive treatment for malaria

ASSP (UK aid, SIDA)

## MALARIA: DR CONGO

# 174,465 MALARIA NETS

were distributed to pregnant women and children under age one

ASSP (UK aid, SIDA)

## MALARIA: DR CONGO

# 540,655 CASES

of malaria were treated

Global Fund

## NEGLECTED TROPICAL DISEASES: TANZANIA

# 38 MILLION TREATMENTS

administered to over 15 million people annually

ENVISION (USAID)

## MALARIA: SOUTH SUDAN

More than

# 1.3 MILLION MALARIA NETS

were distributed

RRHP (World Bank)

## HIV/AIDS: TANZANIA

# 180,000 PATIENTS

received HIV care

Project LEAD (CDC, PEPFAR)

## CERVICAL CANCER: TANZANIA

# 8,011 WOMEN

were screened, and those testing positive were treated the same day

Cervical Cancer Project (Izumi Foundation, CDC, IMA Members)

## HIV/AIDS: TANZANIA

# 10,000 PATIENTS

started antiretroviral treatment

Project LEAD (CDC, PEPFAR)





# RESPONDING TO EMERGENCIES



While emergency humanitarian response is not an IMA core focus, sometimes we are uniquely equipped to provide just what's needed in a time of crisis. This year, IMA responded to two major health emergencies.

## WEST AFRICA EBOLA CRISIS

### Liberia

The Liberian health system was largely unprepared for the 2014 outbreak of the Ebola Virus, which infected more than 10,600 Liberians. IMA's longtime partner, the Christian Health Association of Liberia (CHAL), positioned itself early on to respond to this crisis.

IMA supported CHAL to train health care professionals, community health volunteers, and religious and traditional leaders on the key facts about Ebola and how to stop its spread. IMA also supported CHAL's community outreach efforts utilizing posters, flyers, and jingles that were played on the radio and through the streets of select villages via sound trucks. IMA also procured **58 kits of Personal Protective Equipment (PPE)** for CHAL to distribute to health workers at **18 health centers**, along with the training on their proper use.

*IMA's assistance was made possible thanks to individual donations as well as grants from IMA member agencies including Lutheran World Relief; American Baptist Churches USA; Week of Compassion, Christian Church (Disciples of Christ); and Church of the Brethren. Additional donors included Disaster Aid USA, Inc. and the Rotary Clubs of Baltimore, Bonds Meadow, Chevy Chase-Bethesda, Mt. Airy, Owings Mills, Pikesville, and Sykesville in Maryland, and the Rotary Club of Harrisonburg, Virginia.*

### Democratic Republic of Congo

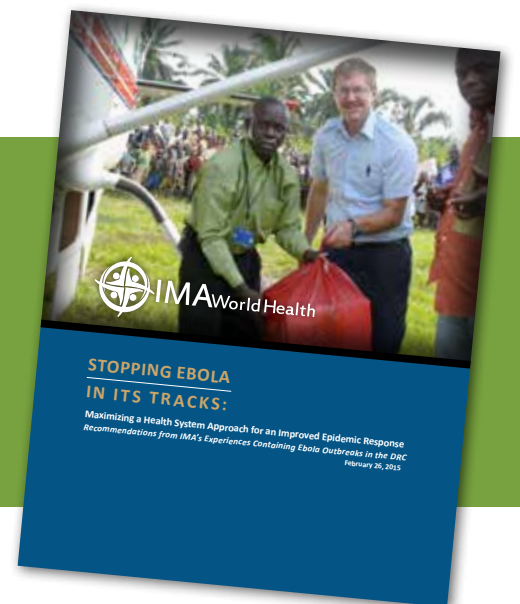
Projection maps showed the DRC was at risk for high fatality from an outbreak of Ebola in 2014, separate from the one already affecting West Africa. Already working to strengthen health systems in DRC, IMA took swift preemptive measures by providing **200 PPE kits** to protect health workers and contain a potential outbreak before it started. IMA also worked with the DRC Ministry of Health to plan a five-day training for hospital staff in Ebola preparedness and response.

*Funding was provided by individual donors and IMA member agencies including the American Baptist Churches, the United Church of Christ, and Week of Compassion, Christian Church (Disciples of Christ).*

## SPECIAL REPORT

This year, IMA released a report titled **STOPPING EBOLA IN ITS TRACKS: Maximizing a Health System Approach for an Improved Epidemic Response**. The report includes recommendations from IMA's experiences containing Ebola outbreaks in the DRC dating back to 1995.

Download a free copy at [www.imaworldhealth.org/ebola-outbreak](http://www.imaworldhealth.org/ebola-outbreak).



## EMERGENCY HEALTH SERVICES IN SOUTH SUDAN

In December 2013, conflict erupted in South Sudan and continued through much of 2015. IMA's long-term work to strengthen the health systems in Jonglei and Upper Nile States has placed our team in some of the most conflict-affected areas, where thousands have been displaced from their homes and lack access to basic needs for health such as clean water, food, and medical care. Through our strong connections with the Ministry of Health and funding from OFDA, USDA, the United Methodist Committee on Relief, and All We Can (Methodist Relief and Development, UK), this year IMA provided emergency health services in the following ways:

- **Established a temporary clinic in Mingkaman**, where mothers can safely deliver their babies.
- **Provided an emergency ambulance** that transports patients and delivers medical supplies to clinics operating in the Bor County region.
- **Established mobile clinics in Jonglei and Upper Nile States** to provide vital primary and emergency health services including disability and trauma referral, screening for psychosocial needs, and nutrition.
- **Renovated and equipped Bor Hospital**, the only fixed facility with surgical capacity, which had been completely ransacked during fighting.

## FIGHTING MALNUTRITION ON SOUTH SUDAN'S FRONT LINES

Mary Akuol was born close to the front lines of conflict in South Sudan. When she was 11 months old, a health worker at Kurwai Health Center noticed Mary's troubling symptoms and urged her mother to take her to seek treatment. A mid-upper arm circumference (MUAC) measurement less than 11 centimeters indicates severe acute malnutrition; Mary's MUAC was 10.5 cm. She was in serious danger.

The Kurwai Health Center, managed by IMA World Health and a local organization called Nile Hope, is part of a targeted nutrition outreach effort funded by the USAID Office of Foreign Disaster Assistance. Mary entered an intensive therapeutic treatment program, during which she received ready-to-use therapeutic food (RUTF) and was monitored by the nutrition center staff. After six weeks, she had improved dramatically — achieving a 15% weight gain — and was discharged a healthy one-year-old.





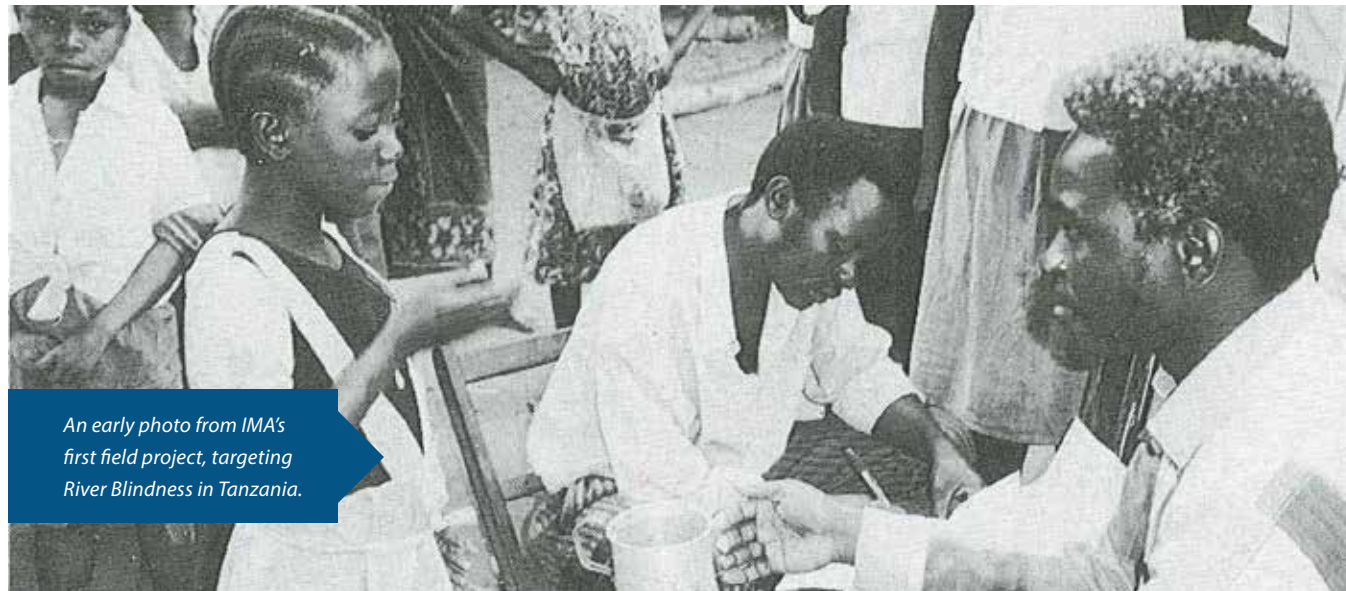


# CELEBRATING MILESTONES

## 20 YEARS IN TANZANIA

When IMA World Health was founded in 1960, its work focused solely on distributing medicines and medical supplies to our Member organizations' projects around the world. In 1994–1995, IMA made a game-changing move: stepping out of a supportive role and launching a field project of its own to target the neglected tropical disease onchocerciasis, or River Blindness, in Tanzania.

Funded by 10 IMA member organizations who believed in IMA's potential to make a larger impact, the River Blindness Project became the turning point in IMA's history. In 1997, IMA opened its first field office in Dar es Salaam, and more health projects in Tanzania and other countries soon followed.



An early photo from IMA's first field project, targeting River Blindness in Tanzania.

This year, IMA celebrated the 20th anniversary of its work in Tanzania with a February reception at the Kilimanjaro Hyatt Hotel in Dar es Salaam. The Permanent Secretary of the Tanzanian Ministry of Health and Social Welfare, Dr. Donald Mmbando, was the guest of honor and provided the opening remarks. Partners, donors, and IMA staff were also present to mark the occasion, celebrate the lives saved and improved over the past 20 years, and discuss the key approaches that will guide IMA's work to ensure *health, healing and well-being for all* for the next 20 years, both in Tanzania and beyond.



Today, IMA is a leader in the effort to control and eliminate neglected tropical diseases around the world.



## OUR FIRST YEAR IN INDONESIA

In 2014, IMA launched a project to develop and implement the National Behavior Change Campaign to Reduce Childhood Stunting in Indonesia, which led to opening IMA's first field office in Asia. Funded by the Millennium Challenge Account-Indonesia (MCA-I), the project is designed to use a combination of national mass media, local media and interpersonal communications approaches to change behaviors and practices that contribute to malnutrition and childhood stunting.

This year, IMA completed the project's formative research phase in collaboration with the University of Indonesia, with the goal of identifying key contributors to malnutrition as well as the most effective behavior change and communications approaches. With this foundational knowledge in place, IMA will launch a two-year campaign to influence behavior and practices of parents, caregivers, and health workers to help children grow up healthy and strong.





## NEGLECTED TROPICAL DISEASES

Neglected tropical diseases (NTDs) cause chronic suffering, disability, and equally crippling social stigma. After 20 years of work to control and eliminate these diseases, IMA World Health is celebrating a particularly exciting year of reaching new milestones and making history.

### ENVISION TANZANIA NTD PROGRAM

USAID through RTI International | 2011 – 2019 | \$18.5 million to date

The Tanzania NTD Control Program (TZNTDCP) focuses on the five most common NTDs: lymphatic filariasis (LF), onchocerciasis, schistosomiasis, trachoma, and soil-transmitted helminthes. IMA supports mass drug administration (MDA) in 80 districts across 13 regions in Tanzania, training more than 45,000 community drug distributors and distributing over 38 million treatments to over 15 million people annually. In 2016, IMA will work with the TZNTDCP to reach an additional 46 districts and 6 regions.

#### Key 2015 Achievements

- Participated in **the largest national public health campaign to date in Tanzania**, by joining a community NTD MDA with a Measles and Rubella vaccination campaign.
- Together with the Task Force for Global Health and ENVISION, IMA and the TZNTDCP carried out LF remapping in 63 districts. Preliminary results indicate that LF MDA is not warranted in these 63 districts. Now that its LF map has “shrunk”, Tanzania is in a much better position to reach the 2020 LF elimination goals.
- Carried out transmission assessment surveys (TAS) in 38 districts; preliminary results show disease transmission has been interrupted in most districts, which will no longer need treatment.



A child has her blood taken for a transmission assessment survey.



Children marching in the streets of Dodoma, Tanzania, to celebrate the start of the joint vaccine and MDA program.

### JOINING FORCES AGAINST DISEASE

In October 2014, IMA World Health participated in **one of the largest public health intervention efforts ever staged in Tanzania**—a national joint immunization and mass drug administration (MDA) campaign to **protect 21 million children against measles, rubella, and neglected tropical diseases (NTDs)**.

The 2014 national immunization campaign engaged thousands of vaccinators and volunteers, covering more than 12,000 schools and 6,600 health facilities over a one-week period—and making history in the effort to promote healthy communities in Tanzania.

### ENVISION HAITI NTD PROGRAM

USAID through RTI International | 2011 – 2019 | \$9 million to date

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 implementation in 9 of Haiti’s 10 Departments through community distribution posts and schools with the help of 20,000 volunteers. IMA has trained these volunteers to educate their communities and distribute the medication. **The key goals: controlling the spread of STH, and eliminating lymphatic filariasis in Haiti by 2020.**

#### Key 2015 Achievements

- Since 2008, IMA has administered over **28 million treatments**, achieving **95% population coverage** on average.
- Carried out LF transmission assessment surveys (TAS) in **48 of Haiti’s 140 communes**, with **46 of them passing TAS** and able to stop treatment.

### APPROACHING ELIMINATION

In 1999, the Haiti NTD Control Program set a goal to eliminate lymphatic filariasis (LF) from the population by 2020. With IMA support and funding from USAID, Haiti has made incredible strides toward reaching this goal, despite challenges that followed the massive 2010 earthquake.

The first mass drug administration (MDA) was conducted in one commune in 2000. In 2012, the program reached national geographic coverage. By 2015, 48 of Haiti’s **140 communes** were ready to undertake transmission assessment surveys (TAS) to determine whether infection rates were low enough to stop MDA.

The surveys showed that 46 communes had met their elimination goals - a significant achievement for the country and a testament to the persistence of the program staff, partners, and volunteers. With additional TAS planned in 2016, IMA looks forward to further progress toward eliminating this debilitating disease.





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

U.S. Centers for Disease Control and Prevention, PEPFAR | 2012 – 2016 | \$8.7 million

IMA strengthens the capacity of 32 health facilities in 3 regions—Mara, Manyara and Tanga—to provide comprehensive HIV care and treatment services. The key program areas covered include adult care and treatment; pediatric care and treatment; TB/HIV; and laboratory infrastructure. The project provides onsite mentorship to health care workers (HCWs) on early identification of HIV-infected adults and children, linkage into care, and retention in care and treatment to increase the number of people receiving HIV care and treatment.

### Key 2015 Achievements

**180,000**

clients received HIV care, including

**6,000 CHILDREN**

**10,000**

clients were newly enrolled into HIV care and treatment, including

**300 CHILDREN**  
below age 15

**176,000**

HIV patients were screened for tuberculosis using the National Screening Tool. About 1,000 patients were confirmed to have active TB and were initiated on TB treatment.

**FOUR HEALTH FACILITIES**

received recognition of quality improvement under the Strengthening Laboratory Management Toward Accreditation (SLMTA) program.



Free antiretroviral drugs (ARVs), scaled up services and committed medical staff have improved access to antiretroviral treatment (ART) tremendously in Tanzania and more broadly in Africa.



## OVERCOMING SEXUAL AND GENDER-BASED VIOLENCE

### USHINDI

USAID | 2010 – 2015 | \$16 million

The high prevalence of sexual and gender based violence (SGBV) in the eastern region of the Democratic Republic of Congo stems both from ongoing conflict and chronic issues of gender inequality. The Ushindi Project takes a holistic approach to supporting survivors and preventing SGBV in eastern DRC, integrating socioeconomic, legal, psychosocial, and health interventions. The project has been extended through January 2016.

### Key 2015 Achievements

- 2,720 incidents of violence were reported, with:
  - **100% receiving psychosocial support,**
  - **1,550** receiving medical care, and
  - **898** receiving legal support.
- 2,314 people completed a 12-month cycle of participation in a Village Savings and Loan Association, **exceeding the project target by 76%.**
- 25,657 community leaders, 55,781 community members, and 40,675 school children were engaged in behavior change communication activities.

This year, IMA hosted United States Under Secretary of State for Civilian Security, Democracy, and Human Rights, Sarah Sewall, during a visit to see USAID programs in action in Eastern Congo. She said of the Ushindi project, "In Washington your program is held in high regard, and I am very pleased to be able to come here and hear more and see more myself."

Later Diana Putman, the USAID/DRC mission director, told IMA that the Under Secretary was very impressed by Ushindi and thought it was one of the best programs she visited while in the DRC.

### FROM BROTHEL OWNER TO WOMEN'S EMPOWERMENT CHAMPION

As a brothel owner, Josephine Namba Balikwisha made as much money in a week as her neighbors in Bulongo, DRC, made in a year. Then Ushindi came to town, promoting equality, health, and empowerment for women. Josephine, always seeking opportunity, immediately joined the *noyaux*, a community-based group that spreads Ushindi messages and activities throughout the village.

It took a month for her to realize that although her business gave her personal wealth and power, it violated the rights of other women. Despite the protests of her patrons and her own children, Josephine closed her business and began escorting minors from the brothel back to their families.

Through Ushindi, Josephine has become one of the biggest champions for women's empowerment and conflict management in her village.

"Ushindi freed me from the bad air I was living in. Even though I lost my high income, my spirit feels calm and I feel strong. Everyone calls me the USHINDI Woman," she says proudly.



Josephine





# LEADERSHIP AND GUIDANCE

Our founders represented the mission boards from several different church denominations who shared a common vision: Everyone's clinics need medicines and supplies. IMA would be the shared partner to manage these donated items, distributing them where they were needed most. Though IMA's mission has expanded since it was founded in 1960, partnership is as important today as it was in the beginning. IMA World Health is focused on advancing health and healing all around the world – but we can't do it alone.

## OUR MEMBERS

Partnership with our faith-based Member agencies makes IMA unique as we strive to advance health, healing and well-being in the developing world, where faith-based organizations continue to provide large portions of available health care. Together, IMA and our 11 Members fund health programs, share resources, collaborate on projects, and share a goal of advancing health and development through faith networks.

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

## OUR EXECUTIVE LEADERSHIP TEAM



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IMA World Health is governed by a Board of Directors made up of Member Agency and At-Large representatives.

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IMA World Health is deeply grateful to the following individuals, organizations, and foundations who supported our vision with their financial or in-kind gifts from July 1, 2014 to June 30, 2015.

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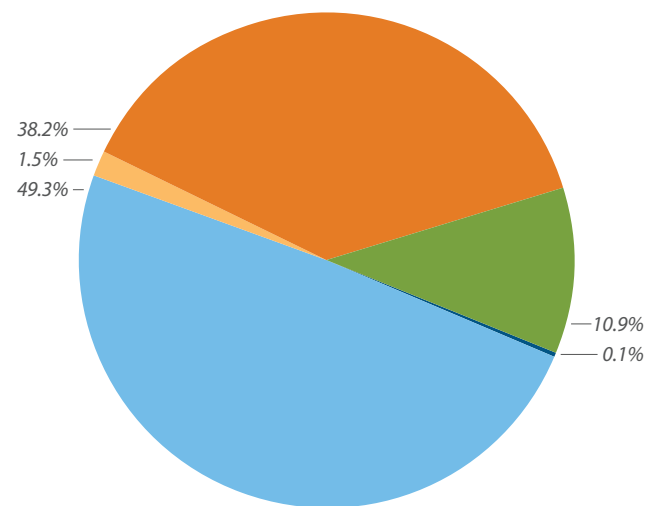
# FINANCIAL REVIEW

IMA World Health's condensed financial report and the statement of activities for the years ending June 30, 2013, 2014 and 2015 are presented in this section.

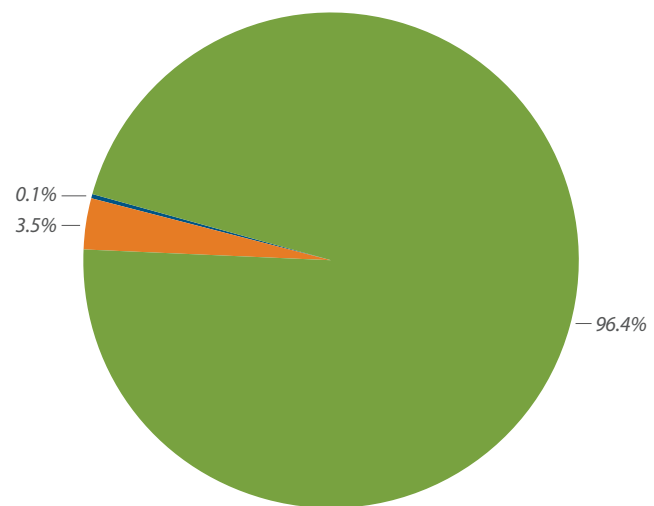
A copy of IMA World Health's financial statements is available upon request or may be viewed at [www.imaworldhealth.org](http://www.imaworldhealth.org).

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 IMA website.

## 2015 REVENUE



## 2015 EXPENSES



## STATEMENT OF FINANCIAL POSITION

REVENUE	2015	2014	2013
U.S. Government Grants	18,002,600	14,801,663	12,857,083
Non U.S. Government Grants	62,784,289	62,544,671	27,364,842
General Contributions	2,444,383	3,320,454	1,079,014
Donated Inventory (Gifts in Kind)	81,076,839	47,656,021	7,583,437
Other Income	166,115	89,951	174,184
<b>Total Revenue</b>	<b>164,474,226</b>	<b>128,412,760</b>	<b>49,058,560</b>

EXPENSES	2015	2014	2013
Program Services	158,699,081	123,672,376	45,666,892
General Administration	5,771,870	5,364,902	3,666,457
Promotional and Interpretation	234,722	165,827	130,367
<b>Total Expenses</b>	<b>164,705,673</b>	<b>129,203,105</b>	<b>49,463,716</b>

CHANGE IN NET ASSETS	2015	2014	2013
<b>GENERAL OPERATING SURPLUS/(DEFICIT)</b>	<b>129,694</b>	<b>(114,136)</b>	<b>208,738</b>





