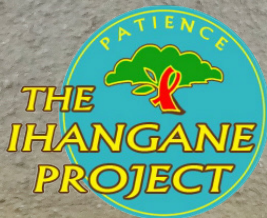


2017 ANNUAL IMPACT REPORT

Empowering Communities to
Strengthen Health Systems



OUR MISSION

The Ihangane Project achieves lasting improvements in health outcomes in resource-limited settings.

OUR VISION

A world in which quality health care leads to inclusive, empowered, and healthy communities.



LETTER FROM THE EXECUTIVE DIRECTOR

Dear Ihangane Family,

Five years ago we set an ambitious goal to eliminate mother to child HIV transmission and dramatically decrease rates of malnutrition in the rural community of Ruli, Rwanda -- I report with great pride that we succeeded in this goal! But more importantly, in achieving this milestone we are also expanding our reach and creating impact at the national level. It is with deep gratitude and immense excitement that I share with you The Ihangane Project's 2017 Annual Report.

- There have been **ZERO** new cases of mother to child HIV transmission in over 12 months-- a 160% drop.
- Malnutrition among HIV-exposed children has decreased by over **65%**.
- Systems are in place to sustain this impact, and we are now looking towards our next phase of growth.
- TIP has successfully replicated our model within primary care, community health, and health systems management.

Our 'secret sauce' is our ability to foster individual and community ownership in health outcomes and to provide a framework that promotes an innovation mindset. By working hand in hand with health care workers, patients, community members, administrators and the Ministry of Health, The Ihangane Project has developed a deep understanding and expertise in the drivers of health behavior change. Our methodology, grounded in our philosophy that real behavior change occurs when one feels valued, capable and hopeful in the future, serves as a roadmap for all of our work today.

What began as a grassroots effort to address local challenges in Rwanda has evolved into an organization leading the way in redefining the design and implementation of local health care delivery systems. Through our strong partnership with the Rwanda Ministry of Health and presence in international forums such as the International AIDS Conference in Durban South Africa, our work is an important and broadly applicable global model for creating effective and resilient health systems.

Over the past nine years we have achieved tremendous successes together and we are at a pivotal point of growth. Our work and results would not be possible if it were not for our tirelessly dedicated team in Rwanda and our incredible community of supporters throughout the world. You have cheered our team on, provided mentorship, and generously given over the years. I speak for our entire team when I say that we are eternally grateful for your contributions to our work.

In Gratitude~
Wendy Leonard



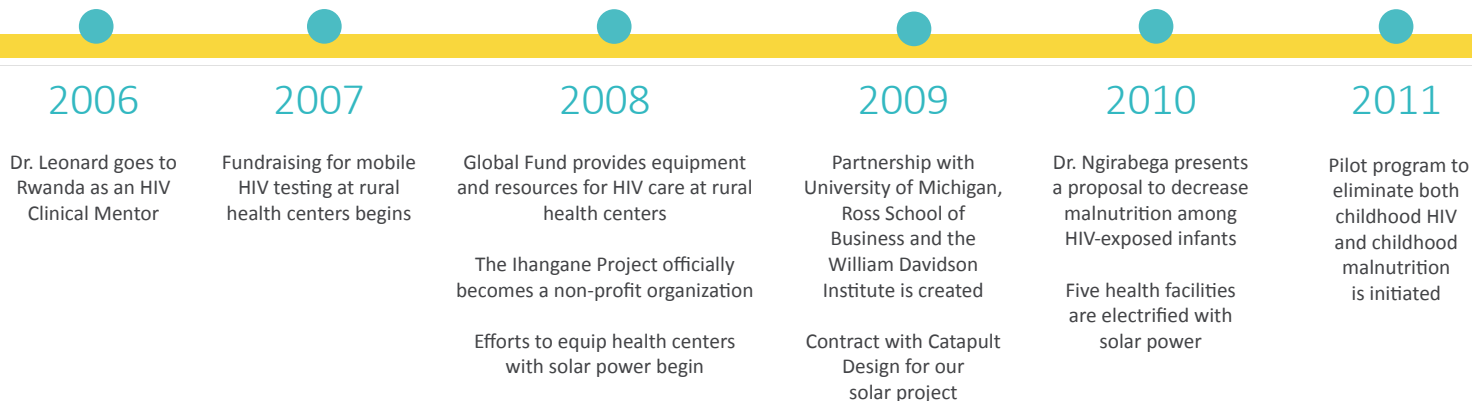
OUR HISTORY

Family Medicine Specialist Dr. Wendy Leonard first came to Rwanda in 2006 as a volunteer clinical mentor sponsored by the Clinton Global Initiative. She expected to oversee the implementation of HIV protocols established by the Rwandan Ministry of Health. What she found was a medical community who was overwhelmed by illness and lacking in basic resources. They needed critical medical knowledge required to care for their communities, but the international development community thought they needed only protocols, supplies and medication.

Dr. Leonard founded The Ihangane Project (TIP) with consistent support from the Medical Director of Ruli District Hospital, Dr. Jean de Dieu Ngirabega, in 2008. TIP believes that a holistic approach can address conditions like HIV while encouraging local initiatives that improve the health of the entire community. Our work has become an important model in how to strengthen entire local health systems.

TIP's first project in 2008 was intended to establish mobile HIV services at seven rural health centers in the catchment area of Ruli, Rwanda. The Global Fund generously donated the equipment and funds needed to establish complete HIV services at these sites. Unfortunately, the HIV services were not implementable due to lack of access to grid electricity. We quickly turned our attention towards solar electricity. TIP established solar power at five health facilities. These systems continue to function today at the four sites that remain dependent upon off-grid electricity.

TIMELINE





With this initiative successfully completed, The Ihangane Project and the community of Ruli, Rwanda embarked upon our most ambitious initiative. We established the lofty goal of eliminating Mother to Child Transmission of HIV while dramatically reducing malnutrition among HIV-exposed infants and strengthening the entire health care delivery system for **35,000 children** under 5 years of age. **And it worked!**

Where We Are Now

Our work in Ruli, Rwanda now serves as a social innovation laboratory for creating effective and resilient local health care delivery systems. The community is reaching their health goals by effectively implementing the Ministry of Health protocols and creating tools to ensure the long term viability of their results. These tools are tested in new communities to understand the essential components for effective replication. The tools and implementation strategies are shared upstream with the Ministry of Health for integration into their policies. In this way, we are building a robust health care delivery system that is standardized, recognizes the frontline realities, builds ownership and capacity, fosters innovation, and leads to sustainable improvements in health outcomes for even the most vulnerable of our community members.

2012

The Ihangane Project hires our first staff members

2013

The Ihangane Project Education Model is created and implemented at 7 health centers

2014

First Community Health Building is inaugurated in Gatwa

2015

Our fortified porridge production facility (Aheza) is inaugurated

2016

Abstract is accepted for oral presentation at the 2016 International AIDS Conference in Durban, South Africa

2017

MOU with the Rwanda Ministry of Health, recommitting to our partnership through 2021 is renewed



THE PROBLEM

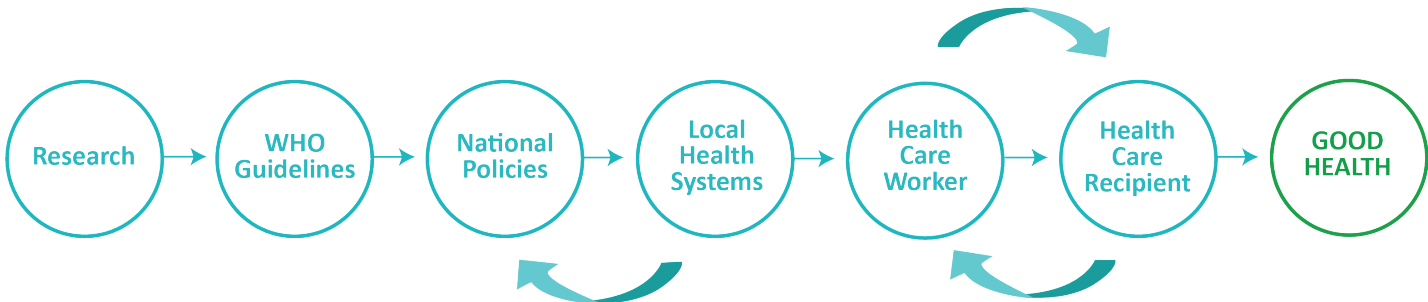
Health systems are fragmented because they are designed at the national level without input from those living in the communities where they are implemented.

OUR SOLUTION

We create a mechanism for local innovation within existing infrastructure and opportunities for communities to provide feedback to policy makers and ensure effective implementation strategies.

OUR FOCUS

The relationship between health care worker and recipient is the final link in the health care delivery chain. This is where TIP begins:



OUR PHILOSOPHY

We believe that lasting improvements in health outcomes require individual and community ownership. This occurs by creating a nurturing environment for behavior change that fosters value, strengthens capacity and inspires hope.



OUR APPROACH

With our philosophy as our foundation, our model promotes local innovation to improve access and quality of health care while overcoming socioeconomic barriers to good health.



Listen to Community Stakeholders

Create a 360 degree view of the community's health goals.



Learn About Existing Systems and External Pressures

Research Ministry of Health protocols, how protocols are implemented, where gaps exist.



Integrate and Co-Design

Create a common road map for reaching the community's goals within the context of the current system and expectations.



Strengthen Systems and Skill Sets

Bring Ministry of Health protocols to life by providing needed skills and demonstrating how these actions will support the ability to reach health goals.



Utilize Data to Inspire and Improve

Choose indicators that stakeholders value, satisfy upstream reporting requirements, and illustrate the capacity to bring about change.



Sustain Impact

Integrate plans for sustainability from the start by improving efficiency, accessing existing resources, identifying creative revenue streams, and supporting cross-sector collaboration.

IMPACT

To ensure lasting improvements in health outcomes, we measure our impact in the following critical junctures of the health care delivery chain:

ACCESS TO CARE • QUALITY OF CARE • ADOPTION OF CARE RECOMMENDATIONS • SUSTAINABILITY OF CARE



ACCESS TO CARE

The first step to improve health is to ensure that community members can access the care that is being provided. The Ihangane Project works with health care workers and health care recipients to overcome the obstacles to accessing care and builds community ownership of their local health system.

CASE EXAMPLES:

Community Health:

- PROBLEM:** Community Health Workers had no place to provide care in their villages.
- SOLUTION:** Engage the community.
- IMPACT:**
- 8 Community Health Buildings constructed.
 - Over **\$26,000 USD** (52% of total costs) raised by rural communities themselves.
 - **8625** people with village-level access to health care.
 - **3450** women gain access to confidential Family Planning services.

Health System Management:

- PROBLEM:** Health centers referred ill patients to the hospital. Patients travelled hours to the hospital, waited all day, and still returned home without being seen.
- SOLUTION:** Create a referral system between the health centers and Ruli District Hospital.
- IMPACT:**
- Average Patient Wait Time: Decreases **230%** to 21 minutes.

Social Enterprise

- PROBLEM:** HIV+ community members were unable to afford health insurance (mutuelle).
- SOLUTION:** Strengthen existing artisan and farming cooperatives to increase incomes.
- IMPACT:**
- **95%** of farmers and **100%** of artisans now have mutuelle health insurance.



WHAT'S NEXT:

- Community Health Building Initiative expanded to Nemba District Hospital's catchment area through our partners at Medicus Mundi.
- TIP's Referral System is now being adopted by the Rwanda Ministry of Health as the national policy for health center to hospital referrals.



QUALITY OF CARE

Once community members access the health care system, they need high quality care to reach health goals. The Ihangane Project has created a unique set of resources to ensure consistent, high quality care that builds ownership of health outcomes among both health care workers and health care participants.

CASE EXAMPLES:

Building Skills:

- PROBLEM:** Health care workers did not have the skill sets needed to provide quality care.
- SOLUTION:** Bring Ministry of Health protocols to life with our Protocols to People Toolkit.
- IMPACT:**
- Nurses' ability to accurately diagnose malnutrition increased by over **100%**.
 - Infant HIV testing at appropriate intervals increased by **1100%**.
 - **100** nurses trained in prenatal and early child care, nutrition and HIV prevention via a train the trainer approach.

Data to Improve and Inspire:

- PROBLEM:** Nurses did not have the tools to address the barriers to providing quality care.
- SOLUTION:** Engage health care workers and patients with a Continuous Quality Improvement Program.
- IMPACT:**
- **146%** improvement in the quality of care provided to HIV+ mothers and their infants.
 - At Rwanda Ministry of Health request, **50** district hospital-based clinical mentors trained in our CQI approach.

Sustaining Impact:

- PROBLEM:** Health care workers now appreciate the value of data, but do not have a simple way to collect and analyze data that respects their patient flows.
- SOLUTION:** Create a Digital Health Record designed by and for health care workers and their patients.
- IMPACT:**
- Point of Care Digital Health Record in Rwanda under development- with ongoing feedback from health care workers and Ministry of Health engagement.
 - Initiative supported by Bertha Center for Social Innovation and Johnson & Johnson.

Health Outcomes for
HIV-Exposed Infants:

71% decrease
underweight



66% decrease
stunting



ZERO HIV
Transmissions!
(160% drop)



WHAT'S NEXT:

- **Completion of our Digital Health Record and linkage to the Rwanda Ministry of Health database.**
- Expansion of our CQI program through the Rwanda Ministry of Health HIV Division.
- Pilot our unique QI Program in the Ministry of Health's new Diabetes Program.
- Impact Assessment underway to quantify indirect impact on prenatal care for 7200 pregnant women through transfer of skills.





ADOPTION OF CARE RECOMMENDATIONS

Even after a community member accesses and receives high quality care, it can be challenging to actually translate this new information and guidance into action. Recommendations require trust in the health care worker making the recommendation and an understanding of the benefit of making the effort.

CASE EXAMPLES:

Mother-Centered Care:

- PROBLEM:** Mothers are less likely to adopt healthy behaviors if they do not trust health care providers have their best interests at heart.
- SOLUTION:** Identify core elements of patient-centered care and incorporate them into daily routines and systems of Continuous Quality Improvement.
- IMPACT:**
- Mother-centeredness has improved by **110%**
 - **94%** of HIV+ mothers feel comfortable confiding in their health care providers.
 - **98%** of HIV+ mothers trust in their health care providers' knowledge.

Effective Knowledge Transfer:

- PROBLEM:** Most health care workers have not been trained in effective teaching techniques to foster healthy behavior change.
- SOLUTION:** The Ihangane Project Education Model ensures knowledge leads to action.
- IMPACT:**
- **600** Community Health Workers, serving 200 villages, utilize the TIP Education Model, and have incorporated systems of Continuous Quality Improvement.
 - **90%** increase in uptake of dual Family Planning among HIV+ mothers.
 - Improved services for **35,000** children under 5 years of age who receive preventative care from CHWs.
 - **35,904** people seen health centers in 2016 had opportunities to receive health messages and brainstorm ways to implement new information into their daily lives.



What's Next:

- 1000 CHWs to be trained in the TIP Education Model within the catchment area of Nemba District Hospital.
- Rwanda Ministry of Health considering national adoption of the TIP Education Model.



SUSTAINABILITY OF CARE

To achieve lasting improvements in health outcomes, The Ihangane Project considers sustainability at each stage of our work. Sustainability is influenced by a variety of factors:

Community ownership of the health system and health outcomes ensures that systems and people are nurtured, and that threats to sustainability are addressed.

Strong operational management capacity can promote efficiency, decrease costs, strengthen existing revenue streams, and identify opportunities for new revenue streams.

Social enterprise is a powerful tool for strengthening the financial viability of clinical care while also extending the health impact on local communities. Social enterprise is also an effective means of addressing the social determinants of health, such as food and financial insecurity, that so often undermine short term health gains.



CASE EXAMPLES:

Health Systems Management:

- PROBLEM:** Hospital administrators were frustrated with lack of staff initiative to solve problems, and staff felt administrators would not take the initiative to address problems as they arose in their departments.
- SOLUTION:** Engage all staff to implement a Problem-Solving Framework through quality teams at Ruli District Hospital.
- IMPACT:**
- **86%** drop in lost revenue due to billing errors and 82% decrease in uncollected invoices at Ruli District Hospital.
 - **\$13,580 USD** in increased revenue over a 5-month period at Kibagabaga Referral Hospital in Kigali, Rwanda.

Social Enterprise - AHEZA FORTIFIED FOOD

- PROBLEM:** Fortified porridge is proven to prevent childhood malnutrition, but it is prohibitively expensive.
- SOLUTION:** Local production and sale of fortified porridge lowers the cost to the health system, improves access to healthy food for low income families and increases revenue to reinvest into clinical care.
- IMPACT:**
- **ELIMINATION** of severe underweight among HIV-exposed infants.
 - **75%** of costs to our clinical program subsidized by sales of AHEZA.
 - 514,180 servings of AHEZA sold in 2016, preventing malnutrition for over **8,500** children.
 - Intensive business mentorship from Global Social Benefit Institute (GSBI).



What's Next:

- Implementation of Problem-Solving Framework and Improvement teams at Kibagabaga Hospital, serving 600,000 people in Kigali, Rwanda.
- **Scale production and sales of Aheza to prevent malnutrition for over 1 million children by 2021.**

LOOKING FORWARD

We envision a world in which quality health care leads to inclusive, empowered, and healthy communities. We believe this can be achieved using the TIP approach which aims to fundamentally shift the way health care delivery systems are designed and implemented. **Our long-term goal is to establish regional Centers of Excellence for Health Care Implementation that consistently encourage local innovation and provide feedback mechanisms to inform national and global health policies.**

The Rwanda Ministry of Health, local and international entities are requesting The Ihangane Project's assistance to replicate our impressive results. Although the TIP Methodology is the key to our successful work, we recognize that we are best known for the innovative programs that have evolved from this approach. To meet current demand and promote controlled growth, we will begin replicating our methodology by scaling our existing programs through government, private and public partners. Our Strategic Plan for the next five years is focused on continuing to strengthen our organizational infrastructure, refine and implement our replication strategy, and advocate for our methodology.

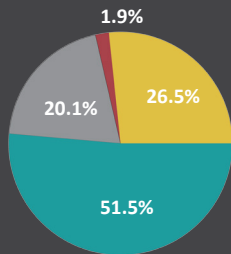
The Ihangane Project is committed to tirelessly advocating for the integration of frontline innovation into the development and implementation of national health care strategies. We are leading a movement in which building strong, effective and resilient relationships is viewed as best practice for inspiring the behavior change and that innovation is essential for reaching our local and global health goals.

We are convinced that, together, we will achieve our vision.



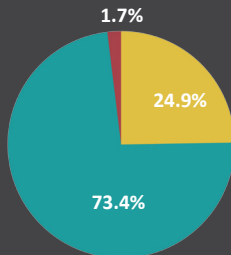
OUR 2016 FINANCIALS

Income



- Foundations
\$180,675
- In Kind Donations
\$93,000
- Individual Donors
\$70,533
- Earned Income
\$6,673

Key Expenses



- Programs
\$213,834
- Administration
\$72,413
- Fundraising
\$5,000

TIP FINANCIAL SUMMARY

Income Source

Foundations
Individual Donors
Earned Income
In Kind Donations

Total

Actual for 2016

\$180,675
\$70,533
\$6,673
\$93,000

\$350,881





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Mutesi Rosette 2017-2018
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Nenneya Shields, Social Enterprise Specialist
Ngarambe Jean de Dieu, Business Specialist
Nsengimana Emmanuel, Accountant
Uwamahoro Delphine, Country Director
Uwamahoro Diane, Food Production Specialist
Wendy Leonard, MD, AAHIVS - Founder, Executive Director

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OUR PARTNERS | Our partners' support is critical to our success. We thank you.

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Rwanda



REPUBLIC OF RWANDA
MINISTRY OF HEALTH



\$50,000-\$100,000
Anonymous
Johnson & Johnson

\$25,000-\$49,999
Anonymous
Child Relief International Foundation
Izumi Foundation
Segal Family Foundation

\$10,000-\$24,999
Capcon Foundation
Imago Dei Fund
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\$5,000-\$9,999
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Yong Song

JOIN THE IHANGANE PROJECT

With your help, we can improve health outcomes in resource-scarce settings.

- \$10,000** Supports the expansion of our Digital Health Record, one of the most cost-effective means to improve health outcomes for mothers and babies.
- \$5,000** Provides equipment necessary to expand Aheza (fortified porridge) production and sales, improving livelihoods and health outcomes.
- \$2,500** Funds construction of a community health building to provide essential nutrition, family planning, immunization, and health education services to over 1000 people.
- \$1,000** Trains 200 nurses in Continuous Quality Improvement (CQI), enabling nurses to provide high quality lifesaving care to the most vulnerable.
- \$100** Produces 100kg of fortified porridge, enough to feed an impoverished family for one year.

If you can donate funds, introduce us to potential partners or provide expertise, you can make a tremendous difference. Every action makes this work possible. We are so grateful for your support.

Thank you!

www.theihanganeproject.com



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