IMA World Health: Entering the NGO arena in post conflict DRC and South Sudan

GAVI Partners Forum – Dec 2012
Founded in 1960 as an agency to supply drugs to Catholic and Protestant mission hospitals, IMA World Health has lengthened the cords of its tents and is working globally in three continents with multiple partners!
IMA invited into DRC in post-conflict 1999 to help member agencies access help!

IMA agreed and solicited 1.2M grant from USG to restore health services in 12 health zones
We only needed.....
IMA asked for......
We were given......
Capitalized on presence of partners
Some stark differences ...

Cost Effective
National heavy and Expatriate light
Focused on results (numbers)
Church Assistance

$0.32/Person

- Assistance: 75%
- Overhead: 5%
- Inter. Staff: 7%
- Logistics: 7%
- Local Operations: 6%
Humanitarian Assistance

$17.45/person

- Overhead: 30%
- Assistance: 23%
- Local Operations: 16%
- Inter. Staff: 15%
- Logistics: 16%
- Overhead: 30%
Partnership
Focused on Results (and documentation)

Before

After

Photo: CRS/Apr 08
Verified and tracked data
Access of health facilities

Utilization of Curative Services
Taux Curatif
TRIMESTRE

Utilization of Care by Project Year
Nb CAS CURATIF
ANNEE PROJET

YEAR 4 TARGET 35%

IMAWorldHealth
Antenatal Care
Assisted Delivery

**Assisted Deliveries: Coverage by Project Quarter**

- **ACCOUCHEMENT ASSISTE**
- **TRIMESTRE**
- **ASSISTED BIRTH TARGET 75%**
- **88%**

**Assisted Deliveries: Numbers by Project Year**

- **Nb ACCOUCHEMENT ASSISTE**
- **ANNEE PROJET**
- **YEAR 1:** 138,906
- **YEAR 2:** 262,105
- **YEAR 4:**
Active Management of the Third Stage of Labor (AMTLSL)
Established 137 PMTCT clinics
4b. Family Planning Services

Statistics:

* Project established/supported 928 family planning clinics

* 276,673 new family planning acceptors in year three

* CYP rate of 150,364 by year three
Winning Strategy

• Cost Effective
• Partnership Reliant
• Focus on Results
Most important element is faith
IMA started in 2000 in 12 health zones; now works in over 50% of the 350 zones.

L'Assistance IMA & ECC (2000-2010)
And is the biggest health NGO in DRC!
Sermon Guides

- Tool for Religious Leaders to educate community on health & development issues
- 75% of Africans trust religious leaders more than anyone else
- Integration of scripture with evidence-based messages

Sermon Guides Available Online: http://www.imaworldhealth.org/get-involved/technical-publications.html
Tanzania MNCH Sermon Guide

- Funded by USAID through MAISHA Project
- Focus on Maternal, Newborn, Child Health issues
- Kiswahili and English
- Approved for use by Ministry of Health and Social Welfare

- Developed in collaboration with:
  - Ministry of Health and Social Welfare
    - Health Education Section
    - National Malaria Control Program
    - Reproductive Child Health Section
  - Tanzania Episcopal Council (TEC)
  - Christian Council of Tanzania (CCT)
  - Pentecostal Council of Tanzania (PCT)
  - National Muslim Council of Tanzania (BAKWATA)
Replicating the same in South Sudan

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<td>% children aged 12-23 months fully immunized</td>
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<td>% children aged 12-23 months who received measles</td>
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<td>% of children 6-59 months receiving Vitamin A in the last 6 months</td>
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<td>% of pregnant women in the last 2 years receiving ≥1 antenatal care</td>
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<td>% of births in the last 2 years attended by skilled health personnel</td>
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In two of South Sudan’s ten States
EPI Services (routine) in South Sudan remained stagnant for two years despite massive investments.
EPI: An alternative approach

...prompting IMA to fund an alternative approach “Dry Season Campaigns”
## 1.2 Million Vaccines in 2012 three-month Dry Season Campaign!

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With the same strategy

Cost Effectiveness

Roots in partners

Credibility (and innovation)
Take home lesson if we want to increase access to care (and immunization)
Mothers will take their children to healthcare facilities:

- Which they can afford
- Which render quality care
- Where they are treated with dignity and respect
Common CHALLENGES between FBO, CBO, NGO,
1. Poverty and related decreased access to care
2. Need to promote care-seeking behavior
3. Chronic Insecurity

Photo Mission Hospital Occupied by armed elements: South Kivu. Apr 02/Cemmer
4. IDPs (displaced populations)
5. Retention of trained personnel
6. Inaccessibility
7. Limited means of commercial (and safe) transport into the interior
8. Resurging Epidemics (and competition for resources...)

...and attention
9. Underestimating the size (and weight) of the challenge

Photo Clemmer/Kinshasa/2006
......even with planes
10. Don’t stop focusing on why we are here