

Globally Connected, Locally Led.

2022 Annual Report





Table of Contents

- A Letter from Dr. Leslie Mancuso, President and CEO 4
- Jhpiego by the Numbers: Local Leadership, Global Impact 6
- High Praise from Partners 8
- Key Locally Led Initiatives in 2022 10
 - The Model from Makueni: Save Lives, Cut Costs, Reduce Antibiotic Use 10
 - Pinky Promise: a Private Space for Sensitive Questions 14
 - Amani Girls Home: A Future of Possibilities 18
- Reimagining the Primary Health Care Journey 22
- Financials by Donor Categories 24
- Saving Lives and Improving Health Together 26
- Watch Our Work 28

Photographers featured: Moses Adejo, Peter Caton, Juozas Cernius, Elephart Creative Studio, Kate Holt, Indrani Kashyap, Karen Kasmauski, Frank Lawrence Kimaro, Gemechu Solan Kolli, Frederik Lerneryd, Lameck Ododo, Karel Prinsloo, Prakhar Rajoria, and Ammar Zafarullah.



A Letter from Dr. Leslie Mancuso President and CEO

At Jhpiego, we have a saying: our work is global, but our heart is local. For 50 years, we have worked with partners around the world with a clear-eyed focus—to realize their vision of high-quality health care for the people they serve. Their priorities have been ours because we believe in their ability to know what works for their communities. Ours has been a journey of mutual discovery and understanding as together we identified the most appropriate way to build strong, effective health systems that improve the health of women, men, and families.

Our promise—our commitment—to governments, ministries of health and the people they serve, local non-government organizations (NGO), and communities has been to meet them where they are and together develop strategies for improved health. We share our clinical expertise and best practices, experience in evidence-based programs, insights, and innovations from across countries to drive impact for all.

From our earliest days, Jhpiego has partnered to strengthen a competent, respectful health workforce because we believe where a person lives should not determine if they live. We shared new approaches to collaborative learning, creative problem-solving, and leadership development, all aligned with cutting-edge evidence and innovations. As health systems grew stronger through these joint efforts, we offered continuing professional development both at the workplace and online for district health officers, nurses, midwives, anesthetists, lab technicians, surgical officers, and data analysts. We consider these health workers Jhpiego alumni.

Today, many of our alumni serve at the highest levels of health ministries, teach at esteemed universities, manage health facilities and hospitals, and mentor scores of health workers across four continents. Our worldwide staff and Jhpiego alumni are aligned in support of local leaders, organizations, entrepreneurs, and small businesses as they each strive to provide an equitable continuum of care—from home to hospital and back.

“Globally connected, locally committed” perfectly describes Jhpiego at this moment. Our teams now serve as supportive partners to 224 projects across 41 countries. That support, as envisioned by local leaders, may involve co-designing programs; providing operational support in managing employees, finances, and systems; and sharing learning to strengthen data systems, program monitoring, and governance.

Across partnerships, we elevate country ownership of development activities, while local stakeholders lead the conversation and create the solutions.

I see this exchange of ideas and experiences and roles and responsibilities in our work with the Amani Girls Home, a local non-profit organization in Tanzania. Impressed with their expertise in delivering youth-centered health care, we knew it was the right partner to provide the adolescent health services for a project funded by the U.S. Agency for International Development (USAID). And the Amani Girls Home saw in us an opportunity to grow their organizational and technical capacity.

In Kenya, Makueni County and its district hospital proved exemplary leaders in transforming their surgical services to share decision-making among clinical officers, nurses, and anesthetists. Their embrace of a Jhpiego-introduced model of surgical care is having a positive impact across their health system.

In Mozambique, Jhpiego’s work with Associação ELOS, a local NGO based in Maputo, began four years ago with ELOS’ founding. Jhpiego provided expertise in clinical services, governance, management and finance while ELOS offered voluntary medical male circumcision (VMMC) services to clients for HIV prevention, at first as a subgrantee. With ongoing transitional support from Jhpiego, ELOS diversified its HIV prevention services.

Today, ELOS is the prime provider of VMMC services under a \$28 million project funded by the President’s Emergency Plan for AIDS Relief (PEPFAR) through USAID with technical assistance from Jhpiego. That’s a win-win.

In India, we are inspired by the Institute of Health Management Research as they prepare to receive and implement awards from a variety of donors. Through a Bill & Melinda Gates Foundation-funded project, Performance Monitoring for Action (PMA), we fostered the institute’s leadership and governance, human resources development, and project management so they could expand access to family planning. Through PMA, we have done similar work with NGOs, government agencies, and public universities in Burkina Faso, Côte d’Ivoire, the Democratic Republic of the Congo, and Uganda.

For five decades, Jhpiego has worked hand-in-hand with countries in this way, trusting our local partners to know their needs and collaborating with them to meet those needs.

We recognize that the world’s greatest health challenges today require approaches driven and owned by countries. That is why we have focused our energy and expertise on:

- Facilitating opportunities for cross-country learning in maternal and newborn health and family planning
- Strengthening community-owned primary health care in 20 countries as the engine for improved family health
- Investing in innovations developed by our country teams and working to advance local entrepreneurs’ interventions and approaches
- Aligning global health security work across borders in West Africa to identify threats early on
- Expanding our capacity to respond to humanitarian crises

Advancing primary health care on the path to universal health coverage. Increasing the quality of health services with a focus on equity and inclusion. Supporting local communities in realizing their aspirations. All of these begin with a dedicated commitment to strengthening local public and private organizations, communities, and their leaders everywhere we work.

Most sincerely,



Leslie D. Mancuso, PhD, RN, FAAN
President and CEO



Local Leadership, Global Impact.

Across five decades and 150 countries, Jhpiego delivers on the promise of saving lives, improving health and transforming futures for everyone, everywhere. We couple our technical expertise with global evidence and breakthrough innovations to help countries offer quality, equitable services through resilient health systems. Our data are more than just numbers. They represent the people we serve and are evidence of the impact of our work. But we don't stop there. We put our data to use to help our partners improve health services and health systems and lives of people across 41 countries. For example, in 2022, we worked with countries to assess what data they need to determine how well new approaches to cervical cancer screenings are working. In Nigeria, our teams collaborated with health workers to understand data that highlighted overuse of antibiotics for patients with malaria. That data drove changes in the way health care providers prescribed medication. As a result, 4,099 patients did not receive unnecessary antibiotics and the health system saved over \$5,000 a month.

– Elizabeth Oliveras, Director Monitoring, Evaluation and Research



Women's Health

3,930,915

Women gave birth in a Jhpiego-supported health facility

3,372,011

Pregnant women attended four antenatal care visits

870,439

Postpartum women initiated a modern contraceptive

141,900

Women were screened for cervical cancer for the first time; among them, **72,816** were screened using HPV testing; Of **13,880** women who tested positive, **4,451** women who were eligible for treatment received treatment.*

Of the **62,772** women screened for cervical cancer using visual inspection with acetic acid, **1,507** women received a positive result and **1,265** of them were treated

* Total positive includes women who are not required to have treatment as well as women who are in the follow-up period.



Malaria

15,731,953

People tested positive for malaria and were treated

1,944,696

Pregnant women received three doses of preventive malaria treatment

2,375,258

Children received a complete course of malaria preventive treatment during peak transmission season



Immunization

6,843,698

People received a first dose of an approved COVID-19 vaccine

5,420,521

People received a last dose of an approved COVID-19 vaccine

4,466,812

People received an approved COVID-19 booster



HIV

1,353,202

People received HIV testing services to know their status

39,158

People tested positive and, of those, **33,840** were newly started on treatment

280,386

People currently are on treatment and, of those, **96.1** percent are virally suppressed with so little virus in their blood that the virus is untransmissible

High Praise from Partners

MOMENTUM Country and Global Leadership

MOMENTUM Country and Global Leadership, a USAID-funded consortium led by Jhpiego, continues its outstanding delivery of clinical and program expertise in partnership with 28 countries to improve and strengthen maternal and newborn health as reflected in this note of appreciation from USAID’s Bureau of Global Health.



“We want to take this opportunity to recognize the incredible amount of work and impressive achievements the entire [MOMENTUM] project has accomplished... we thank all [MOMENTUM] technical and country teams for their dedication, relationship building, and strong technical contributions to improving the lives of women, children, and families—thank you!”

To the [MOMENTUM] senior management team—your leadership of this project has been outstanding and we are fortunate to work with you on this project. Thank you for being flexible, responsive, and guiding this project towards success.”

– Lory Meoli, Health Development Officer, Agreement Officer’s Representative, MOMENTUM Country and Global Leadership, Office of Maternal and Child Health and Nutrition, USAID

Transforming Intermittent Preventive Treatment for Optimal Pregnancy (TIPTOP)

Transforming Intermittent Preventive Treatment for Optimal Pregnancy (TIPTOP), a five-year landmark project, funded by Unitaid, concluded April 30, 2022. Using an innovative, community-based approach, TIPTOP aimed to increase the number of pregnant women in malaria-affected countries in sub-Saharan Africa receiving antimalarial preventive therapy, thus saving the lives of thousands of mothers and newborns. A World Health Organization (WHO) technical consultation reviewed evidence generated by the project to inform guidance on community distribution of intermittent preventive treatment of malaria in pregnancy. These recommendations are reflected in a [WHO technical consultation report](#), which was released in spring 2023. WHO led the development of a field manual, to which Jhpiego contributed. Independent reviewers praised Jhpiego’s community-based approach and stewardship of the Unitaid-funded project.



“The intervention is poised to be sustainable, with sustainability factored in at design stage, including its co-creation with Ministries of Health, involvement of scale-up partners in site selection and implementation through country health systems.”

– End-of-Grant Evaluation Report by BroadImpact

Reaching Impact Saturation and Epidemic Control (RISE)

Reaching Impact, Saturation, and Epidemic Control (RISE) has been working in select countries, including Lesotho, to address ministry of health priorities in response to the COVID-19 pandemic. Support may include: assisting in the planning and rollout of national vaccine plans, preparing health care workers to implement and monitor these plans, and providing focused and clinically relevant capacity building for clinicians managing COVID-19 cases.

Following a USAID performance and data review of Lesotho program activities, the Lesotho team received praise from USAID for their partnership and expertise in ensuring a safe, effective response to COVID-19 throughout the country and equitable access to testing and vaccination.



“Your leadership and the overarching technical support from RISE has been such a critical piece in the always changing, but progressing COVID response across Lesotho. Through its challenges and successes, your staff have been transparent, creative thinkers, and hard workers problem solving and working hand-in-hand with USAID. We appreciate your efforts!”

– Elizabeth Berard, AOR, Youth Branch Chief, Office of HIV/AIDS

Scale Up Cervical Cancer Elimination with Secondary Prevention Strategy (SUCCESS)

Jhpiego’s implementation of the **SUCCESS (Scale Up Cervical Cancer Elimination with Secondary Prevention Strategy)** project exemplifies our commitment to reducing deaths from women’s cancers. The project, led by [Expertise France](#) and funded by Unitaid, is a consortium supporting the elimination of cervical cancer in Burkina Faso, Côte d’Ivoire, Guatemala, and the Philippines.



“Scale Up Cervical Cancer Elimination with Secondary Prevention Strategy has been pivotal and we are very happy about the work that has been done. They have led the way in support of the Ministry of Health for the elimination of cervical cancer in Guatemala; we are now poised to scale up to a national level with internal MOH funds.”

– Dr. Edwin Montufar, Guatemala’s Vice Minister

Key Locally Led Initiatives in 2022

1 The Model from Makueni: Locally Led Surgical Strategies Save Lives, Cut Costs, Reduce Antibiotic Use

Consistent use of World Health Organization (WHO) [Surgical Safety Checklist](#) and adherence to infection prevention measures are two of the top behind-the-scenes reasons why Makueni County's Mother and Child Hospital is in the spotlight across Kenya as well as internationally.

This 200-bed public facility in the county's capital, Wote, serves as the maternity hospital within the Makueni County Referral Hospital. It is attracting attention for having established a locally sustained, scalable model that improves access to and outcomes from cesarean sections—no small feat, given that about 100 of these surgeries happen here monthly. The Makueni model—born of Jhpiego's Obstetric Safe Surgery (OSS) initiative established with joint funding from Johnson & Johnson, Proximie, and supporters of Jhpiego—applies to a wide range of services that stand to benefit patients needing care for everything from ectopic pregnancy to fistula.

An enthusiastic commitment to lifesaving and cost-effective surgical strategies has driven the hospital's obstetricians, anesthetists, medical officers, nurses, and midwives. Their team approach to patient care has transformed their operating theater—and beyond, says Dr. Daisy Ruto, an ob-gyn and technical director for Jhpiego based in Kenya who oversaw the OSS project.



When Dr. Ruto invited government officials and medical professionals from other counties to visit Mother and Child Hospital, they were curious to learn from and eager to emulate the OSS model. “It actually led them to say, ‘Yes, this is something that we would want to adopt. It is something doable and we are really willing to further this.’”

The success of OSS prompted Makueni County to fund its expansion countywide. OSS is now in all 10 facilities in the county where cesarean sections are performed.

With the OSS framework in place, five facilities recently instituted [Proximie, an interactive health care platform](#), that “has taken mentorship to a new level,” says Dr. Doris Mbithi, an ob-gyn surgeon at Makueni County Referral Hospital. Dr. Mbithi trains and mentors medical officers, a non-specialist cadre responsible for performing the vast majority of cesarean sections in Kenya, where severe understaffing undermines access to safe surgery. This tech platform allows her to share simulations on skills, such as management of postpartum hemorrhage and newborn resuscitation, and to consult virtually with surgical teams during surgeries.

As the number of medical officers able to confidently handle complications has increased, the number of patients who need emergency surgery for bleeding after cesarean sections—a major contributor to maternal death in Kenya—has decreased, Dr. Mbithi observes.

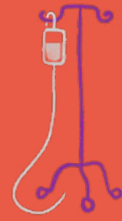


“OSS is a strategy that standardizes operation procedures, improves quality of care for patients, improves teamwork, and reduces risks and accidents likely to occur during operations.

It's worth the time, effort, and money because it equips the service care providers with good skills and enables them to fully understand their roles in obstetric surgery.

It improves communication between patients and service care providers, and between service care providers with colleagues. It saves lives.”

– Loise Nzilani Muthami, a registered community health nurse at Mother and Child Hospital within Makueni County Referral Hospital, where she heads the nursing department



60%
Reduction

in antibiotics used with consistent use of Jhpiego's safe surgery infection prevention approach and adapting WHO recommendations on prophylactic antibiotics for women undergoing cesarean sections.

Another benefit of the OSS framework is an almost 60 percent reduction in antibiotic use at Mother and Child Hospital. As surgical teams adhere to Jhpiego's safe surgery infection prevention approach and adapt WHO recommendations on prophylactic antibiotics for women undergoing cesarean sections, they have reduced the need for inappropriate, prolonged use of antibiotics and the need to treat surgical site infections. With adherence to the infection prevention bundle, surgical site infections have decreased by more than 50 percent.

Dr. John Varallo, Jhpiego's former Global Director of Safe Surgery, credits the success of OSS in Makueni County to "an incredible team of specialists and non-specialists, of mentors and mentees, who have embraced evidence-based best practices, patient safety, teamwork, and communication," recognizing the need to break with past power structures that can limit team interactions and undermine progress.

There's no disputing a direct cause and effect, he says, between a rejection of entrenched power dynamics and professional hierarchies and improved maternal and newborn outcomes following cesarean sections, including the significant reduction of life-threatening surgical infection among mothers who had a cesarean section.



The cross-discipline cohesion at the core of OSS that now permeates Mother and Child Hospital, is on display at all facilities across the project and impacts care at higher-level and lower-level health facilities, Dr. Varallo says. OSS supports a hub-and-spoke model using a blended mentorship approach (virtual and in-person mentoring) that facilitates relationship building between providers and teams, working in and outside of the facility, near and far.

"When you see the surgical teams get it," Dr. Varallo says, "when they embrace it—Aahhh! It's great! Their pride in what they've accomplished can't help but have a ripple effect throughout their facility and across the health system."

Testing OSS strategies at the county level, and then iterating, improving, and adapting is key, he says. The aim is to build on this scalable unit by taking it regionally and ultimately disseminating it nationally.

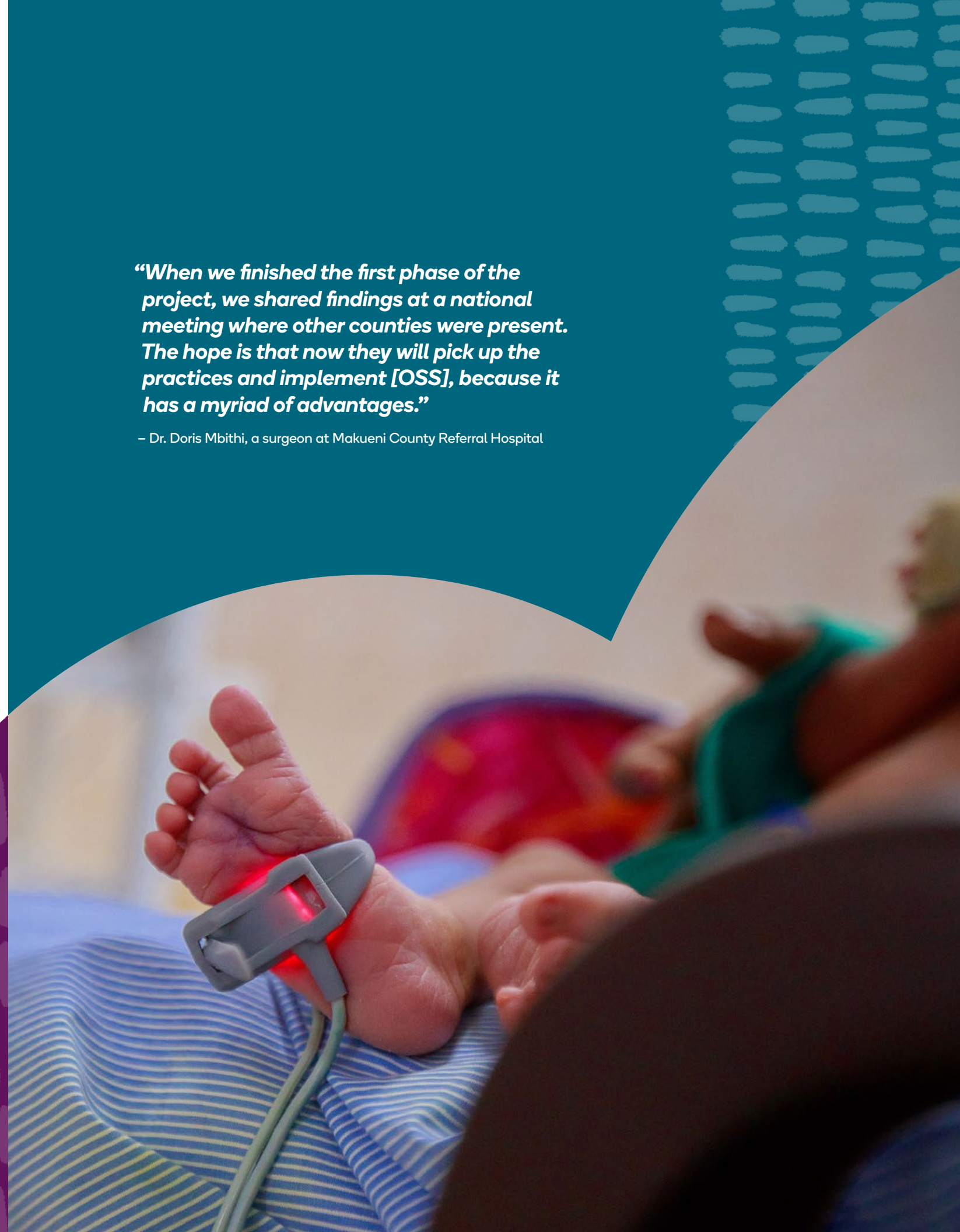
The locally informed and owned aspect of OSS in Makueni County is an excellent, illustrative model of the safe surgery approach, Dr. Varallo says.

So too does its sustainability, Dr. Ruto adds, explaining that Makueni now is fully funding and managing this initiative, while working hand-in-hand with national and subcounty governments, local stakeholders, and medical teaching institutions.

"Even without [external] financial support," she says, "the program is still quite, quite strong!"

"When we finished the first phase of the project, we shared findings at a national meeting where other counties were present. The hope is that now they will pick up the practices and implement [OSS], because it has a myriad of advantages."

– Dr. Doris Mbithi, a surgeon at Makueni County Referral Hospital



2 Pinky Promise Offers Women a Private Space for Sensitive Questions

“Chat with Pinky: Get immediate confidential answers to all reproductive health questions.” This message welcomes you into the Pinky Promise world—a virtual artificial intelligence-driven platform that aims to transform women’s health care in India and make it judgment-free and accessible, using technology to provide science-based reproductive health care instantly.

Pinky Promise is the innovation of Divya Kamerkar, a young entrepreneur who co-founded the company as a community service to women in need of easy access to reproductive health information. “I realized that when it comes to women’s health, we really need to turn the system head over heels and figure out ways in which we can provide extremely private, context-specific care, especially in circumstances where women are hesitant and not able to really come out and tell people about their issues,” said Kamerkar, a graduate of global health studies at Yale University who earned an MBA from Wharton School, University of Pennsylvania.

Her research of the India market proved to be the impetus for her startup. She learned of a gaping supply and demand mismatch between people

who need reproductive health care and where care is located. “India has around 70,000 registered gynecologists for 360 million women of reproductive age. So, a doctor’s time is extremely limited. When we further dissected the data, we saw that only 6 percent of reproductive age women live in the big cities where most gynecologists practice, leaving very few specialists for the majority of women who live outside the big metros.”

Kamerkar and her team felt that an online platform was the best solution for linking clients with reproductive health needs to professional care.

“What we realized was that, when it comes to reproductive health issues, due to the complex social conditions and physical access barriers, the target customers’ first behavior is to search for their issues online, especially women between the ages of 18 to 35,” she said. “We found that in a given month, in English language alone, reproductive health care keywords are searched more than 100 million times.”

India has around
70,000
registered gynecologists for
360 million women
of reproductive age.

Only 6%
of reproductive-age women
live in the cities where most
gynecologists practice, leaving
very few specialists for most
women who live outside
the big metros.

“I realized that when it comes to women’s health, we really need to turn the system head over heels and figure out ways in which we can provide extremely private, context-specific care, especially in circumstances where women are hesitant and not able to really come out and tell people about their issues.”

– Divya Kamerkar, inventor of the Pinky Promise App, Yale University graduate, MBA from the Wharton School, University of Pennsylvania





The app has reached a community of **70,000 women, multiplying from 120% to 150% since August 2022.**

Pinky Promise aims to reach **300,000 women** by the end of 2024.

Pinky Promise was one of eight startups chosen for the first cohort through Yash; most of the startups are also led by enterprising women like Kamerkar.

Through a 30-month period that began in July 2022, each of the eight enterprises, including Pinky Promise, underwent detailed needs assessments and developed individualized incubation plans to help them mature. Regular reviews and targeted assistance, learning labs, facilitation of strategic partnerships, focused investor engagement, and one-on-one mentorship will continue through the entire incubation exercise.

“The program has helped my team sharpen our business plan, fine-tune our revenue model, keeping the impact angle in mind,” said Kamerkar of Yash. “Jhpiego’s domain knowledge in family planning and reproductive health has been extremely helpful.”

At the outset, advisors from USAID and Jhpiego encouraged Pinky Promise to offer their services in languages spoken across India. “On April 1st, 2023, we launched our app in Tamil, Hindi, and Marathi, besides English,” says Kamerkar.

The program’s patient-centered focus influenced their business model. “So today, when a client tells us, ‘Pinky promise is always in touch with me and

But startups in “femtech”—technology to address women’s health issues—is an emerging area in India and Kamerkar was looking for guidance. That is when friends encouraged her to apply for the Yash Entrepreneurs Program, a USAID-funded initiative under the MOMENTUM Country and Global Leadership: India-Yash project, led by Jhpiego. One of the initiatives under the project is to support and incubate mid- to late-scale startups with an aim to accelerate innovation in the sexual and reproductive health space. MOMENTUM is partnering with the India-based Villgro Innovations Foundation to implement the project.

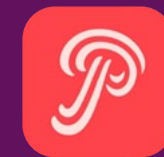
I feel like I’m not alone,’ a lot of that is because of the mentorship and expertise that we’ve received from Yash” said Kamerkar. “This program has also connected us to other entrepreneurs, most of whom are women, who are building this femtech space.” Jhpiego has also provided Kamerkar access to networks like the Sankalp Forum, which has offices in India and Kenya and showcases and discovers entrepreneurs and connects them with investors.

Today, Pinky Promise is an Android and iOS app featuring a chatbot that walks a user from a symptom—be it painful periods, fertility problems, or abnormal discharge—to an answer for that symptom. The chatbot uses the best global clinical protocols and research from highly rated medical journals. Pinky Promise also provides consultation with ob-gyns, testing, and community support chat rooms.

The app has already reached a community of 70,000 women, growing at a rapid rate of 120 to 150 percent since August 2022. By the end of 2024, Kamerkar aims to reach at least 300,000 women through Pinky Promise. “I hope that in a couple of years, every woman across the world can get access to amazing health care tailored to her needs and makes her feel good and empowered. And, you know,” Kamerkar said, “empowerment starts from inside you. Pinky Promise, hopefully, will be playing a leading role in this movement in a couple of years.”

“I hope that in a couple of years, every woman across the world can get access to amazing health care tailored to her needs and makes her feel good and empowered. Empowerment starts from inside you. Pinky Promise, hopefully, will be playing a leading role in this movement in a couple of years.”

– Divya Kamerkar, inventor of the Pinky Promise App

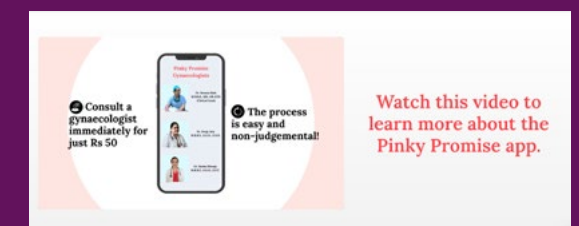
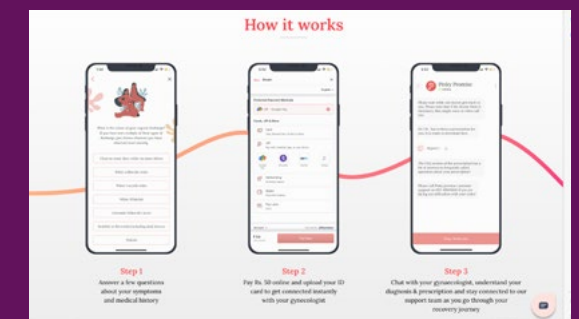
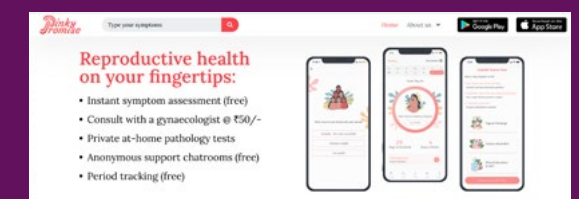
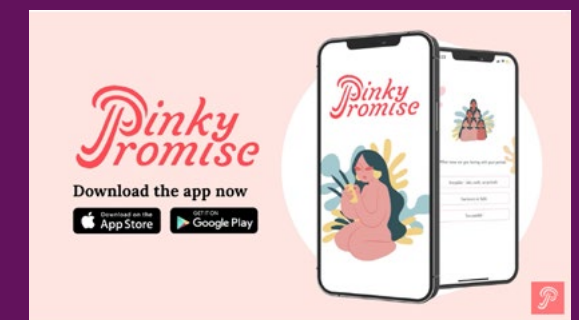


One-stop solution for all your reproductive, sexual and menstrual health issues.

A safe and judgement-free

space seeking to help thousands of people through friendly and affordable gynac consultations, easy at-home pathology tests with India’s top-most trusted path lab partner, free symptom-checker and support from thousands of people on our chat rooms.

Visit us at [AskPinkyPromise.com](https://www.askspinkypromise.com)



3 Amani Girls Home and Adolescents Chart a Healthy Future of Possibilities

During a youth group meeting in Tanzania, teenagers attempt to define what safety means to them. With support from Amani Girls Home, they map their community, searching for safe places to meet with peers and discuss sensitive topics, such as sexual and reproductive health. They propose markets, mosques, churches, youth centers, and schools.

The Amani Girls Home (AGH), an NGO in Mwanza, works with young women and men and adults from socio-economically disadvantaged households to help them find employment, access education, and recover from violence. The organization also addresses issues of interest to adolescent girls and young women, including sexual and reproductive health and rights and HIV/AIDS.

AGH leads the adolescent health component of the Jhpiego-supported USAID Afya Yangu (My Health) Reproductive, Maternal, Newborn, Child and Adolescent Health project. Teen pregnancies are high in the regions supported by the project: the prevalence of teenage pregnancy is 45 percent in Katavi Region, 43 percent in Tabora, 39 percent in Dodoma, and 34 percent in Shinyanga.



Globally, girls 15 to 19 account for 11% of all births, pregnancy and childbirth complications are this age group's leading cause of death.

“Youth and adolescent girls are the future generation,” said Revocatus Sono, AGH Director of Programs and Operations. “Working with them to support and improve their general health and well-being, delay pregnancy, to continue their education, and remain HIV-free are key parameters to achieving resilience and a successful Tanzania.”

More than just a consortium partner that advocates for and delivers youth-centered health care across the project's 11 regions and in Zanzibar, AGH is leading strategic and significant initiatives on its own. Jhpiego is working with the organization so that AGH can achieve broader impact and sustainable change.

“Given the years we've worked together and our successful partnership, we see Jhpiego as the right partner to build our organizational and technical capacity,” said Sono.



“Youth and adolescent girls are the future generation. Working with them to support and improve their general health and well-being, delay pregnancy, support them to continue their education, and remain HIV-free are key parameters to achieving resilience and a successful Tanzania.”

– Revocatus Sono, AGH Director of Programs and Operations

Globally, girls ages 15 to 19 years account for 11 percent of all births. The leading cause of death in this age group is complications from pregnancy and childbirth. Young mothers who do survive are less likely to complete their education or be economically stable and more likely to raise daughters who become pregnant as teens, thus perpetuating a cycle of poverty and poor health. Reaching teens with youth-friendly educational materials, peer support networks, and adolescent-friendly health services and commodities is critical to saving and improving lives today and for generations to come.

At the core of Jhpiego's partnerships with local organizations such as AGH is an emphasis on two-way learning, which has roots in our longstanding collaborations with governments and health ministries. Underscoring our aim to support and equip countries to solve their own challenges, Jhpiego relied on AGH's expertise in delivering youth-centered health care during our partnership on [USAID's Boresha Afya project](#), where AGH implemented community reproductive, maternal, newborn, and child health programs in the Simiyu Region.

When the Boresha Afya project ended, Jhpiego continued to support AGH leadership and staff in achieving their mission and strategic plan—and observed how adolescent-focused services were best implemented in that specific context. Together, Jhpiego and AGH identified priority areas and key ways to collaborate. AGH will continue to provide youth services and Jhpiego will offer technical assistance in maternal and newborn health and organizational capacity building.

With AGH, Jhpiego is positively impacting hundreds of thousands of young lives. Through AGH, the USAID Afya Yangu-RMNCAH project connected more than 335,000 adolescents and youth with family planning methods in just six months in 2022.

Amani Girls Home
connected more than
335,000
adolescents and youth with
family planning methods
in just six months
in 2022.

Today, the project continues to strengthen the provision of adolescent- and youth-responsive services in health facilities and at the community level through youth-led outreach events. Youth clubs, such as the one in Mwanza that help members map out safe places, which are established by female mentors and youth health champions, are also highly effective means of connecting teens with family planning needs to services.

Through valued partnerships, such as the one we have nurtured with AGH, Jhpiego is working directly with communities and organizations to help them solve seemingly intractable health challenges.

Reaching teens with youth-friendly educational materials, peer support networks, and adolescent-friendly health services and commodities are critical to saving and improving lives for generations.



“Given the years we’ve worked together and our successful partnership, we see Jhpiego as the right partner to build our organizational and technical capacity.”

– Revocatus Sono, AGH Director of Programs and Operations

Reimagining the primary health care journey.

How we think about it

Modern primary health services aren't focused on a disease—they're focused on the client. That means holistic and integrated care that is comprehensive and continuous over a client's life. We want clients to be aware of what good quality care looks like, whether that's a telehealth visit from the comfort of their couch or a seamless link from their local community health officer to their regional hospital.



How we're doing it

Diego Raymundo is a nurse leader of eight health posts in Nebaj, Guatemala. Every week, he travels to each health post and visits clients in their homes to provide health services—vaccines, maternal and newborn care, treatment for infections and malnutrition, and so much more. He's built tremendous trust among his community, who return for health services routinely as a result of their trust in him.



What they're saying

“I have developed a reputation as a trustworthy health worker by attending to clients with quality and warmth,” Raymundo says. “I want every client who receives care from me to feel professionalism and respect. This is the basis to build trust with people in each community.”

– Diego Raymundo

Jhpiego programs are leveraging new technologies, from influencer marketing to social media, to put health information at users' fingertips, wherever they are. For clients, this means health messaging can reach them at their homes, their jobs—throughout their life events. And mobilizing communities for health services can happen faster and over a wider area than ever before. For providers, this means anywhere, anytime courses to build skills and deeper, more meaningful mentorship opportunities.



Nurse Rongsenlila Pongen spends her days providing primary health care to clients in Nagaland, India. In her spare time, she can engage a Jhpiego-developed program called iLearn, which gives her access to self-guided, skills-building courses on her own time. Nurse Pongen can also use Naga Telehealth for virtual patient visits and eSanjeevani, an all-in-one health app from the government of India.



“One of our biggest challenges is ensuring that we can effectively serve and meet the needs of a large and diverse population,” says Nurse Pongen. “The demand for quality health services can be significant, and we must be able to rise to the challenge and provide the care that our patients require.”

– Rongsenlila Pongen

Resilient, high-quality health systems are community owned. Jhpiego programs engage leaders at every level of a health system in planning, prioritization, and ownership of primary health care so that services work for the people who seek them, and health systems can deliver services long after Jhpiego is gone.



In Islamabad, Pakistan, lady health worker Rakshanda Akram delivers free family planning consultations and services during primary health care visits, aligning with the government's initiative to support universal health coverage. The integrated approach will enable more couples to access family planning when they receive other health services. It's been such a successful approach that the government is reviewing Jhpiego's efforts, to scale up services across the region.



“When a client comes to us, we ask them about the purpose of their visit. We give them room so that they can talk to us privately,” Akram adds. “When we talk about their children, husbands, and household, they feel comfortable and understand that we are taking good care of them and are able to communicate openly.”

– Rakshanda Akram

Technology has opened new opportunities to deliver health services more conveniently than ever before—point-of-care tests, E-pharmacies, apps to increase the reliability of diagnostic tests for infectious diseases; AI-powered risk assessment tools; and so much more, all at users' fingertips. Jhpiego is committed to breakthrough, human-centered technologies to bring quality services to everyone.



Felicia Monday Uwah has new insight into her clients' risk of missing an appointment to refill their HIV prescription. Thanks to a predictive risk assessment tool developed in partnership with Palindrome that uses client-provided data and machine learning, she can identify the probability of an individual interrupting their treatment regimen. These advanced analytics help case managers proactively form a plan with clients to prevent an interruption in treatment.

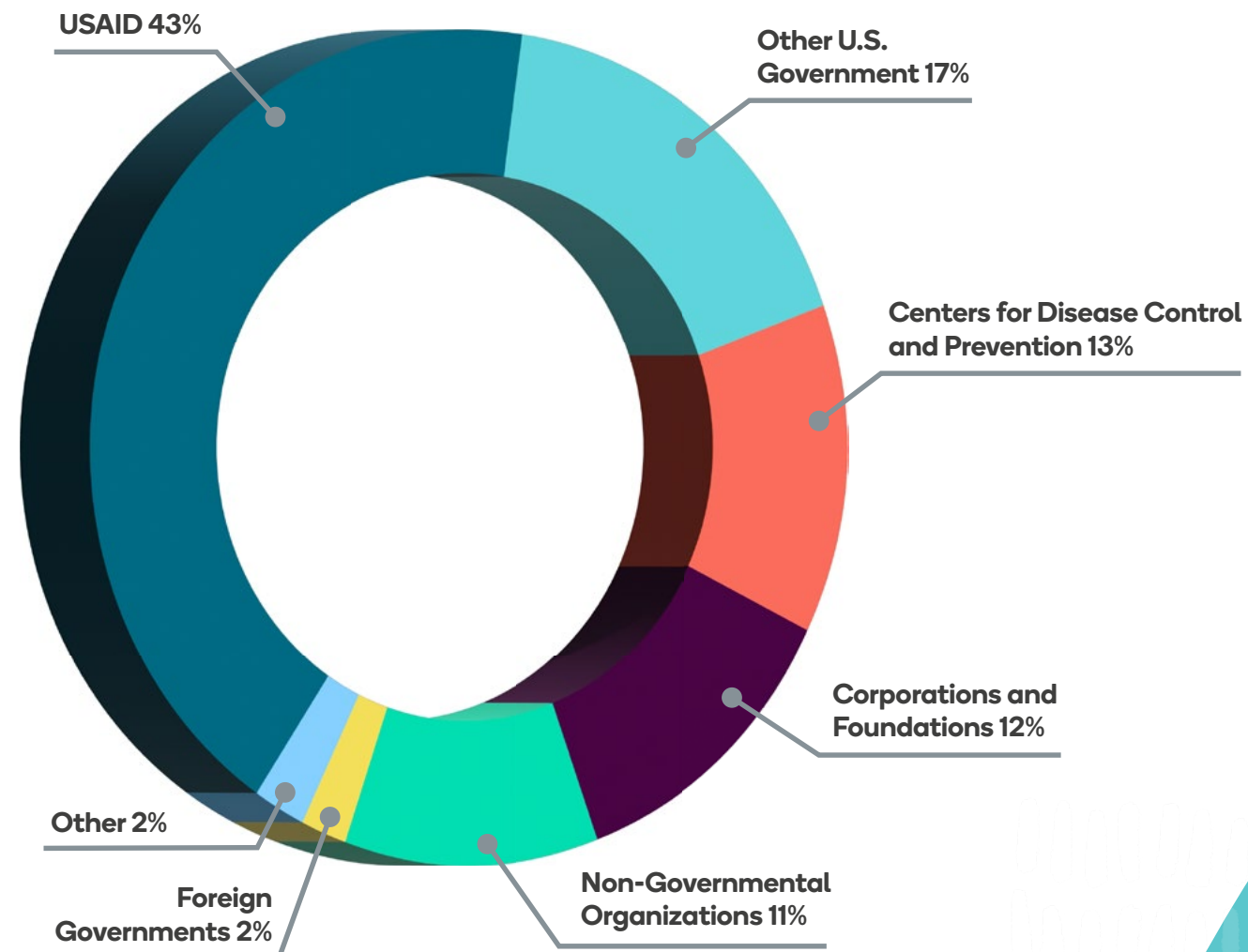


“When you explain to the client, ‘See, you are in yellow. If you don't take your drugs or keep to your appointment, you will enter red.’”

– Felicia Monday Uwah

Financials by Donor Categories

Total Funding in Fiscal Year 2022
\$360,571,796



Victoria Jackson, 20, (left) and Naomi Santino, 18, are among the next generation of women entrepreneurs preparing for their future through health education and training led by the Jhpiego-supported DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) project in South Sudan.

Funded by the *President's Emergency Plan for AIDS Relief*, and operating through the U.S. Agency for International Development's Adolescents and Children HIV Incidence Reduction, Empowerment and Virus Elimination (ACHIEVE) project. ACHIEVE is a global consortium led by Pact with partners Jhpiego, Palladium, No Means No Worldwide, and WI-HER.



Saving Lives and Improving Health Together

The following list of donors includes those who gave \$500 or more to Jhpiego in fiscal year 2022 (July 1, 2021–June 30, 2022). Thank you for your dedication to our shared work—saving lives in some of the world’s most challenging areas for health.



\$50,000+

Anonymous (2)
 Disney Studios Content
 Kim and Eden Hammond
 Gilliane Isabelle
 Drs. Howard and Susan Mandel

\$25,000–\$49,999

Anonymous
 Charles & Lynn Schusterman Family Foundation
 Drs. Hadar and Corey Waldman
 Jonathan Zucker

\$10,000–\$24,999

Balaran Family Fund
 Patricia Brown
 Eurofins Foundation
 Louise Firestone
 Deb Kielty Family Foundation
 Don Kurz and Noelle Toland
 Andrea Lee-Zucker
 Mattel
 Sheela Murthy
 Sudha and Ramesh Parekh Charitable Fund
 Sherry Pudloski and James Noser
 Jackie and Adam Sandler
 Skydance Media

\$5,000–\$9,999

Anonymoose Foundation
 Cynthia Broder
 Carol Davis and Joel Marcus
 Mindy Farber and John Camp
 The Cynthia and Doug Horner Fund
 Carol M. Joseph
 Omelet
 Participant Media
 Viveca Paulin and Will Ferrell
 Sara Risher
 Roach Maxam Family Foundation
 Susan Tobin
 Rita Tuzon and Richard Stone
 Tony Vinciguerra
 WarnerMedia
 Les Weisbrod
 Rachel Zoe and Rodger Berman

\$1,000–\$4,999

Anonymous
 Janice Abruzzo
 Fadwa Affara
 AIG
 Gwen Andreotti
 Barcoding Inc.
 Bergmark Foundation
 Peter Bernard

Michael Breads
 Jennifer Bresnan and Joe Ianniello
 Ronald Burkman
 Lauren Cadish and Patrick Griffin
 Corbins in Action Fund
 Jessica Damen
 William Daniels
 District Contracting Group
 Caroline and Cushing Donelan
 Lynn Franzoi
 Manda Ghaferi
 Brett Gibson
 Duff and Joanne Gillespie
 Leonard and Wendy Goldberg Fund
 Ellen Gordon
 Marcy and Bennett Grau
 Halle Family Foundation
 Ellen and Tom Hoberman
 Kennedy Charitable Gift Fund
 Kaye and Jeremy Kramer
 Elizabeth A. Latschaw Fund
 David Levinson
 Sandra Liotta
 Leslie Mancuso and Tyrone Carter
 Katherine and Joseph Mele
 Marti Meyerson and Jamie Hooper
 Patricia J. Mitchell
 Beth Moeri

Heidi and Erik Murkoff
 Oppenheim Family Fund
 Thao Overkott
 Dr. Temitayo Oyegbile-Chidi
 David Pachter
 Anjou Parekh and Siddhartha Kadia
 Randall Paulson
 Planet Technologies
 Practical Outsourcing
 Jim Ricca
 Jeannette Rossof
 Elizabeth and Brian Schmitt
 Lisa and Bob Schultz
 Manisha Singh
 Michael Skloff
 Jeffrey and Robin Smalley
 Elizabeth Smith-Parrish
 Nancy Stephens
 Petra Ten-Hooper Bender
 Teneo
 Top Source
 Carol Weitz
 John Paul Welsh
 Leslie Wright

\$500–\$999.99

Abishek Bhasin
 Julia Bluestone

Mark and Karen Borman
 Elizabeth Cadwalader and Eugene Baron
 Brian Davis
 Bert Deixler
 Rachel Diomede
 James Duffy
 Rich and Lena Eng
 Bruce Ettinger
 Esther Fein
 James Goggin
 Good Street Inc.
 Lori and Robert Goodman
 Lynn Gordon
 Lisa Greer
 Tina Haley
 The Henao Family Fund
 Debra Horwitz
 Olga Kehmeier
 Lorelei Kelly
 Lucia La
 Dr. Murray Lappe
 Aliza Lesser
 MJK Family Foundation
 Cara and Erik Moreno
 Jane and Hank Mullany
 Bryan Pinsky
 Shira Piven

Cappy and Beth Rothman Family Foundation
 Patricia Rubacky and Bill Merritt
 Joanna Rudnick
 Paul Rudnick
 Jan Schau
 Stefanie Stolinsky
 Evelyn and Barry Strauch
 Tech Change
 Michael Thomson
 Daniel and Abby Weiss



1615 Thames Street
Baltimore, MD 21231
+1 410 537 1800

To learn more, visit
jhpiego.org/takeaction

