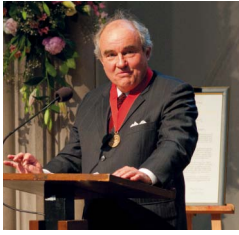


# BREAKING DOWN BARRIERS



*The Union Theological Seminary awarded its highest honor—the Union Medal—to Pathfinder President Daniel E. Pellegrin in May of 2011. The longest serving president of a global reproductive health organization, Dan joins past recipients, including Archbishop Desmond Tutu and Marian Wright Edelman, recognized for extending social justice in the world.*



Dan Pellegrin on a site visit with Pathfinder staff. **TANZANIA** Courtney Howard

## To our friends, partners, donors, and colleagues,

Twenty-six years ago, when I joined Pathfinder International, I was already a strong advocate for family planning, having dedicated the previous 16 years of my career to the cause. The compelling issues—both health and demographic—pulled me to work in the world's poorest, most underserved countries, where women face extreme barriers to sexual and reproductive health care. Pathfinder has always focused on breaking down these barriers. And we have made strong progress.

Together with key partners—local governments and communities, supporters, and donors—Pathfinder-supported family planning services delivered in 2010 alone averted an estimated 1 million unintended pregnancies, over 3,000 maternal deaths, and more than 263,000 abortions. These are the latest in a rich history of achievements, many I have been fortunate to see with my own eyes.

Take, for example, Mexico. In 1970, the fertility rate in Mexico was undeniably high, averaging 7 births per woman. Before long, the country became Pathfinder's second largest investment in Latin America, and we played a key role in supporting the government's national family planning program. Today, that national program is a marked success. It is supported entirely by the country itself, has increased contraceptive use, and decreased fertility to about two births per woman. Simultaneously, quality of life in Mexico has risen, particularly for women.

This thread of progress continues today in Ethiopia, where Pathfinder has a large presence. In just the last five years, the contraceptive prevalence rate in Ethiopia has doubled. Through comprehensive programs, like the Integrated Family Health Program—highlighted in this report—the barriers that women and girls face are being broken.

I am proud of the progress we have helped achieve, not only because of its impact on an entire country, but because, in very concrete ways, our work has improved the lives of individual women. I am always drawn to the power of a single story, like Christine Alobo's, which shows the impact of our work.

After giving birth to her seventh child, Christine knew she did not want to have any more children. But in Northern Uganda, as in many regions where Pathfinder works, this decision was not her's to make. Christine needed her husband's approval. Without his consent, she could not even start the long walk to the distant health center for services.

Christine and her husband, Godfrey, needed information and services brought closer to them. Through a community outreach program, implemented by Pathfinder and the district government, Christine and Godfrey obtained counseling on available methods of contraception and chose the one that met their needs. Today, Christine says she is happy to raise her children knowing she will not face another pregnancy.

What Christine experienced—an absence of power to make her own reproductive decisions and insufficient access to health care—are just two of the many barriers Pathfinder addresses every day. You will find others in this, my last annual report as president of Pathfinder.

As I embark on my retirement, I see the thread of our success—from our founding to the achievements of this past year—continuing into the future. Our programs prove that where Pathfinder sees a barrier, we also see an opportunity. Pathfinder will continue to push for this—our cause—to overcome barriers, not for ourselves, but for Christine. For her daughters. And for theirs.

With deep appreciation,



Daniel E. Pellegrin  
PRESIDENT



**NIGERIA** Akintunde Akinyele

# Breaking Down Barriers

Every day in the world's poorest countries, women, men, and young people are forced to rely on luck. They cross their fingers, so that when they reach a clinic—10 miles away—it will be open. They hope that their doctors can provide health services skillfully and without bias. And they hope that contraceptives are available so they can prevent unintended pregnancies. No one should face barriers to sexual and reproductive health services. What follows is a selection of the obstacles people face—and what Pathfinder has done in the past year to break these barriers down.

POST-CONFLICT SETTINGS

LACK OF SKILLED PROVIDERS

PROXIMITY TO SERVICES

GENDER INEQUALITY

CULTURAL NORMS

LEGAL BARRIERS

# Gender Inequality

Pathfinder addresses systemic gender inequality—which begins at birth and extends throughout a lifetime—that often prevents women from accessing life-changing sexual and reproductive health services.



## EMPOWERING GIRLS AND WOMEN THROUGH ACCESS TO EDUCATION AND REPRODUCTIVE HEALTH SERVICES

In one region of Ethiopia, 48 percent of women are wed by 15. Because of the prevalence of early marriage, most girls fail to complete school. The knowledge they are forced to give up—including how to protect themselves from sexual and reproductive health risks—may even cost them their lives.

Pathfinder believes that to empower girls and women it is critical to prevent early marriage and childbirth and keep girls in school. Last year, with key local partners, including the women's associations of Amhara, Addis Ababa, and Oromia Region, the Girls' and Women's Empowerment Project educated one million Ethiopians about the benefits of girls' education and the elimination of harmful traditional practices. Furthermore, it provided scholarships to nearly 300 poor female students and supported the formation of in-school gender sensitization clubs. School and community outreach has increased support for girls' education and provided a linkage, through which nearly 30,000 adolescents were referred for youth-friendly sexual and reproductive health services. **SUPPORTED BY THE DAVID AND LUCILE PACKARD FOUNDATION**

## ENHANCING REPRODUCTIVE RIGHTS, REDUCING VIOLENCE AGAINST WOMEN

Worldwide, one in three women is subjected to violence simply for being a woman. Violence against women breaches human rights and threatens women's sexual and reproductive health. For example, a woman who experiences abuse at the hands of her husband or intimate partner has a higher rate of unintended pregnancy. Because of the violence, her ability to use contraceptives effectively—without secrecy or interruption—is often thwarted.

Fifty-four percent of women in Mozambique have experienced gender-based violence. To address this crisis, Pathfinder is assisting the government in building their capacity to respond to victims of domestic violence and to encourage increased awareness in communities. Pathfinder joined forces with key partners, including the Provincial Directorate of Women and Social Affairs, Health, and Justice in Gaza Province; the police force; the Human Rights League; and the Network of Men for Change. Major determinants of violence against women have been identified and put to use through trainings for community leaders and health care providers. In addition to helping change norms and protect women in project areas, Pathfinder's experience in Mozambique now has the potential to inform global efforts. Pathfinder was invited to join UniTE, a campaign led by the United Nations, to end violence against women and girls in all parts of the world. **SUPPORTED BY THE UNITED NATIONS DEVELOPMENT FUND FOR WOMEN**

*top* Amelework Godie, supported by Pathfinder's girls' scholarship program, plans to become a teacher. **ETHIOPIA** Sala Lewis

*bottom* In Mozambique, young people play *Pathways to Change*, a game to explore social norms that perpetuate gender inequalities. **MOZAMBIQUE** Maria Margarida Guerra

# Post-Conflict Settings

In hostile and unsettled situations, residents are often denied their right to an adequate standard of living that protects their health and wellbeing. Pathfinder works to strengthen reproductive health services, including family planning and maternal health, which may be disrupted or entirely destroyed.

## THE FLEXIBLE FAMILY PLANNING, REPRODUCTIVE HEALTH AND GENDER-BASED VIOLENCE SERVICES FOR TRANSITION SITUATIONS PROJECT

In Burundi and The Democratic Republic of Congo, political crises have had grave implications for reproductive health. For refugees and internally displaced populations, health services—including family planning—have been disrupted. In addition, the incidence of rape has increased. Though significant progress has been made in advancing reproductive health in emergency settings, there remains a need for flexible approaches to health service delivery that address family planning and gender-based violence.

Pathfinder International, in partnership with IntraHealth International, is implementing activities in these two post-conflict settings to ensure that crisis-affected people have access to the services they need. Through a community- and clinic-based approach that features mobile outreach to address gender-based violence, access to emergency contraception, and 24-hour drop-in centers, Pathfinder's project addresses the gap that leaves women especially vulnerable. This model is being developed for use in other emergency and post-conflict settings. **SUPPORTED BY USAID**

## STRENGTHENING REPRODUCTIVE HEALTH CARE SERVICES IN REFUGEE AND DISPLACED PERSONS CAMPS

In 2010, more than 93,000 Congolese and Burundian refugees lived in the Nyarugusu and Mtabila camps of Western Tanzania. The majority of camp residents have been there since the mid-1990s, in poor conditions and without the social structure and support of their home villages. With limited access to quality emergency obstetric care, women in these camps and surrounding communities are more vulnerable to obstetric complications, among which is postpartum hemorrhage, the most common cause of maternal mortality.

To break down this barrier, Pathfinder and the Tanzanian Red Cross Society have already trained more than 200 health care providers in Pathfinder's Clinical and Community Action Model, which focuses on the prevention and treatment of postpartum hemorrhage, including the use of the non-pneumatic anti-shock garment. When applied, this garment can stabilize a woman in shock until she can be moved to an emergency care facility. **SUPPORTED BY THE JOHN D. AND CATHERINE**

**T. MACARTHUR FOUNDATION**

*left* Through outreach education, a community learns about family planning and gender-based violence. **BURUNDI** Pathfinder Burundi staff

*right* Residents of camps like this one in Tanzania's Kigoma district face obstacles accessing care. **TANZANIA** Abdelhadi Eltahir



# Cultural Norms

In some cultures, harmful practices such as early marriage persist, despite laws forbidding them. Pathfinder works within the context of a country, collaborating with communities and their influential leaders—including religious leaders—to ensure that everyone has the ability to live healthy lives.

**VIDEO** Watch a CNN special report on Pathfinder's PRACHAR project at [www.pathfinder.org/CNN](http://www.pathfinder.org/CNN)



Through open dialogue, PRACHAR reaches adolescents and their families with vital information. *large* **INDIA** Pathfinder Prachar team / *insert* **INDIA** Karl Grobl



*“Adolescents are generally considered hard to reach and difficult to persuade to adopt healthy practices. PRACHAR not only proves this wrong, it provides strong evidence that when adolescents are provided correct sexual and reproductive health information, they often make life-altering decisions—about marriage and planning a family, about staying in school and developing leadership skills that will help them live healthy, productive lives.”*

**Rema Nanda, PhD**, Pathfinder Country Representative, India



### PROMOTING CHANGE IN REPRODUCTIVE BEHAVIOR

Since 2001, Pathfinder’s Promoting Change in Reproductive Behavior (PRACHAR) project has empowered youth and newlywed couples to delay and space their pregnancies. The project has succeeded in changing beliefs, attitudes, and practices in one of India’s most populous and poorest states, where girls have traditionally been married young; faced extreme social and economic inequality; and been pressed by parents, in-laws, and the wider community to prove their fertility by bearing children soon after marrying.

Now in its final phase, Pathfinder is collaborating with the state government to incorporate PRACHAR’s successful approaches into daily activities of government health workers. This includes accredited social health activists, who are responsible for delivering youth-friendly sexual and reproductive health services. By integrating the PRACHAR model into the state’s health care system, the project’s proven outcomes—increased contraceptive use and delayed marriage and first birth—can have greater reach across India. PRACHAR now serves the largest population yet—more than one million young people in more than 1,000 villages.

#### Other notable achievements:

- Results from a survey conducted five years after the first phase of PRACHAR began demonstrated that young women exposed to project interventions were married about 2.6 years later than women who were not exposed to PRACHAR.
- The same study shows that young women exposed to PRACHAR interventions had their first birth 1.5 years later than young women who were not exposed to PRACHAR.
- The PRACHAR project, over three phases, has served close to 2,200 villages with a combined population of 2.47 million in state of Bihar, India.
- More than 600,000 individuals have been reached by PRACHAR program activities and messages.

SUPPORTED BY THE DAVID AND LUCILE PACKARD FOUNDATION AND UNFPA

### BUILDING SUSTAINABLE MODELS FOR SAFE ABORTION SERVICES

In Mozambique, women face one of the highest maternal mortality rates in the world. One of the leading causes of maternal mortality in Mozambique is unsafe abortion. Access to safe abortion is limited since the abortion law is highly restrictive; a woman may not seek services unless her life is at risk. If her life is threatened, the woman must travel to a central or provincial hospital. In adherence to national policy, abortion services are not offered at local health facilities.

Pathfinder is dedicated to helping women take control of their reproductive health. In Mozambique, this means that in addition to training health care workers to provide high-quality safe abortion care, we are also working to improve the policy environment around safe abortion. Last year, Pathfinder established a coalition of allies including nongovernmental and community-based organizations, health experts, and key stakeholders for the purpose of advocating for review of the abortion law.

This focused abortion advocacy work has resulted in two positive outcomes. First, Pathfinder successfully advocated with provincial leaders to create access to comprehensive abortion services at the district level, thereby creating access for women at rural hospitals. Second, the Ministry of Health now has a greater appreciation for and awareness of the need to increase access to and quality of such services. In response, they have revised regulations so abortion services are available to women based on physical, mental, or social grounds, not only in life-threatening conditions. The revised law was approved by government council in July 2011 and is now in the Mozambican Parliament awaiting final approval.

SUPPORTED BY IPPF SAFE ABORTION ACTION FUND

*“This is a great project that has contributed to expanding access to safe abortion to support women’s health and rights. Although many challenges remain, the recent review of the penal code regarding abortion legislation will further increase access to safe abortion, especially for underserved women.”* Rita Badiani, MS, Pathfinder Country Representative, Mozambique



## Legal Barriers

Restrictive laws and policies can have a real—and sometimes devastating—impact on the people Pathfinder serves. Pathfinder works to support efforts to improve policies overseas, and educates decision makers in shaping legislation that will protect the reproductive rights of all people.

# Lack of Skilled Providers

In many places where Pathfinder works, the number of doctors, nurses, and midwives is limited. Those that exist are often undertrained. Pathfinder partners with governments and local organizations to train providers to deliver high-quality sexual and reproductive health care.



*“Because our program trained health extension workers in the provision of long-acting family planning, thousands of rural families are getting their preferred method of contraception at the village level.”* **Mengistu Asnake, MD, MPH**, Chief of Party, Pathfinder Deputy Country Representative, Ethiopia

## INTEGRATED FAMILY HEALTH PROGRAM

The Integrated Family Health Program, led by Pathfinder and John Snow, Inc., in partnership with the Consortium of Reproductive Health Associations, supports rural communities in the four most populous regions of Ethiopia. Through this comprehensive program, Pathfinder works with the government of Ethiopia to train health extension workers. Almost exclusively comprised of women, this cadre of 34,000 providers delivers essential health care—including family planning and maternal and newborn care—to members of their communities.

This critical program has strengthened providers’ skills and expanded their knowledge of family planning services and methods. For example, over the last two years, to meet the needs of women who want access to long-acting family planning, Pathfinder and our partners have trained 4,000 health extension workers to provide Implanon, a contraceptive implant that provides protection against pregnancy for three years. To date, the health extension workers have provided Implanon insertions at the request of more than 100,000 women. This focused training has a ripple effect; it allows health extension workers to continuously strengthen their skills—for family planning and the other services they provide, such as ante-natal care and vaccinations—in order to improve the overall health of those they serve. **SUPPORTED BY USAID**

## SUSTAINABLE HEALTH SERVICES FOR ISOLATED POPULATIONS IN BANGLADESH

In the Rangamati Hill district of southeast Bangladesh, members of remote tribal communities must walk nearly 15 miles to access one small government health center. Geographically, culturally, and linguistically isolated, these communities are underserved and often impoverished; they can neither access, nor afford, health care.

To meet the needs of this large population, Pathfinder collaborates with Green Hill, a local development organization. Together, we are increasing the number of local clinics and training indigenous women to become paramedics, so they can provide health care within their communities. Since 2010, five clinics have been established, each responsible for addressing the health care needs of approximately 8,000–10,000 people. Moreover, all clinics are led by women, whose dedication to their communities is profound. After completing a two-year course, these newly trained paramedics have the potential to improve the health of their neighbors and take a lead in making the clinics sustainable. **SUPPORTED BY THE RIVERSTYX FOUNDATION**

*left* During training, health extension workers practice Implanon insertion on a model arm. **ETHIOPIA** Mengistu Asnake

*right* Jamila Waagee, a health extension worker trained by Pathfinder, inserting Implanon. **ETHIOPIA** Sala Lewis

# Proximity to Services

In rural communities, health facilities can be far away or very difficult to reach. Through community-based health workers, peer educators, and other local outreach channels, Pathfinder brings services closer to the women, men, and young people who need them.





In one of Africa's most sparsely populated regions, providers reach remote communities. *left* KENYA Jeannie Brown *right* KENYA Linnet Otieno

### REACHING HARD-TO-REACH POPULATIONS WITH HEALTH INFORMATION: MHEALTH IN VIET NAM

By 2008, 70 percent of Viet Nam's total population—approximately 63 million people—used mobile phones. Coverage is widespread, even in the remote central highlands and northern mountainous regions where tribal populations lack access to basic health services.

In partnership with the Ministry of Health, Pathfinder is bringing services closer to clients by pioneering “mHealth,” or health education through mobile messaging. This new pilot project uses technology to deliver information on reproductive health to vulnerable communities, including isolated youth. Messages are culturally and linguistically appropriate, and offer encouragement, promoting healthy habits and providing a number to call, for free, to receive more information.

Now employed in four countries, this mHealth model has great potential for Pathfinder's work in Viet Nam and all over the world. Pathfinder can build on these experiences to make mHealth technology platforms an option for all projects—supporting more individuals to make healthy reproductive decisions. **SUPPORTED BY THE ROCKEFELLER FOUNDATION**

### APHIAplus NORTHERN ARID LANDS

In Kenya, motorbikes save lives. As a health care provider travels across harsh, unpaved terrain to deliver sexual and reproductive health care, a motorbike is often the ideal mode of transport. It is much less expensive to own and operate than a larger vehicle. Moreover, it can go where cars cannot—to serve some of the hardest-to-reach populations in the world. Motorbikes allow Pathfinder project staff in Kenya to support faraway nomadic populations, whose migratory lifestyle makes traditional, static models of health care delivery unfeasible.

One of several strategies used by Pathfinder and our partners in Kenya, the motorbike outreach model supports underserved communities by expanding their access to immunizations; medical supplies; and integrated HIV, tuberculosis, and family planning services. This low-cost, high-impact intervention has become one of the project's biggest successes and, over the last year, it has expanded to support 86 health facilities. The motorbike outreach model can serve as a template for any country wishing to improve the health of underserved nomadic populations. **SUPPORTED BY USAID**

*“APHIAplus Northern Arid Lands works in the northern 60 percent of Kenya, where the average distance a client must walk to reach a health facility is more than 30-40 miles. In conditions like these, the provision of health care through outreach services can mean the difference between life and death.”* **David Adriance, MS**, Pathfinder Project Director, Kenya

# Chief Financial Officer's Report

For women, men, and young people in the world's most remote communities, the barriers to sexual and reproductive health care are especially high. Longer distances, fewer clinics, and higher transport costs compound the challenges common to people everywhere. As Pathfinder strives to reach these clients, we face a barrier of another sort—the absence of banks.

Where no banks exist, we are forced to transact business in cash. Imagine transporting thousands of dollars across the border into a conflict zone to pay the salaries of hundreds of community health workers. Dangerous indeed. And this danger forces organizations to limit the scope of their programs—in precisely those places where the need is most acute. Pathfinder is breaking this barrier.

Across Kenya, Tanzania, and Uganda, Pathfinder now makes many payments via mobile phone. In remote provinces, we can conduct a major training event without ever touching cash—with participants, instructors, caterers, and hotels all accepting electronic payment.

In the Northern Arid Lands of Kenya—sparsely populated and pastoral—Pathfinder has created satellite offices that run on a minimum of cash. To buy fuel, we use coupons. We pay salaries from Nairobi via direct deposit to banks, and employees make withdrawals via mobile phone. Pathfinder pays vendors by depositing into their affiliates' bank accounts in the towns.

By reducing reliance on cash, we reduce our business risk, so we can expand our services to reach more remote, underserved populations.



**Thomas Downing**  
Chief Financial Officer

**WEB** Learn more about Pathfinder's long tradition of smart financial stewardship at [www.pathfinder.org/financials](http://www.pathfinder.org/financials)

## STATEMENT OF ACTIVITIES

### REVENUES, GAINS, AND OTHER SUPPORT

Grants and contracts	\$96,322,982
Contributions	3,470,289
Other	249,652
<b>TOTAL</b>	<b>100,042,923</b>

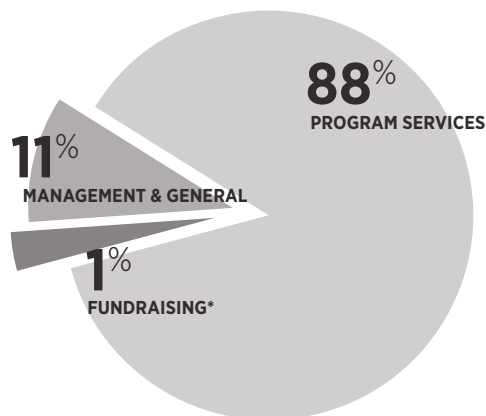
### EXPENSES

Program services	87,875,734
Management and general	10,511,328
Fundraising	1,330,377
<b>TOTAL</b>	<b>99,717,439</b>

Operating surplus	325,484
Non-operating gains	1,864,874
Change in net assets for the year	2,190,358
Net assets beginning of year	33,843,142
Reclassification due to change in treatment of in-kind inventory	(2,527,552)
<b>Net assets at end of year</b>	<b>33,505,948</b>

*The information presented above is drawn from Pathfinder International's financial statements, audited by Mayer Hoffman McCann PC. They are available from our headquarters office upon request or at [www.pathfinder.org/financials](http://www.pathfinder.org/financials)*

## TOTAL EXPENSES



\*Pathfinder receives Charity Navigator's highest rating for accountability and transparency.

## EXPENSES BY DONOR TYPE

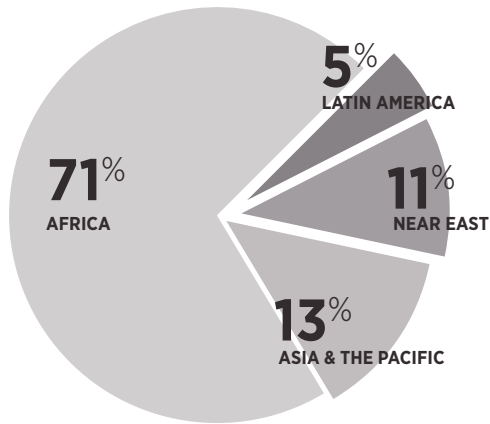
**8%** FOREIGN GOVERNMENT/  
MULTILATERAL

**17%** PRIVATE

**75%** UNITED STATES GOVERNMENT

*12% for Foundations, 4% Individuals, 1% Corporations*

**EXPENSES BY REGION**



**PATHFINDER STAFF BY LOCATION (851 total)**

**88%**  
**IN THE FIELD**  
 752 Staff



**11%**  
**AT HEADQUARTERS**  
 89 Staff

**1%**  
**IN WASHINGTON DC**  
 10 Staff

AS OF NOVEMBER 2011

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