SAVING LIVES, IMPROVING HEALTH

TWELVE STORIES OF HOW MSH IS ADVANCING HEALTH AROUND THE WORLD

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SAVING LIVES AND IMPROVING THE HEALTH OF THE WORLD'S POOREST AND MOST VULNERABLE PEOPLE BY CLOSING THE GAP BETWEEN KNOWLEDGE AND ACTION IN PUBLIC HEALTH.

This collection of stories was submitted through an internal story-telling contest at Management Sciences for Health (MSH) and represents the lifesaving work MSH and the frontline health workers we partner with perform every day, around the world. These 12 stories of hope and perseverance highlight how MSH achieves a difference in achieving better health outcomes in the home, community, health facilities, and on a national level. Stories feature successes in 11 countries out of the 71 countries MSH works in: Angola, Democratic Republic of the Congo, Ethiopia, Kenya, Madagascar, Peru, South Africa, South Sudan, Swaziland, Tanzania, and Uganda.

Editors: Mariah Boyd-Botta, Mary Burket, Rachel Hassinger, Christine Rogers, Annette Sheckler, and Cindy Shiner

Cover photo: Warren Zelman (Democratic Republic of the Congo)

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Sweet

A NOTE FROM DR. JONATHAN D. QUICK

For the third consecutive year, Management Sciences for Health (MSH) sponsored an internal story-telling contest, inviting staff to submit MSH's best examples of saving lives and improving health around the world.

We invite you to read the top 12 stories of 2014 to learn more about the people, projects, and partners who, together with MSH, make strong health systems happen. Visit 11 of the countries where we work and meet a few of the thousands of people whose lives have been transformed.

— Dr. Jonathan D. Quick, MSH President & CEO

PHOTO: MARK TUSCHMAN (KENYA)

PHOTO: BROOKE HUSKEY/MSH

Cecilia Lunda at work at the Kiloleli Dispensary in the Mwanza Region of Tanzania.

1 EMPOWERING HEALTH WORKERS IN MWANZA, TANZANIA

— Maryanne O'Brien

Cecilia Lunda wanted to be a nurse ever since she was a little girl, when her mother, a nurse, sparked her passion for helping people. As she grew up, Lunda studied hard and made her dream come true; she has worked as a nurse at the Kiloleli Dispensary in the Mwanza Region of Tanzania for four years.

But early in her career at Kiloleli, Lunda felt helpless when parents brought their feverish children to the dispensary. Diagnostic tests and artemisinin-based combination therapy, the recommended treatment for malaria, were frequently out of stock, so she often had no way to test for or treat malaria. Lunda was unable to help the sick children, and the community lost confidence in the dispensary.

In 2012, the Tibu Homa (which means "treat fever" in Swahili) project, funded by the US Agency for International Development (USAID) and led by MSH, teamed up with the Kiloleli Dispensary to help resolve the stock-out problems. The project works in the Lake Zone of Tanzania to reduce child mortality related to febrile illness.

Implemented by University Research Co., LLC, the African Medical and Research Foundation (AMREF), and MSH, Tibu Homa helped Kololeli Dispensary staff develop better process flow maps and improve the management of their stock of medicines and supplies.

Through the project's on-the-job training and ongoing mentoring, staff learned to encourage parents to bring their children to the dispensary within 24 hours of the onset of fever for testing and treatment. The dispensary set up a system to maintain health records for all patients and to review those records to ensure that treatments meet national standards. Staff can now fill out and submit reports and stock request forms, track medication usage and inventory, and properly store medical supplies. The dispensary uses rapid malaria diagnostic tests to test all children with fever and provides appropriate medicines as necessary.

> "Now as a health worker, we're more confident because we can test and diagnose, and children get better and are not dying."
>
> *— Cecilia Lunda*

Since the initial training two years ago, Kololeli Dispensary has not had a stock-out of rapid diagnostic tests or artemisinin-based combination therapy, and Lunda has seen a 400-percent increase in people coming to the dispensary.

"Parents now come because testing and supplies are available," says Lunda.

As a result of Tibu Homa's training and ongoing mentorship, Lunda has control of the facility's stock and confidently encourages parents to bring sick children to the facility because she knows she will have the necessary supplies to care for them. According to Lunda, "Now, as a health worker, we're more confident because we can test and diagnose, and children get better and are not dying."

Maryanne O'Brien is a former Project Specialist at MSH.

2 SKILLED ATTENDANTS USE "HELPING BABIES BREATHE" METHOD TO SAVE NEWBORNS IN THE DRC

— Jean Kayembe

Marie Miambokila Mumba, 38, had a smooth pregnancy and attended all of her scheduled prenatal consultations at the Luiza Tutante Health Center, located in Kasaï Oriental province in Democratic Republic of the Congo (DRC). When Mumba was ready to give birth at the Luiza General Referral Hospital in August 2014, her baby was delivered safely by skilled birth attendant Judith Kambuyi.

However, within moments, Kambuyi realized that Mumba was delivering a second baby. Despite her prenatal consultations, the health center's staff had not detected that Mumba was carrying twins. The second baby was struggling to breathe upon delivery. Kambuyi, trained in the Helping Babies Breathe® (HBB) technique, quickly assessed and resuscitated the child during the first critical minute after delivery: The Golden Minute®.

HBB, an evidence-based, neonatal resuscitation approach for resource-limited settings, is an initiative of the American Academy of Pediatrics (AAP) in collaboration with the World Health Organization (WHO), USAID, Saving Newborn Lives, and the National Institute of Child Health and Development. HBB promotes attendants skilled in HBB at every birth, assessments of newborns, temperature support, stimulation to breathe, and assisted ventilation as needed, all within the "golden minute" after birth.

In August 2012 Kambuyi attended a HBB training organized by the DRC-Integrated Health Project (DRC-IHP) as a response to high neonatal mortality rates in the DRC—approximately 104 deaths for every 1,000 live births. DRC-IHP, funded by USAID and led by MSH

PHOTO: MSH STAFF

Marie Miambokila Mumba and her newborn twins at the Luiza General Referral Hospital in Kasaï Occidental, DRC.

with partners the International Rescue Committee and Overseas Strategic Consulting, Ltd., works to improve the basic health conditions of the Congolese people in 78 health zones in four provinces.

Prior to the HBB training, the hospital in Luiza struggled with a high infant mortality rate. Thanks to the HBB training and other capacity building health interventions, such as training on Active Management of the Third Stage of Labor (AMTSL), as well as the provision of caesarian and neonatal resuscitation kits, the hospital has been able to save 22 babies who were delivered in distress from January to September 2014.

"It's a source of pride to save lives," says Kambuyi, who was trained with 11 other nursing staff from Luiza General Referral Hospital. "I have been a birth attendant for 24 years, but it was IHP that made me more effective as a result of the HBB training."

Jean "Jeannot" Kayembe is the Senior Technical Coordinator for DRC-IHP. Kayembe is a technical specialist in Maternal, Newborn, and Child Health and leads the technical team in project implementation in the remote and hard-to-reach health zones of Luiza.

3 FANIKISHA BRINGS BACK HOPE: JEMILA'S STORY OF LIVING POSITIVELY WITH HIV IN KENYA

— Mary Kuira and Henry Kilonzo

Jemila Hussein, a 35-year-old widow and mother of six, lives in Namba, Migori Sub County, Kenya. In August 2008, Hussein's life took a downturn when she tested positive for HIV. Deeply ashamed and fearing the stigma and discrimination associated with HIV, she isolated herself from her community. Her husband's death had significantly reduced the family income, and Hussein worried about her children's basic needs and education. She was convinced that she would die and leave them orphaned.

Through a community HIV and AIDS sensitization program, Hussein was directed to the Kibera Community Self Help Programme (KICOSHEP), where she was counseled on how to live positively with HIV. She was assured that her illness could be managed.

KICOSHEP, an affiliate of Kenya's National Organisation of Peer Educators (NOPE), is supported by the USAID-funded and MSH-led FANIKISHA Institutional Strengthening Project. FANIKISHA builds the capacity of national-level Kenyan civil

Jemila Hussein, shown here with her vegetable business, is no longer hiding from her HIV diagnosis.

PHOTO: COURTESY OF NOPE

society organizations (CSOs) to improve the health and well-being of all Kenyans. FANIKISHA first builds the institutional capacity of national CSOs and then helps them mentor their affiliates to do the same. In 2013, FANIKISHA collaborated with NOPE to strengthen KICOSHEP's grants management capacity. NOPE then issued a grant to KICOSHEP to expand and better manage its HIV and AIDS programs in Migori County. This expansion included the launch of a new support group in Namba to reach people such as Hussein.

The Namba group is comprised of members living positively with HIV and AIDS. These members work to sensitize the community about HIV and AIDS and train other support group members on how to start income generating activities. Through this group, Hussein learned how to maintain her health by adhering to her treatment and eating a nutritious diet. She now understands that being HIV positive does not mean that she has AIDS. She has also started a vegetable business, which is helping her to support her children and reintegrate back into her community.

Says Hussein "Thank you for your support in linking me with this group. I am determined to live positively and show my community that my HIV status is not a life sentence. I will lead my normal life."

Today, she is an active support group member who educates HIV-positive mothers about how to prevent transmission of the virus to their unborn children. Hussein has become a role model on how to live a healthy life with HIV.

Mary Kuira is a Monitoring and Evaluation (M&E) Manager at the National Organization of Peer Educators (NOPE), one of the organizations that receives capacity building technical assistance from the FANIKISHA project.

Henry Kilonzo is the former Senior Manager, Research and Technical Services at MSH Southern Africa and Director, Monitoring, Evaluation, Reporting and Learning. He is a public health and M&E expert with 14 years' experience in development, public health, ICT, M&E, and organizational capacity development.

4 HOW SPARS IS IMPROVING HEALTH SERVICES ACROSS UGANDA

— Tadeo Atuhura

Districts in Uganda faced many problems in managing medicines and health supplies. Health facilities often placed orders for medicines and health commodities without reviewing their consumption rate—how much they had been using—which led to both the expiration and stock-out of vital medicines. Medicines were also prescribed without following treatment guidelines, which, when coupled with inadequate information and instructions during dispensing, left patients dangerously confused.

The USAID-funded, MSH-led Securing Ugandans' Right to Essential Medicines (SURE) program collaborated with the Ministry of Health's Pharmacy Division to develop the Supervision, Performance Assessment, and Recognition Strategy (SPARS) to increase health workers' ability to manage medicines through on-the-job training and support from a new cadre of medicines management supervisors (also referred to as MMS). What distinguishes SPARS from previous supervision strategies is that the medicines management supervisors visit facilities regularly and measure progress using a standardized assessment tool with 25 indicators.

Medicines management supervisors are district employees who are expected to spend an estimated five days a month on SPARS, in addition to their other duties, incorporating the program into the existing human resource structure to help assure sustainability. Medicines management supervisors are trained in stock and storage management, ordering, reporting, dispensing, prescribing, and how to measure performance in these areas. In addition, they receive instruction in mentoring and communication. Medicines management supervisors collect facility performance data by reviewing records

Medicines management supervisors receive computer training for collecting, submitting, and analyzing SPARS data.

PHOTO: MSH STAFF

during supervisory visits, observing practices, and talking to patients. They also answer questions and provide encouragement to the facility staff. Medicines management supervisors learn how to accurately record their data in netbooks and send it via Internet.

By using a standard performance assessment, SURE can analyze the data and produce district-level reports that help the MMS identify and target areas of poor performance, allow facility staff to compare their performance to others' and show progress over time, and give the District Health Officer an idea of how well facilities are doing.

SPARS has led to significant improvement in health facility practices. Overall, the average increase in health facilities' scores is 70 percent from visit one to five.

As a result of these positive changes, the Uganda Ministry of Health adopted SPARS as a national strategy, and it is now being implemented in 106 out of the 112 districts in Uganda. The SURE program indirectly works in 59 districts and has provided support to 11 partners who are rolling out the strategy in the remaining districts. SURE program support includes training medicines management supervisors and sharing expertise and tools for SPARS implementation.

Tadeo Atuhura is the Country Communications Manager for MSH Uganda.

PHOTO: MSH STAFF

Solange leading a meeting in her village.

5 IMPROVING HEALTH BY EMPOWERING WOMEN IN MADAGASCAR

— Fanja Saholiarisoa

Solange Helene Rasoanirina is an active and motivated member of her community. Along with community health volunteers, the 24-year-old has become a reference for health in Masiakakoho, a remote village in southeastern Madagascar's Tataho commune in Manakara II district.

Rasoanirina was trained in leadership, raising awareness, health messages, and gender values in June 2014 by the USAID/Madagascar MIKOLO project, led by MSH and funded by USAID. USAID|Mikolo aims to promote community-based health services. At the end of the training, Rasoanirina was promoted to a Woman Leader and has organized group discussions with Ampela Mikolo, a women's association that supports behavior change for better health.

As a result, women of Masiakakoho have begun spreading health messages to fellow villagers. Ensuring proper hygiene is a key point. Open defecation is widespread, but more people are using toilets and they are also boiling water so it's potable at home. The women encourage parents to consult with community health volunteers and seek advice and treatment when their children are

sick. Consultations have increased significantly in recent months. Volunteers have conducted more than 1,327 weighing sessions for children under the age of five. In addition, 235 children have been treated for fever, 110 for acute respiratory infection, and 20 for diarrhea.

Roger Randriantsontso, the local USAID|MIKOLO-trained community health volunteer, has seen behavior change among people who are more aware of their health problems through the help of people such as Rasoanirina. "She helped me a lot in educating people. She even participates in educating them whenever she sees them," says Randriantsontso.

Rasoanirina's previous experiences in other health and microfinance programs have helped her acquire the necessary skills to lead and take action in her community. For example, she leads a 22-member village savings and credit association, which has helped members improve their living conditions with the money they save. This enabled Rasoanirina to invest in beekeeping, and she has been able to supply honey periodically to the honey exporter Miellerie de Manaraka.

USAID|MIKOLO has trained 120 women leaders and empowered them to take on more responsibilities. "I like assisting and giving advice," Rasoanirina says. "All the experience I received from MIKOLO and other programs from the last few years will enable me to go further."

With a women-focused approach, the project aims to promote gender equality at the community level. USAID|MIKOLO encourages couples to share responsibilities and work together on health issues at home. The project enables women to spread health education and encourages men to be involved.

Fanja Saholiarisoa is a Knowledge Exchange and Communication Manager for USAID/MIKOLO.

6 ETHIOPIA: ONE TEACHER CAN SAVE THOUSANDS OF LIVES

— Gebre Mekonnen

Melakeselam Kalayu is a religious leader who has been conducting baptisms for 15 years at Teklehaimanot Monastery in southern Tigray, Ethiopia. Throughout this time, Kalayu had prohibited people from taking any medications while using holy water at the monastery.

Among the thousands of visitors to the monastery every day, many are people living with HIV (PLHIV). In response to Melakeselam's teaching, many stopped their antiretroviral therapy (ART) while using holy water at the monastery.

"I thought medicine should not be taken while using holy water, and I prohibited people who were taking medicine from washing with or drinking holy water," Kalayu says. "But Haileselassie Kahilayu taught me that what I was teaching was not right."

Kahilayu is one of the religious leaders trained by the Ethiopia Network for HIV/AIDS Treatment, Care, and Support (ENHAT-CS) project. Financed by the US President's Emergency Plan for AIDS Relief (PEPFAR) through USAID, the five-year project is implemented by a MSH-led consortium.

Since the program started in October 2011, ENHAT-CS has facilitated the training of over 600 religious leaders such as Kahilayu through its partnership with the Ethiopian Interfaith Forum for Development Dialogue and Action (EIFDDA). The religious leaders are trained on HIV-related issues, including learning that people living with HIV should not stop their ART while using holy water.

Melakeselam Kalayu sitting next to holy water in Teklehaimanot Monastery, southern Tigray, Ethiopia.

PHOTO: MSH STAFF

After the training, Kahilayu was determined to do not only his administrative office work, but to also go out and teach what he had learned. At Tekelehaimanot Monastery, he faced resistance from Kalayu.

"I argued a lot with Kalayu," he said. "He couldn't accept that people can take medicine while using holy water due to his religious background. I taught him what I learned. Later, I even had to warn him that I was going to fire him from his position in the monastery."

It has been now almost a year since Kalayu started to teach people living with HIV to continue their ART while using holy water. Many people living with HIV now testify that they have benefited from Kalayu's teaching and counseling.

Gebre Mekonnen is a registered nurse who worked as a regional care and support coordinator for ENHAT-CS. He has worked in his field for more than 30 years, including roles with the Government of Ethiopia and nongovernmental organizations such as Save the Children.

PHOTO: MSH STAFF

7 A PHONE CALL FOR HEALTH: IMPROVING HIV PATIENT CARE AND ADHERENCE TO TREATMENT IN ETHIOPIA

— Hailu Tadeg, Edmealem Ejigu, Annette Sheckler

Alongside a road in a remote area of the Amhara Region, Solomon Dawit* a truck driver from the Ethiopian capital of Addis Ababa, sits waiting for a ride to the nearest town. He has two big problems: his truck has broken down and he didn't know how long it would take to get the parts needed to fix it, and he was running out of his lifesaving antiretroviral (ARV) medication. After one month, Dawit's truck is fixed and he heads back home.

In Addis Ababa, Pharmacist Bethlehem Nega sits at her computer in the antiretroviral therapy (ART) pharmacy of the Bole Health Center (HC). Using the Electronic Dispensing Tool (EDT), she looks at the names of "lost patients"—ART clients who have missed their appointments. The name of a client who missed his last appointment, Solomon Dawit, pops up. Nega picks up the phone and calls Dawit to remind him to come to the clinic for his medicine. She also sees that he needs his regular six-month check of his CD4 count and makes an appointment for him.

* Name changed to protect privacy.

Dawit comes into Bole HC that very same day and receives a three-month supply of ARVs, and his CD4 count is tested. He is relieved to have his medication because he knows his health depends on taking his pills every day. When Dawit first came to the Bole HC, the pharmacist managing the clinic's Drug Information Service, Belete Wale, provided group counseling on ARVs to Dawit and other patients as they waited for their appointments. Dawit has a good understanding of what the drugs do, how to take them, and how other factors, such as good nutrition, play an important role in maximizing adherence to ART.

Dawit is also happy about the call he received from the pharmacist. "When the pharmacist called me about my missed appointment, it showed they [sic] care about me as a person." According to Bole HC's Head Pharmacist, Workye Molla, the ART department serves an average of 800 patients per month. Every month, there is an average of 40 patients considered lost. And every month, these 40 patients receive a phone call from the ART pharmacy reminding them to come in for their lifesaving ARVs.

Before the implementation of the Electronic Dispensing Tool, pharmaceutical management and information systems in Ethiopia were poor at capturing, aggregating, and reporting data relevant for informing decision-making. This was especially true at service delivery points. According to Molla, "We could not follow the patients, their appointments, and regimens. We did not know the amount of drugs that were in our inventory at dispensing units. We did not even know how many patients we served per day."

Dawit and the other patients at the Bole HC ART unit are benefitting from the partnership of the USAID-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Ethiopia team and Ethiopia's public health system. SIAPS, implemented by MSH, has partnered with the Ministry of Health's Pharmaceuticals Fund and Supply Agency (PFSA) in all of its pharmaceutical systems-strengthening support to ensure government ownership and sustainability. The team is working with the Bole HC, as well as an

estimated 200 ART sites using EDT software and more than 700 sites using the paper-based EDT system around the country. The goal is to establish and maintain an effective electronic information system at ART pharmacies to monitor patient adherence; drug resistance; access to medicines; prescribing, dispensing, and medicine-use practices; and patient safety.

Using the patient as the focal point, EDT captures critical information about the individual's drug regime, as well as stock inventory and aggregate patient statistics.

On the basis of Dawit's patient information, along with the other estimated 800 patients per month who are treated at Bole HC, Pharmacist Molla is able to manage stock; report adverse drug events, medication errors, and drug usage information; and generate customized reports for national HIV and AIDS programs and other relevant stakeholders.

Dawit's visits to the Bole HC are a very important factor in keeping him healthy, despite living with a life-threatening disease. He isn't aware that SIAPS supports many of the services he receives at the Bole HC ART unit. For example, SIAPS provided the ART pharmacy with the software-based information system, EDT, which keeps track of his treatment; the computer, printer, and office furniture; and the training and mentoring to staff using EDT. SIAPS paid for the phone call from the pharmacist when Dawit missed his appointment. He didn't know that the patient counseling he received from the pharmacist was based on the drug reference books, computer, and Internet access supported by SIAPS. Dawit doesn't know about the support that SIAPS provided to establish the Drug and Therapeutics Committee—a key player in providing the health center with evidence-based selection and quantification of medicines and the rational prescribing and use of medicines.

Dawit is also unaware of the partnerships established between SIAPS and the PFSA; the Food, Medicine, and Health Care Administration and Control Authority; other public health agencies; and health facilities that drive the success of these efforts. The SIAPS/Ethiopia technical team has an on-the-ground understanding of the problems and challenges

facing the country's pharmaceutical sector. They understand that only country ownership can sustain the successful transformation of Ethiopia's pharmaceutical sector and have developed genuine partnerships with government stakeholders to work toward a common goal. Dawit only knows that, despite his HIV status, he feels strong and healthy and looks forward to living a long and productive life.

> "When the pharmacist called me about my missed appointment, it showed they care about me as a person."
>
> *— Solomon Dawit*

SIAPS has rolled out EDT to some 200 sites around the country—the rest are using the paper-based system. The SIAPS/Ethiopia team supports the collection of patient uptake from 657 ART sites (113 government hospitals, 518 government health centers, and 26 private and nongovernmental health facilities). A total of 306,490 patients are covered, more than 95 percent of all ART patients in Ethiopia. The SIAPS/Ethiopia team collects regimen breakdown reports from about 370 ART sites, covering 252,830 ART patients, about 80 percent of all patients on ART.

A year before, SIAPS provided an analysis of prescription patterns using data generated from the EDT that showed an irrational prescribing of d4T regimes, a common first-line drug regime for new patients initiating ART, which was contrary to recommendations of the new guidelines. On the basis of this information, the Federal Ministry of Health issued an amendment guideline for phasing out d4T regimens for adults. The progress of phasing out d4T regimens was closely monitored using information from EDT and by now it is almost complete. Ethiopia's Ministry of Health, along with other US Government partners, are using the same information to monitor implementation of the new ART guidelines for pediatric ARV treatment programs.

Hailu Tadeg is the Country Director of the SIAPS program in Ethiopia.

Edmealem Ejigu is a Deputy Country Project Director for SIAPS in Ethiopia.

Annette Sheckler is a former Communications Manager for MSH.

8 COMMUNITY CHIEF OVERCOMES TB STIGMA TO BECOME AN AGENT FOR CHANGE IN SOUTH AFRICA

— Daki Ndiwalana and Gwadamirai Majange

The role of community leaders in the response to tuberculosis (TB) in South Africa cannot be overrated. Approximately 500,000 of the country's residents acquire active TB every year. South Africa also faces treatment adherence challenges, partially due to the stigma associated with TB in communities: nearly one in five patients with multiple-drug resistant TB do not complete their course of medication. Community leaders, as key personalities who shape public opinion, can play a central role in fighting TB-related stigma and encouraging people to test for TB and adhere to treatment. Nkathalo Wellness (known also as Nkathalo), a civil society organization supported by MSH through the USAID-funded Building Local Capacity (BLC) for Delivery of HIV Services in Southern Africa project, has established a partnership with a local chief, Oupa Brains Tshoeu, to fight that stigma. The relationship has not been a smooth one but demonstrates the importance of working with local leaders to address health challenges in communities.

Nkathalo Wellness provides communities with information on TB and HIV symptoms, diagnosis, prevention, and treatment. In 2014, the organization provided prevention messages to 9,330 people and referred 6,651 people for TB screening.

Nkathalo met Tshoeu early in 2014 when one of its volunteers was conducting community visits in Majakaneng, a district in Rustenberg, South Africa. Initially Tshoeu was skeptical and unwelcoming to the organization working in the area. He looked unwell but insisted that he had a private family doctor whom he visited regularly and showed the team the medication he was taking for what he called "flu."

Local Chief, Oupa Tshoeu

PHOTO: ONICA MORUNTSHI, TEAM LEADER, NKATHALO WELLNESS

Nkathalo team leader Oniah decided to approach the chief personally about screening for TB and HIV. She collected samples of his sputum and took it to the clinic for testing. Tshoeu's results revealed that he had active TB. Tshoeu was reluctant to initiate treatment at the clinic; he was very busy and feared the stigma: "What will my community say if they find out I have TB?"

Oniah spent time with Tshoeu, counseling him. He finally agreed to meet the team leader at the clinic, where he began TB treatment. For the first two weeks, Oniah delivered the weekly treatment refill to his house. She spoke to Tshoeu about how he could use his influence as a chief to help others who faced similar health challenges. Tshoeu is grateful for Nkathalo's support. "I have started gaining weight…I can see progress and my appetite is back. Nkathalo saved my life."

The organization's care has transformed Tshoeu's outlook and behavior. He began taking responsibility for his health and completed his treatment in September 2014. He has become a great supporter of Nkathalo's efforts in the community. He is involved in community campaigns and invites people from the organization to his home to conduct information sessions during community gatherings.

Daki Ndiwalana is the Director of Nkathalo Wellness.

Gwadamirai Majange is the former Senior Communications Specialist with the Building Local Capacity (BLC) for Delivery of HIV Services in Southern Africa project.

Community leaders and authorities taking part in the first module of the program for Moral Leadership and Community Management taking place in the Alternative Development region of Ucayali.

PHOTO: BENJAMÍN BALAREZO

9 PERUVIAN LEADERS GUIDE THEIR COMMUNITIES TO A JUST AND HEALTHY LIFE

— Eliana López Pérez

For many communities in Peru, the cultivation of illegal coca for drug trafficking, far from bringing prosperity, has only brought them fear and instability, an eroding community, and serious health problems primarily affecting women and children. This dark landscape is now changing for 41 rural communities in the Huanuco and Ucayali regions, who, in 2012, signed an agreement with the Peruvian government to stop growing coca.

Thanks to a partnership between the USAID and the National Commission for Development and Life without Drugs (DEVIDA), this shift began in July 2013 when the Healthy Communities and Municipalities II (HCM II) project, funded by USAID and led by MSH, began its intervention in 41 post-coca eradication communities and 2 other communities nearby: 26 in the valley of Monzón in the region of Huanuco, and 17 in the districts of Padre Abad and Irazola in the region of Ucayali. The goal of HCM II is to improve maternal, child, and family planning and reproductive health through the HCM methodology—which promotes a range of healthy practices.

The HCM methodology is comprised of a guide for prospective program managers and leaders on the value of health promotion. Program managers are equipped with instructions for application, as well as toolkits with health monitoring tools and leadership development programs. The tools are implemented at the family, community, and municipal/district levels to increase community leadership and healthy practices and to encourage behavior change, which is measured through community assessment.

To address these leadership and health behavior challenges in communities throughout Peru, the project implemented the Program for Moral Leadership and Community Management (PLMGC in Spanish) to build the capacity of local leadership and management authorities in a style of leadership based on community values.

In February 2014, the PLMGC began in the regions of Huanuco and Ucayali, where authorities and leaders from 41 communities participated. Through five month-long modules, participants addressed the values of democracy, solidarity, trust, forgiveness, reconciliation, and respect. In addition, they were trained on the use and application of various community management tools.

Each module had two parts: a one-day tutorial and an additional day of putting lessons into practice. Activities during the rest of the month included the whole community. In practice, authorities then implemented the community management tools to encourage local participants to think about their vision of a healthy community and their local history, develop a tree of dreams, and perform a community diagnosis and action plan. They also recorded and tracked data on maternal and child health and encouraged families in their communities to be "Healthy Families."

PERU

"With the PLMGC I learned how to be a democratic leader, to understand and listen to each member of my community."

— Eduar Martín Solorzano
Leader in Palo Wimba in the Monzón Valley

These HCM trainings help support those trainings also provided to families by DEVIDA, which encourage communities to adopt the cultivation of coffee, cocoa, and bananas in place of coca cultivation.

As a result of PLMGC, 211 community leaders graduated: 48 percent men and 52 percent women. Additionally, 41 of the 43 communities have successfully implemented their community management tools for Healthy Communities. The result? Communities and homes are cleaner, the practice of community values is encouraged, and families are adopting overall healthy behaviors, which contribute to improving their health and strengthening the social capital of their communities.

Without a doubt, these communities are now more optimistic about their futures: having healthy communities and families, and living a just and healthy life.

Eliana López Pérez is the Communications Specialist for MSH's HCM-II project

NMCP and SIAPS staff doing inventory control during a field visit.

PHOTO: SIAPS ANGOLA

10 IMPROVING SUPPLY CHAIN MANAGEMENT: LESSONS FROM ANGOLA

— Patrick Gaparayi and Lubaki Joao

In Angola, the National Malaria Control Program (NMCP)'s 2013 annual report suggests that malaria alone represents 35 percent of all curative treatment demands, 20 percent of hospital admissions, 40 percent of perinatal deaths, and 25 percent of maternal deaths. Universal and continuous availability of recommended artemisinin-based combination therapy (ACT) and rapid diagnosis tests (RDTs) are a critical prerequisite for the effective management of clinical malaria.

However, across Africa stock-outs of ACTs are frequently reported, resulting in compromised access to effective treatment, suboptimal case management practices, and increased childhood mortality. One of the causes of stock-outs is weak supply chain management. Conversely, there is also wastage due to excessive stock. Monitoring stock levels is paramount to ensure a continuous availability of health commodities and or reducing any wastage due to overstocking.

The USAID-funded Systems for Improving Access to Pharmaceuticals and Services (SIAPS) Program, implemented by MSH, has collaborated with the Angolan National Malaria Control Program,

Central Procurement Agency for Medicines and Medical Supplies (CECOMA), and provincial malaria control program teams to improve the availability of ACTs, RDTs, and Sulphadoxine-pyrimethamine (SP) for better malaria case management.

This collaboration included a number of important interventions: supporting the receipt and distribution of USAID-funded commodities from the national to the provincial level, and developing and implementing training and supportive supervision tools and approaches to build the capacity of medical warehouse and health facility staff to better manage medicines and health commodities. SIAPS also worked with their government partners to embed strategic monitoring tools, including End Use Verification (EUV) and Procurement Plan and Monitoring Report for antimalarial products (PPMRm) to inform decisions related to the procurement and supply chain management of medicines and health commodities.

In coordination with NMCP and CECOMA, data on availability of antimalarial products at the provincial level are collected on a monthly basis, entered into the database, and analyzed to inform decisions such as the preparation of distribution plans for all 18 provinces and stock replenishment if the need arises.

To date, a database of stock levels has been created that captures monthly stock data from all 18 provinces and CECOMA since September 2012. Data collection includes stock levels at the beginning of the month, all the stock received during the month and its origin, quantities distributed during the month, and the stock at hand at the end of the month. Regular emails and phone calls are used to contact all 18 provincial warehouse managers and malaria supervisors. To validate these actively collected data, verification is done with the ones that are regularly reported by the provinces to NMCP through a normal paper-based reporting system and punctual field visits are organized for data quality assessments and improvements.

Once data are captured, an analysis is done to detect issues in the stock levels such as:

- Provinces that are keeping high-level stocks for a certain period of time

- Provinces that are reporting an increasing demand in antimalarial products
- Products that are being distributed at a very high rate
- Provinces that are reporting stock-outs of antimalarial products
- Provinces that have received replenishment from CECOMA
- Available stocks at CECOMA level

As a result of this regular monitoring, NMCP has been able to coordinate stock exchanges between provinces where there was a significant reduction in movement of stocks to provinces that were in need. At least two provinces (Huambo and Cunene) have been requested to send some of their stock to other provinces in need (Namibe, Bié, Luanda, Uige, and Kwanza Norte), and the distribution plans were revised to take into consideration the current progress in malaria case reductions in some provinces. Results of this routine monitoring showed that RDTs and the presentation of Artemether Lumefantrine (AL) 6x3 experience the most stock-outs at the provincial level. On average, at least three provinces out of 18 have had stock-outs of one of the two products for a period of 25 months, with a maximum of 10 provinces stocking out RDTs at least once in November 2013 and six provinces stocking out AL 6x3 in May 2014.

Despite these achievements some challenges remain, such as the current passive "push" supply chain, whereby quantities are pre-determined by NMCP independent of the actual needs of the provinces. Other challenges are low reporting rates on consumption and the overall insufficiencies of stocks of some products at the national level due to gaps in timely procurement. Subsequently, some provinces have reported recurrent stock-outs, especially the provinces with poor and low rates of reporting. The biggest challenges remain inaccuracy and delays in logistics reporting from the health facility to the national level and low use of pharmaceutical management tools, such as stock cards, to maintain records of stock movements.

Patrick Gaparayi is deputy CPD for SIAPS Angola.

Lubaki Joao is technical advisor for SIAPS Angola.

11 FIRST STUDENTS GRADUATE FROM SIAPS-SUPPORTED PRE-SERVICE PHARMACY TRAINING PROGRAM

— Dr. Sara Padidar

Victoria Mwanza, 42, is part of the first cohort of pharmacy assistants to graduate from the Southern Africa Nazarene University (SANU) with a Certificate in Pharmacy. This in-country pharmacy training program, established at the request of the Ministry of Health, was launched by SANU in August 2012, with the support of USAID-funded and MSH-led SIAPS.

Prior to starting her studies, Mwanza had been working in community pharmacies in Manzini for seven years. Manzini is the most populous city in Swaziland and retail pharmacies provide essential access to medicines and health care services to many patients. However, few pharmacies have trained personnel. As her pharmacy experience increased, Mwanza found herself eager to learn more about the profession.

"I would see my pharmacist studying big, thick books all the time, and I often asked him about them," remembers Mwanza. "Then we heard about the new Swazi training programme for pharmacy assistants. I was very keen to improve my knowledge to better help my patients".

Victoria Mwanza receiving her certificate from Dr. Kent Brower, Pro-Vice Chancellor at Southern Africa Nazarene University.

PHOTO: MSH STAFF

With support and encouragement from her pharmacist, Mwanza enrolled in the new Certificate in Pharmacy program. "The course was very challenging, especially the calculation modules! Also, being at University was especially tough, as I was the first class representative for the first cohort of students for a new program. Everyone was learning," says Mwanza.

> "I was very keen to improve my knowledge to better help my patients."
>
> — *Victoria Mwanza*

The comprehensive, two-year full-time curriculum trains students on many aspects of pharmacy studies, including HIV management and counselling, research methodology, medicines supply chain management, and dispensing practices. Students are taught how to carry out health campaigns and provide adherence counseling for a range of disease, including counseling to HIV/TB patients. Every semester, students take examinations. By the end of the program, students are required to submit a portfolio as evidence of their competencies in a range of essential skills for pharmacy assistants.

"The program has enabled me to better understand my scope of work, and the consequences of my actions and inactions with a patient, so now I am a much better pharmacy assistant," Mwanza says with a smile. "I am very proud of completing my training and gaining my certificate. I will continue to study because there is no stopping me now!"

Mwanza and her 14 fellow students graduated with a Certificate in Pharmacy from SANU on the 24th of October, 2014. They are the first cohort to graduate from this new training program and will be valuable resources to the critical skills shortage of pharmacy personnel facing Swaziland.

Dr Sara Padidar is a training manager for SIAPS in Swaziland.

12 COMMUNITY MOBILIZERS HELP CONTROL TB IN SOUTH SUDAN

— Emmanuel Benjamin Kenyi and Dr. Stephen Macharia

The World Health Organization (WHO) estimates prevalence for all forms of tuberculosis (TB) in South Sudan to be 146 for every 100,000 people. Based on that estimate, the country's national TB program said it was notified of only 39 percent of all forms of TB cases in 2013, and of those cases treated in 2012, only 52 percent successfully completed treatment compared to the WHO's target of 85 percent. These low levels are attributable to a lack of awareness of TB at the community level and inadequate follow-up mechanisms by health care providers for patients already on TB treatment and for tracing their contacts.

To address these challenges, the TB CARE I project trained 240 community mobilizers from Yei, Lainya, and Morobo Counties on how to identify TB symptoms, refer patients to the health facilities for diagnosis, and provide support to patients on TB treatment. Through the dedication of this active group of mobilizers, 11,000 people were sensitized, 237 people were referred for diagnosis, and 19 were confirmed to have TB.

The Dutch nongovernmental organization, KNCV TB Foundation, led the project with partners WHO, MSH, and others. USAID provided funding.

In Yei County, David Kolang serves as one of the young scouts dedicated to community mobilization. On a visit to Hai Simba, Yei Town, in July 2014, Kolang met Moses Aketch, a 17-year-old high school student who had been suffering from a severe cough and runny nose for two years. Despite many different medical treatments, his symptoms worsened.

PHOTO: EMMANUEL KENYI/MSH

David Kolang leads a community awareness session on TB.

Moses attended a presentation that Kolang carried out during one of his visits to the community. "David talked about the signs and symptoms of TB and had me go to Yei Hospital for examination," says Moses. "I listened to him and went to Yei Hospital to meet the medical assistant. I was asked to produce sputum to be examined, and the results came out to be tuberculosis. On January 29, 2014, I started TB treatment."

Reflecting on his experience with Kolang and the TB CARE I trained community mobilizers, Moses says: "God bless the scouts for their community TB service and for the organization supporting them. They are doing it for the nation. It was the scouts' awareness of TB that made me go for TB treatment. My message to those who are coughing like me: go for TB screening."

Emmanuel Benjamin Kenyi, Senior Technical Officer, Community TB Services, has been with TB CARE I since 2014.

Dr. Stephen Macharia is Project Director for TB CARE I at MSH.

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PHOTO: GWENN DUBOURTHOUMIEU (NIGERIA)

TAO OF LEADERSHIP

Go to the people
Live with them
Love them
Learn from them
Start with what they have
Build on what they know.

But of the best leaders
When their task is accomplished
The work is done
The people will all remark
We have done it ourselves.
—Lao Tzu

MANAGEMENT SCIENCES FOR HEALTH
200 Rivers Edge Drive, Medford, MA 02155 USA
Tel +1 617.250.9500
communications@msh.org
Visit us at: www.msh.org