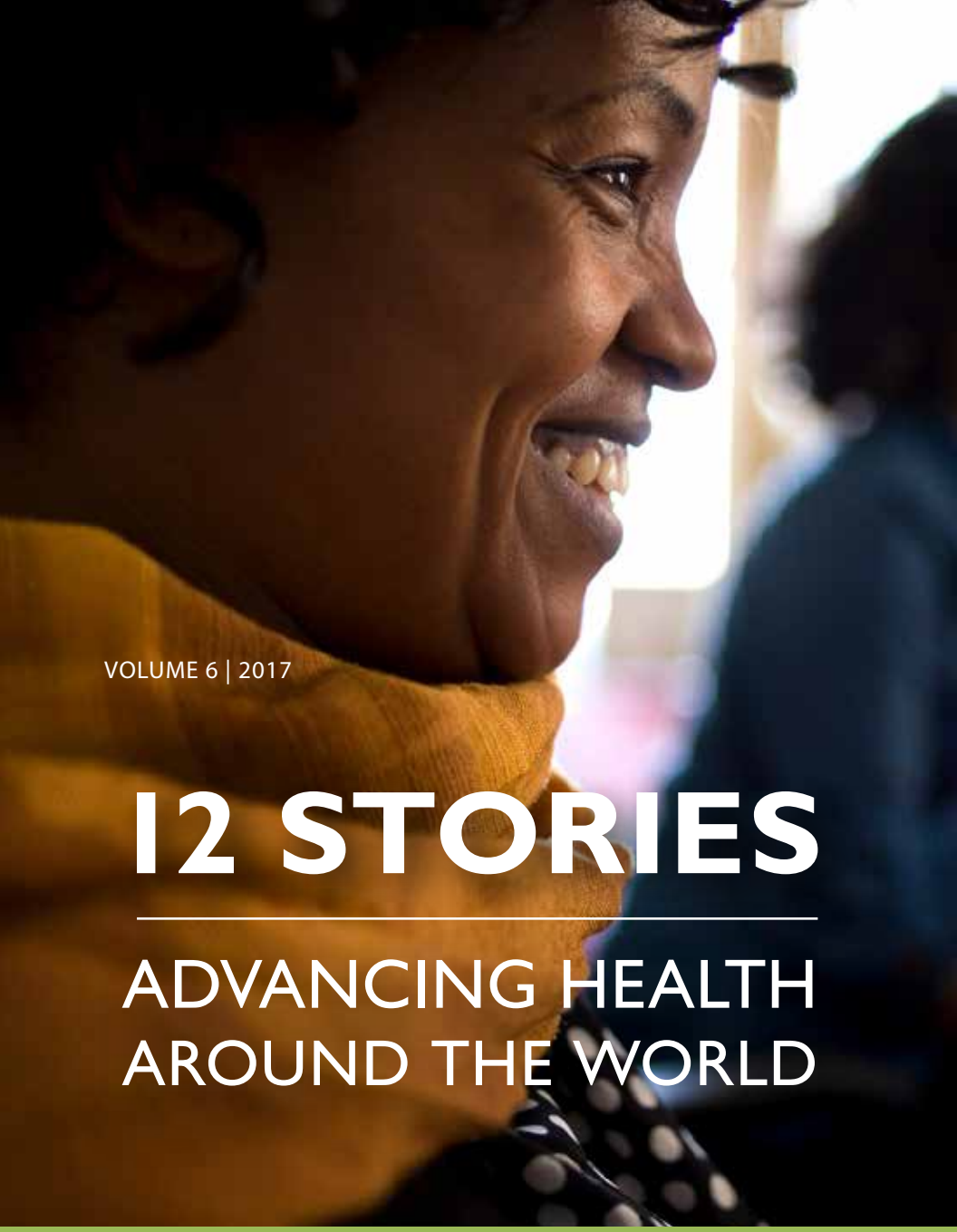

VOLUME 6 | 2017

12 STORIES

ADVANCING HEALTH AROUND THE WORLD

STRONGER HEALTH SYSTEMS
GREATER HEALTH IMPACT

msh
Management Sciences for Health

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 reflects the winners of an internal storytelling 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 better health outcomes in the home, community, health facilities, and on a national level. Stories feature successes in 10 countries: Bangladesh, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Namibia, Nigeria, Madagascar, Rwanda, South Sudan, and Uganda.

Editors: Mariah Boyd-Boffa, Paul Crystal, Carole Douglis, Susan Gillespie, Emily Judem, Julia Marion, and Christine Rogers

MSH Storytelling Contest Judges: Barbara Ayotte, Marlene Mouanga, Daphne Northrop, Luis Ortiz, and JoAnn Paradis

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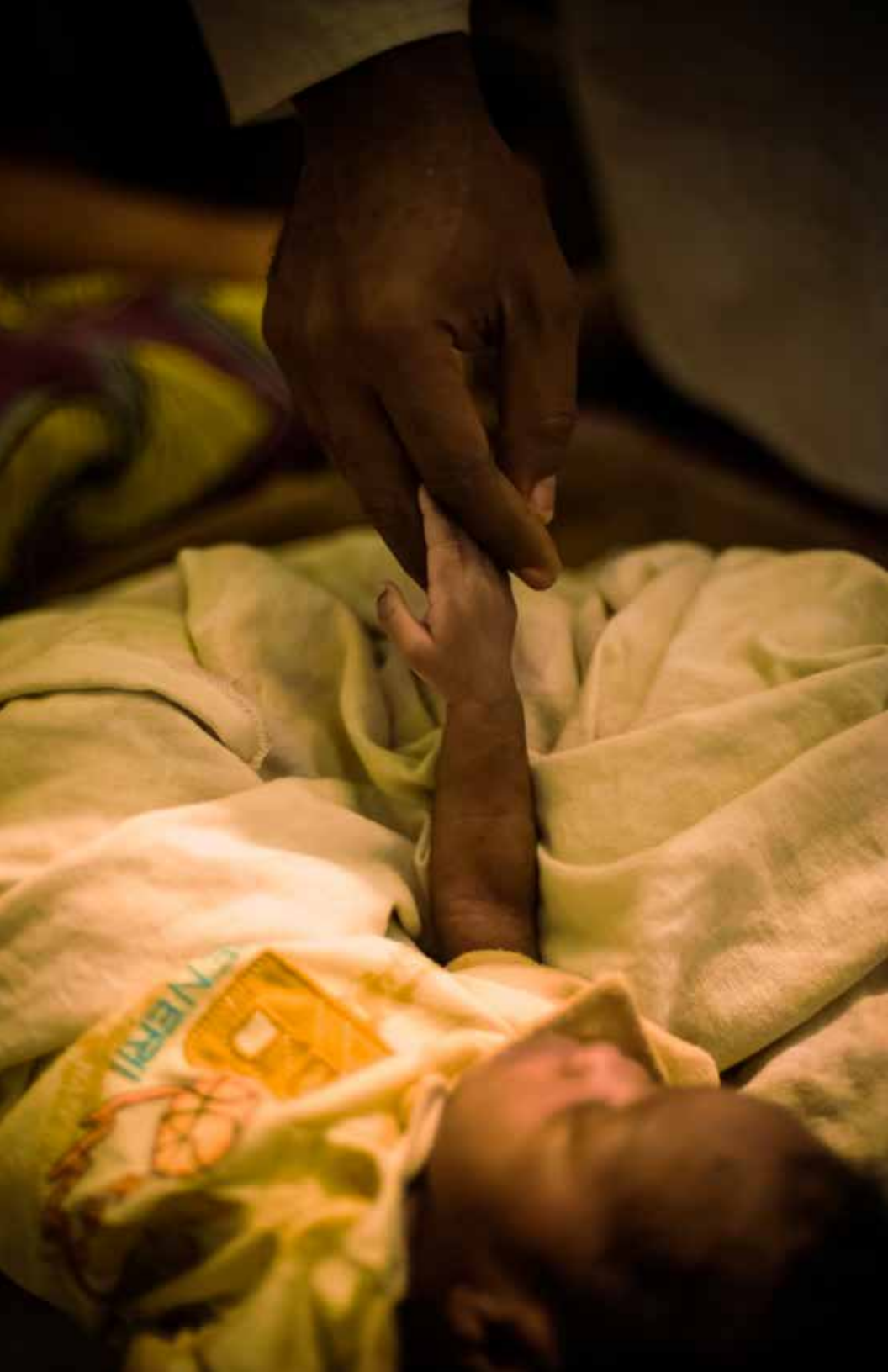


For the sixth consecutive year, MSH sponsored an internal storytelling contest, inviting staff to submit best examples of how MSH saves lives and improves health around the world.

We invite you to read the top 12 stories of 2016 to learn more about the people, projects, and partners who, together with MSH, make strong health systems happen. Visit ten of the countries where we work and meet a few of the thousands of people whose lives have been transformed.

PHOTO: WARREN ZELMAN

1.

ETHIOPIA

CHANGING SYSTEMS TO CHANGE LIVES: ASTER'S STORY

By Tsion Issayas

Aster Amanuel Desalegn lives in Debre Markos, 190 miles from the Ethiopian capital of Addis Ababa. She is a 70-year-old mother of four and grandmother of two. Her granddaughters, Emuye, 6, and Blen, 8, live with her.

On a trip back from visiting family in Addis Ababa 20 years ago, Desalegn fell ill and went to the nearest health center for help. Doctors said her blood sugar level was critically high and she needed to start treatment right away. For the past 12 years, Desalegn has been taking insulin.

Desalegn and her family go to Debre Markos Hospital for all their health care needs. She goes once a month for checkups and to refill her prescription. Debre Markos Hospital is a public facility that serves 3.5 million people in and around Debre Markos. Desalegn says she is happy with the services she gets at the hospital, but that was not always the case.

> *"I felt anxious when I was about to go to the hospital because that meant spending more than half the day, and sometimes all day, there because the waiting time was so long," Desalegn says. "And after lining up outside for a long time in the sun or rain, I might not even get my prescription filled because the pharmacy had run out of insulin."*

The availability of essential medicines and quality service in Ethiopian pharmacies has been

Aster Amanuel Desalegn (second from right) has more time to spend with her family now that the time needed for her visits to the hospital has decreased.

Photo: Tsion Issayas, Communications Manager, MSH Ethiopia

recognized as a critical problem by the Federal Ministry of Health. In 2011, the USAID-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program, implemented by MSH, collaborated with the Federal Ministry of Health and regional health bureaus to develop a way to improve the quality of pharmaceutical services. The Auditable Pharmaceutical Transactions and Services (APTS), a package of interventions, is the result of this collaboration.

APTS was piloted in Debre Markos Hospital and showed unprecedented success. In a short time, the availability of essential medicines increased while expiry and wastage decreased. The pharmacy was remodeled to eliminate a grilled window, where people lined up to receive counseling and medication, and replaced with a walk-in pharmacy with more space, where confidential counseling

can be carried out. The remodeling contributed to a significant decrease in wait time.

> *"We live on a retirement stipend I get from the government," Desalegn says. "I can hardly afford to buy medicines from private pharmacies. I don't have to do that now since in the last five years I haven't been turned away from the hospital. I always go home with my medicine."*

Her monthly visit to the hospital now takes Desalegn less than two hours, leaving her enough time to go back home to make lunch and rest before her granddaughters come home from school.

> *"These changes at the hospital mean so much to me. I'm blessed to have lived to see them," Desalegn says with a broad smile.*

After seeing the results of APTS at Debre Markos Hospital, the Federal Ministry of Health and regional health bureaus developed an APTS regulation, with the ultimate goal of implementing it in all Ethiopian health facilities. To date, more than 70 health facilities have implemented APTS, with scale-up progressing quickly.

Tsion Issayas is the communications manager for MSH Ethiopia. Working in the field for 11 years, Issayas has a background in communication strategy development and implementation, brand positioning and management, social media, and campaign and marketing initiatives.

2.

DEMOCRATIC REPUBLIC OF THE CONGO

A DOOR-TO-DOOR CAMPAIGN CONVINCES RESIDENTS TO BE TESTED AND TREATED FOR TB

By Landry-Serges Malaba

Alain Kelende had been a mason his whole life, but for the past two years, he was exhausted every day and could not stop coughing, making it difficult to work.

Kelende, 42, lives with his wife and two children in a peri-urban community of Kinshasa. Like many in Democratic Republic of the Congo (DRC), he resisted going to a clinic. Instead, he self-medicated for worms and, he said, "kept coughing and growing weaker."

DRC ranks among the 22 countries with the highest burden of tuberculosis (TB). Despite the efforts of the national TB program, case notification is only about two-thirds of expected cases, and it dipped another four percent between 2010 and 2011.

Funded by USAID, the Challenge TB project is assisting the Ministry of Public Health's National TB Program to meet its target of detecting over 70 percent of expected, microscopy confirmed,

Alain Kelende, mason and former TB patient

Photo: Landry-Serges Malaba, MSH

pulmonary TB cases; treating TB; and coordinating TB/HIV treatment.

But how do you find and treat TB patients in a place where illness is stigmatized, people believe the ill are cursed, and most avoid clinics in favor of local "healers"?

Challenge TB assisted the National TB Program to take this task head on. In April 2015, the project organized an intensive training for 60 community health workers in Kisenso and Mont Ngafula health zones, showing them outreach techniques, then sending them door to door to collect sputum samples from people who were visibly ill. The health workers, with staff from local nongovernmental organizations and supplies from Challenge TB, conducted a "mini-campaign," visiting 1,632 households in four days. They collected 2,122 sputum samples, sent them for laboratory analysis—and discovered 12 people with TB.

As for Kelende?

> *"I refused to give a sample, telling myself I couldn't have TB," he says. "But they came back later and said they could help me, and it would be free. Finally I accepted. When the sample came back positive, I immediately went on treatment for two and half months. And now I feel well."*

Landry-Serges Malaba is a communications manager based in Kinshasa, DRC. He works for MSH on the Integrated Health Project Plus (IHPplus).

The USAID-funded Challenge TB, a collaboration of MSH, the International Union Against Tuberculosis and Lung Disease, and KNCV Tuberculosis Foundation, is working with the National TB Program in 21 health zones.

3.

SOUTH SUDAN

SAVING BABY MARY'S LIFE: LEARNING TO DIAGNOSE TB EARLY AND ACCURATELY

By Abraham Ayuen and Males Emmanuel

At nine months old, Mary Yeno had lived with TB for nearly half of her short life before being accurately diagnosed and treated.

Mary's mother, Flora Faida, carried the baby to three different health facilities without success.

> *"She was coughing and had difficulty breathing. She stopped breastfeeding," Faida says.*

Faida and her husband, David, are farmers in Kenyi village in South Sudan's Central Equatoria State. Their livelihood grew more precarious when baby Mary fell sick in August 2015. Faida used her savings to pay for treatment, but the health workers they saw never suspected TB.

While adults can be diagnosed routinely by sputum examination, infants and children with TB are often misdiagnosed, as TB can mimic nearly any other disease. Few health workers in rural facilities have been trained in pediatric TB.

Baby Mary after two successful weeks on anti-TB treatment

Photo: Males Emmanuel, MSH

In January 2016, Faida brought her daughter to Yei Hospital. There, in the TB Management Unit, nurse Loise Nyoka finally diagnosed Mary with TB, using a diagnostic score chart. The score chart presents questions about family history of TB, coughing, breastfeeding, and malnutrition. The answers revealed that Mary had TB; she was also severely malnourished.

The USAID-funded Challenge TB project, led by MSH, had equipped health workers at Yei and other hospitals with the skills and tools to diagnose and treat TB in all age groups.

Challenge TB continues to mentor health workers in Central Equatoria on contact investigation, diagnosis, and treatment. In 2015, the project mentored 40 clinicians and nurses in a variety of facilities.

Meanwhile, health workers at the hospital screened Mary's parents. David Faida, it turned out, had been coughing for two years. He was diagnosed with TB in November 2015 and was immediately enrolled in treatment.

> *"I came to realize that my daughter got TB from me," says Faida. "I thank the nurses for diagnosing the sickness that has been affecting my family."*

As he began treatment, his daughter was already recovering. After two weeks of medication and therapeutic feeding, Mary was discharged from Yei Hospital to finish her regimen back at home.

Abraham Ayuen, senior communications specialist, was born in Bor, South Sudan shortly before the outbreak of war. He grew up in Ethiopia, Uganda, and Kenya and returned to South Sudan in 2005.

Males Emmanuel is a technical officer for Challenge TB.

4.

MADAGASCAR

IMPROVING UMBILICAL CORD CARE BY SETTING AN EXAMPLE

By Samy Rakotoniaina

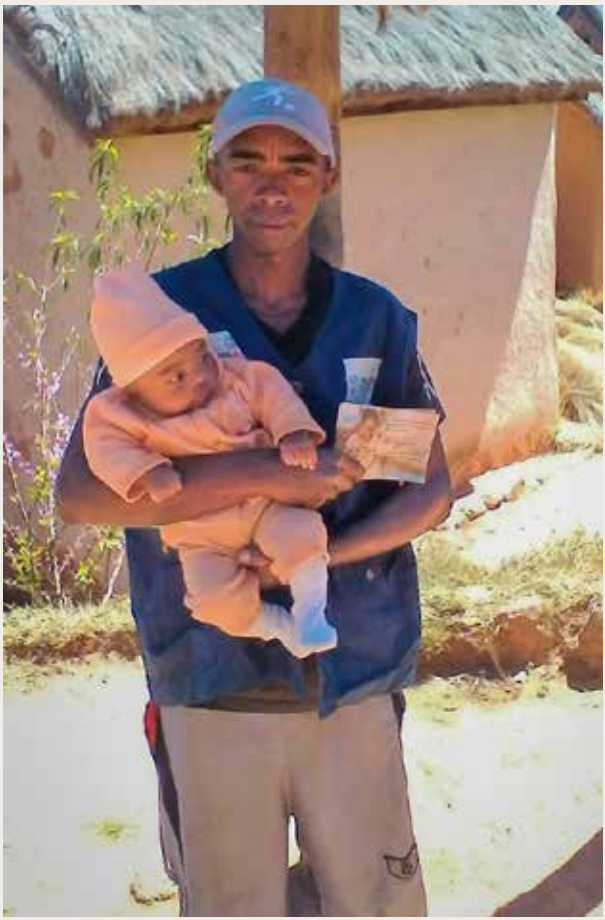
In remote communities of Madagascar, the distribution of Chlorhexidine, an antiseptic and disinfectant, by community health volunteers (CHVs) is a major innovation that greatly contributes to the reduction of child mortality. This umbilical ointment prevents deadly infections and eases the healing process.

Child mortality remains an important challenge for community health in Madagascar, with a high rate of 50 mortalities per 1,000 live births. Remote populations face a lack of access to basic health care; they may only rely on services provided by CHVs. In this context, many families still use traditional methods, such as covering the baby's navel with a piece of cloth soaked in alcohol.

Herilalaina Livarison lives in the commune of Andakatanikely and is one of 6,694 CHVs supported by the USAID-funded Mikolo project, implemented by MSH. Ever since the project trained him on the prevention of child infections, Livarison regularly educates women of childbearing age on his community activities' package. He provides Chlorhexidine on request at a price of Ariary 1,000 (about US $0.31). This antiseptic is used right after childbirth at the health center.

Herilalaina Livarison is a community health volunteer who sets an example in his community while ensuring continuum of care. His 4-month old baby girl received antiseptic cream at birth and is doing well now.

Photo: Males Emmanuel, MSH



"Future mothers do not always realize the dangers associated with babies' navels exposed to bacteria. During door-to-door sensitizations, I also recommend that they regularly go to the nearest health center for antenatal care consultations, and I teach them how to spot danger signs," says Livarison.

More than 4,500 newborn babies have received this innovative umbilical care in the USAID Mikolo project's intervention areas since October 2015. Livarison's child is one of those healthy babies, as this committed CHV wanted to set an example and raise awareness among his community.

> *"The remaining stump of Princia's umbilical cord completely healed in only 20 days. I think it was much faster compared to other cases, thanks to this antiseptic ointment," he says.*

The relatively high price of this product constrains low-income families' access to it. However, the close collaboration with heads of health centers to recommend Chlorhexidine has noticeably increased the use of the antiseptic ointment right after delivery.

Samy Rakotoniaina is the communications manager of the USAID Mikolo project implemented by MSH in Madagascar.

5.

DEMOCRATIC REPUBLIC OF THE CONGO

BROADCASTING THE MESSAGE OF KANGAROO MOTHER CARE

By Landry-Serges Malaba

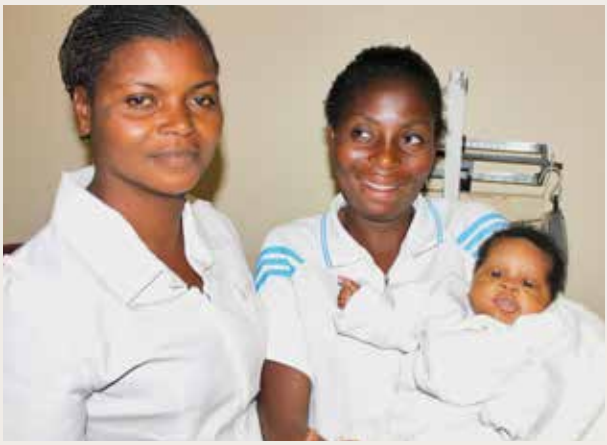
Fallone Ntumba, a radio journalist in Democratic Republic of the Congo (DRC), was 24 weeks pregnant when she was admitted to the Dipeta General Referral Hospital with a prematurely ruptured membrane.

After three weeks in the hospital, Ntumba gave birth to a daughter. Baby Gracia weighed only three pounds, and Dipeta Hospital's incubator had not worked in three years. Like many hospitals in the DRC, they lacked the resources to replace or repair it when a part malfunctioned.

> *"When the head nurse told me the news, I was ready to give up hope," Ntumba recalls. "The nearest hospital with an incubator was over 60 miles away and cost $50 per week—out of my family's reach."*

Fortunately, the USAID-funded Integrated Health Project (IHP) had supported Dipeta Hospital in the Fungurume health zone since 2011. IHP trained hospital staff on managing pregnancy, labor, and newborn complications—including a technique called kangaroo mother care.

Kangaroo mother care uses skin-to-skin contact between mother and baby to help premature babies gain weight. Between October 2015 and May 2016, 16 low-birthweight babies born at Dipeta Hospital survived with the help of kangaroo mother care.



Fallone and her daughter, Gracia (right), with Therese, head nurse at Dipeta Hospital

Photo: Landry-Serges Malaba, MSH

When the maternity team taught Ntumba about kangaroo mother care, she was skeptical at first—but the results spoke for themselves. By the time Gracia was one month old, she weighed 4.5 pounds and could be released from the hospital. At home, Ntumba and her husband took turns practicing kangaroo mother care with Gracia. After another month, she weighed 8 pounds.

> *"My husband and I were both amazed at Gracia's progress. As an educated woman living in the 21st century, I never expected that a simple method like kangaroo mother care could save my daughter's life," Ntumba says. "I've decided to start including messages about these low-cost methods that save lives in my broadcasts on Radio Mukaba, to educate mothers and other members of my community."*

IHPplus is funded by USAID and implemented by MSH and Overseas Strategic Consulting, Ltd (OSC) in 83 health zones.

Landry-Serges Malaba is a communications manager based in Kinshasa, DRC. He works for MSH on the Integrated Health Project Plus (IHPplus).

Translated into English by Sarah Ranney. With MSH since 2015, Ranney serves as the project associate for IHPplus and manages the project's US-based communications priorities.

6.

BANGLADESH

REDUCING NEWBORN AND CHILD DEATHS THROUGH PUBLIC-PRIVATE PARTNERSHIPS

By Liza Talukder and Sheikh Asiruddin

Tama, a resident of Parokhali village in the Khulna district of Bangladesh, was devastated when her 15-day-old daughter was diagnosed with pneumonia-related complications and needed treatment, including immediate oxygen support. Following instructions from the local doctor, she and her husband rushed their newborn to Khulna Shishu (Children) Hospital, situated eight kilometers from her village. Thanks to the oxygen supply system that had been recently installed at the hospital, baby Sangita received a steady flow of medical oxygen and recovered.

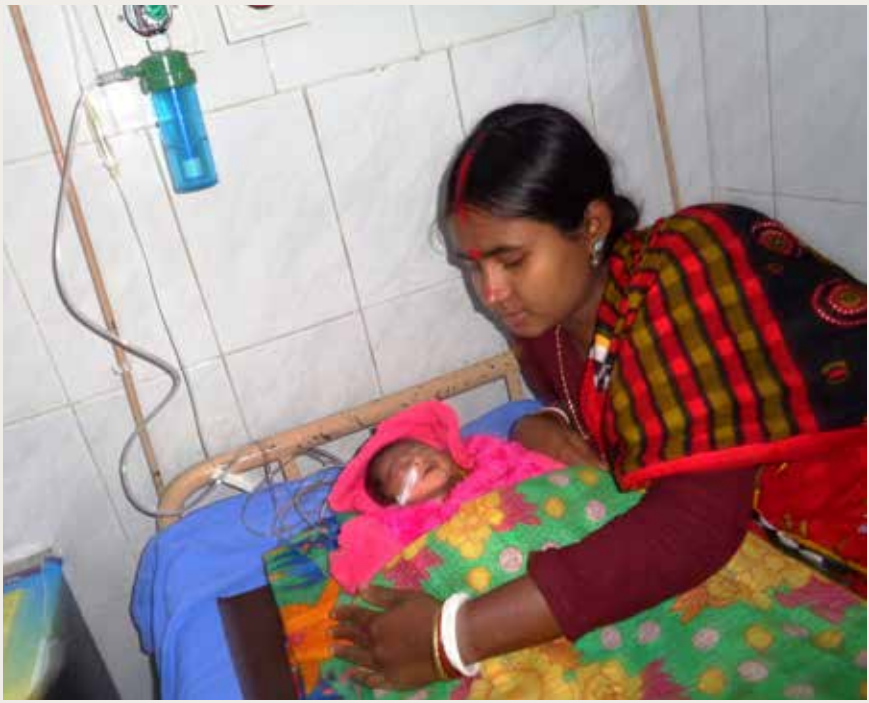
> *"I am happy that we decided to bring my daughter to Khulna Shishu Hospital and start treatment," says Tama. "If the oxygen support had not been given to her in time, it could have become fatal."*

Tama is one of many mothers who expressed gratitude for how the uninterrupted oxygen supply they received at Khulna Shisu Hospital saved their children's lives. On average, 25 to 30 children receive oxygen support at the hospital each day.

Khulna Shisu Hospital treats children in the southern part of Bangladesh. This 285-bed secondary-level private hospital for neonates and children was established in 1980 by the local elites of Khulna. Its philanthropic objectives are to provide specialized services, such as a newborn intensive care unit, incubators, surgery, and urology, along with pathological lab and diagnostic

services, child nutrition, and a routine expanded program of immunization services. The hospital mainly runs on the revenue it generates, and the government provides a nominal subsidy to adjust its yearly expenses. Need-based donations of medical equipment from local elites and others are assets for the hospital.

At the request of the local USAID mission, the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program—implemented by MSH—and the Social Marketing Company (another USAID-funded project) conducted an assessment to identify ways to increase the capacity and sustainability of the hospital's systems. The assessment showed that a major challenge was its



Tama with her daughter Sangita, who received treatment for potentially fatal pneumonia-related complications

Photo: Mohammad Hossain, Technical Advisor-Field Operations, SIAPS

irregular and manual oxygen supply, which poses a potential risk to many newborns and children.

To address this challenge, SIAPS commissioned a central oxygen supply mechanism within the hospital in February 2016 to strengthen their newborn and child health services. With SIAPS' technical assistance, the hospital introduced a web-based health information management system to support evidence-based decision-making and strengthen its medicine warehousing system. SIAPS also helped to develop a long-term sustainable plan and marketing strategy to expand the hospital's services to save more lives.

This collaboration paved the way for SIAPS to build a successful public-private partnership that could speed up progress toward ending preventable child and maternal deaths.

Liza Talukder, communications technical advisor for the SIAPS program at MSH Bangladesh, has 10 years of professional experience in media relations, corporate communications, policy advocacy, and project coordination.

Sheikh Asiruddin is the team leader-health systems strengthening for SIAPS, focusing on strengthening drug regulatory systems and establishing and improving pharmaceutical management systems for priority maternal, child, and newborn health medicines.

7.

UGANDA

TRACK TB BRINGS HOPE: ANGELA'S STORY

By Diana Tumuhairwe

At six months pregnant, Angela Namatovu was excited. The pregnancy was going well, and she could not wait to give birth to her baby boy.

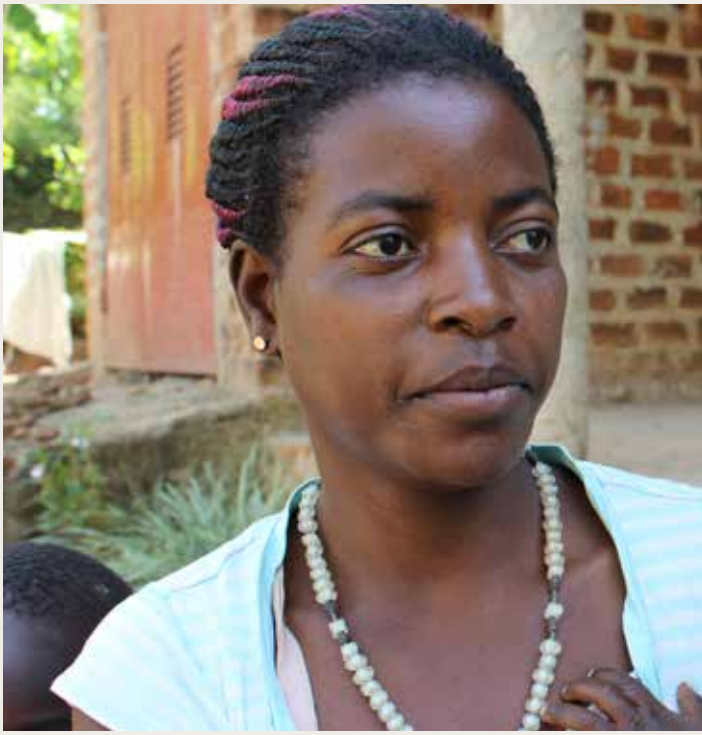
Like any careful expectant mother, when she developed a cough, she knew that the right thing to do was seek medical attention. She went to a nearby local clinic in the Simbwe, Wakiso district, not thinking her symptom was anything serious. The health facility could not find anything wrong but still referred her to Mulago Hospital. There, she was asked for sputum samples and was also given medication for 10 days.

When Namatovu and her husband returned to the hospital, health workers told her she had been diagnosed with multidrug-resistant TB (MDR-TB), which she had never heard of before. Her husband immediately walked out of the room; that would be the last time Namatovu saw him.

She was now alone, poor, and pregnant in a public health facility far away from home. The medications' side effects left her feeling lifeless. Namatovu thought she was going to die.

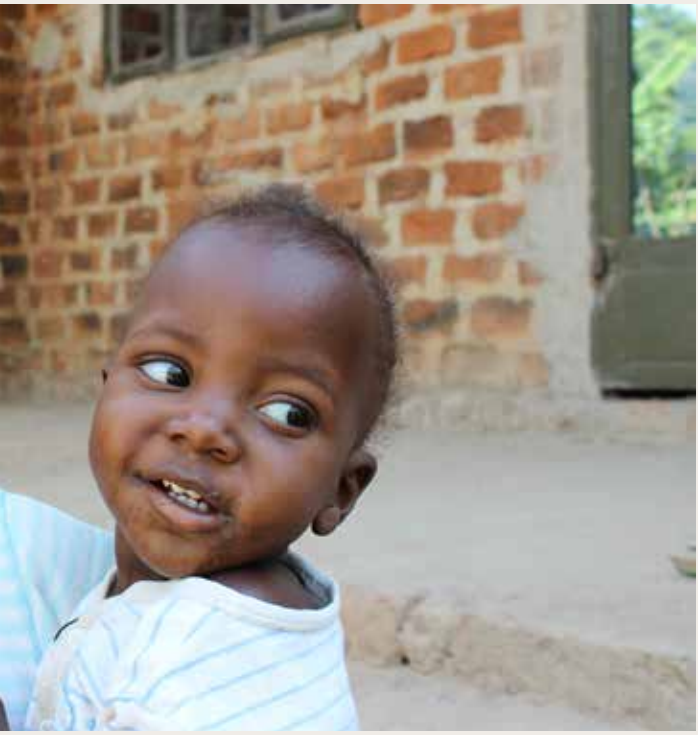
But at the hospital, Namatovu soon met with a counselor who was part of the USAID-funded TRACK TB project, led by MSH. TRACK TB increases MDR-TB case detection and treatment success by providing medical officers, community linkage facilitators, and a counselor to hospitals. Namatovu's counselor educated her about the disease and how to keep her baby healthy. The

Photo: Diana Tumuhairwe, MSH



counselor also gave Namatovu hope about her future—which is when she realized that, yes, she could recover and her child could be protected. All she had to do was faithfully adhere to treatment and the health worker's advice.

After Namatovu gave birth, she was given a special room in the hospital where she stayed with her baby for a month. Once she was ready to be discharged, the next hurdle was where to live. She did not know where her husband had gone, nor how to reach him. Health literacy is generally low in much of Uganda, and patients with TB, let alone MDR-TB, are brutally stigmatized. Most of Namatovu's family also refused to have contact with her.



On learning of her dilemma, the TRACK TB team visited Namatovu's sister, a recently widowed, nursing mother who also did not want to risk living with an MDR-TB patient. But the TRACK TB team counseled the sister, informing her about the disease, infection control, and directly observed treatment, the tuberculosis strategy recommended by the World Health Organization. As a result, Namatovu's sister agreed to take her in and now serves as her treatment supporter. Namatovu herself is faithfully complying with her treatment—and her baby is healthy and growing steadily.

Diana Tumuhairwe is a communications specialist with MSH's TRACK TB project in Uganda. Working professionally since 2005, she has marketing, communications, social media, basic graphic design, and photography expertise.

8.

SOUTH SUDAN

SAVING THE MOST VULNERABLE FROM MALARIA

By Abraham Ayuen

Six-year-old Yohana Peter clutches a bottle of mango juice as he waits for his medication outside a pharmacy at Al Sabah Children's Hospital in Juba, South Sudan. Seated next to his mother on a metal bench, Yohana looks anxious.

> *"He had fever and stomach pain. I gave him some medicines at home, but his condition continued to worsen, so I brought him to the hospital to be seen by a doctor," says Asunta Wasuk, Yohana's mother.*

Yohana's family lives in Kondokoro village in Juba County, South Sudan. In this village, access to basic services such as medical care and education is limited. Although Yohana is enrolled in a nursery school in the village, his elder sibling walks approximately 11 kilometers to Juba each day to go to school.

On April 11, 2016, Yohana's mother brought him to Al Sabah Children's Hospital to see a doctor. After consulting with the doctor, Yohana was diagnosed with malaria. He was given a three-day course of artemisinin-based combination therapy, the first-line treatment for uncomplicated malaria in South Sudan.

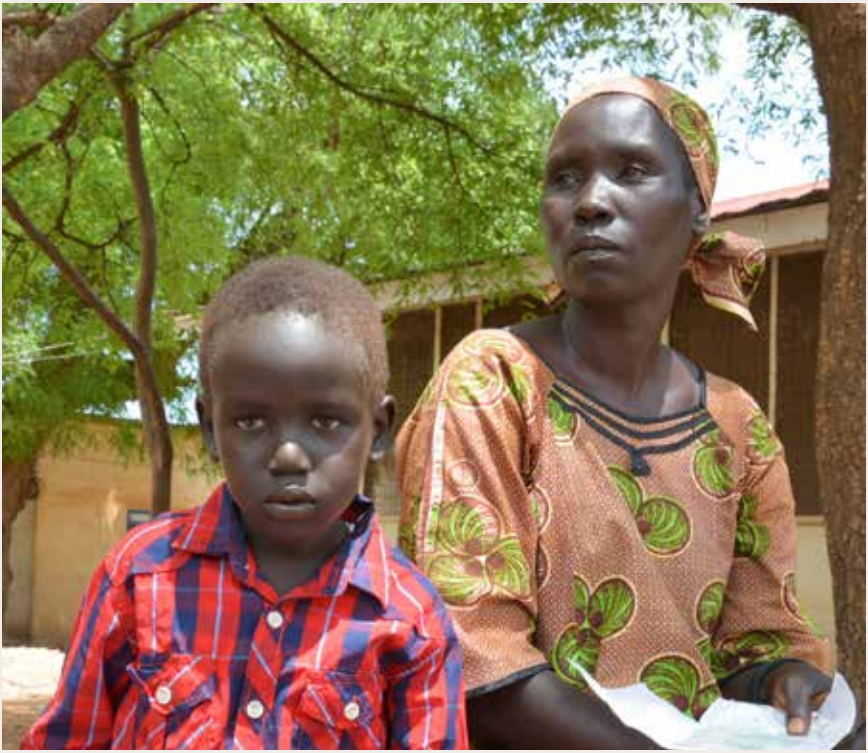
Wasuk is glad that her son was able to receive malaria treatment at no cost at the hospital. She usually buys and keeps a limited assortment of essential drugs, such as paracetamol, metronidazole, and antimalarials/artemisinin-based combination therapy, to treat her children when they feel sick.

"Our home is far away from the clinic; I have to keep some medicines at home to treat my children when they get sick at night," explains Wasuk.

Malaria remains endemic in South Sudan, accounting for approximately 40 percent of outpatient consultations, 30 percent of inpatient admissions, and 20 percent of deaths in health facilities. Dr. Felix Ngungura, executive director at Al Sabah Children's Hospital, confirms that most patients who seek treatment in the hospital have malaria. Ngungura estimates that the hospital

Yohana Peter rests on a bench with his mother after receiving his medication from the pharmacy at Al Sabah Children's Hospital.

Photo: Abraham Ayuen, MSH



receives between 150 and 200 patients per day, with 40 percent of these being admitted.

> *"Malaria is a serious problem. The majority of those occupying beds in the hospital are malaria patients," says Ngungura.*

Al Sabah Children's Hospital is one of the major health facilities to receive artemisinin-based combination therapy from USAID. In response to the 2015 malaria upsurge in South Sudan, the USAID-funded Systems for Improved Access to Pharmaceutical and Services (SIAPS) Program, implemented by MSH, supplied 635,650 artemisinin-based combination therapy doses to South Sudan; 100,000 of those were sent to health facilities through the central medical stores to boost buffer stocks, as part of the Emergency Medicines Fund's final consignment. These artemisinin-based combination therapy doses will contribute to saving the lives of the most vulnerable—children and pregnant women with malaria. By mid-April, SIAPS had delivered 51 percent of the 535,650 doses to health facilities in the former Central Equatoria State.

Abraham Ayuen, senior communications specialist, was born in Bor, South Sudan shortly before the outbreak of war. He grew up in Ethiopia, Uganda, and Kenya and returned to South Sudan in 2005.

9.

CÔTE D'IVOIRE

NEWBORNS GET BIRTH CERTIFICATES, THANKS TO INSPIRED LEADERSHIP

By Julienne Ahua

> *"In 2010, I was shocked to meet a child whose whole future was at risk, just for lack of a birth certificate," says Dr. Fougnique Tuho, head doctor of Kaniasso Health Center in northern Côte d'Ivoire. "Without this piece of paper, a child could not even take the entrance examination for sixth grade."*

At the time, Tuho thought this was an isolated case. Then he discovered that lack of birth registration has affected many lives in Côte d'Ivoire. Today, more than 1.3 million children under five lack birth certificates, as do 1.5 million between ages 5 and 17, according to the government of Côte d'Ivoire and UNICEF figures. Children born in rural areas —whether at home or in a health center— are least likely to be registered.

In late 2015, Tuho participated in a Leadership Development Plus (LDP+) program as part of the USAID-funded and MSH-led Leadership, Management and Governance Project in Côte d'Ivoire. Tuho joined one of the four improvement teams in his region of Kabadougou-Bafing-Folon. They aimed to ensure that pregnant women attended all four recommended prenatal visits. Then something clicked.

> *"During one of the LDP+ training exercises, we were asked to dream and then establish a common vision. My dream was that every child born would receive a birth certificate," he says.*

Dr. Fougnique Tuho, Head Doctor, Kaniasso Health Center

Photo: Cloteni Coulibaly, MSH

When he returned to his health center, Tuho put into action what he had learned: mobilizing colleagues, educating community groups, and persuading government officials not only about prenatal visits but also about birth registration. He rallied official support for his vision of every child being officially registered and worked with local officials to make it happen.

The team's results were dramatic: within three months, more than 40 percent of pregnant women were attending their fourth prenatal visit. In addition, more than 20 children had been born at the center —and each one was officially registered. As of January 2016, mothers who come to the center for prenatal care simply present a birth certificate or other identification papers for herself and her spouse—plus a fee of around $1.75. The health center records the information, along with the baby's birth. Three days later, when the mother leaves the center, she carries both her baby and her child's birth certificate.

Through the LDP+ program, health workers are developing the skills and attitudes not only to improve health but to advance civil society as well.

Julienne Ahua is a project officer of MSH's Leadership, Management, and Governance Project in Côte d'Ivoire.

10.

RWANDA

REDUCING PATIENT WAITING TIMES

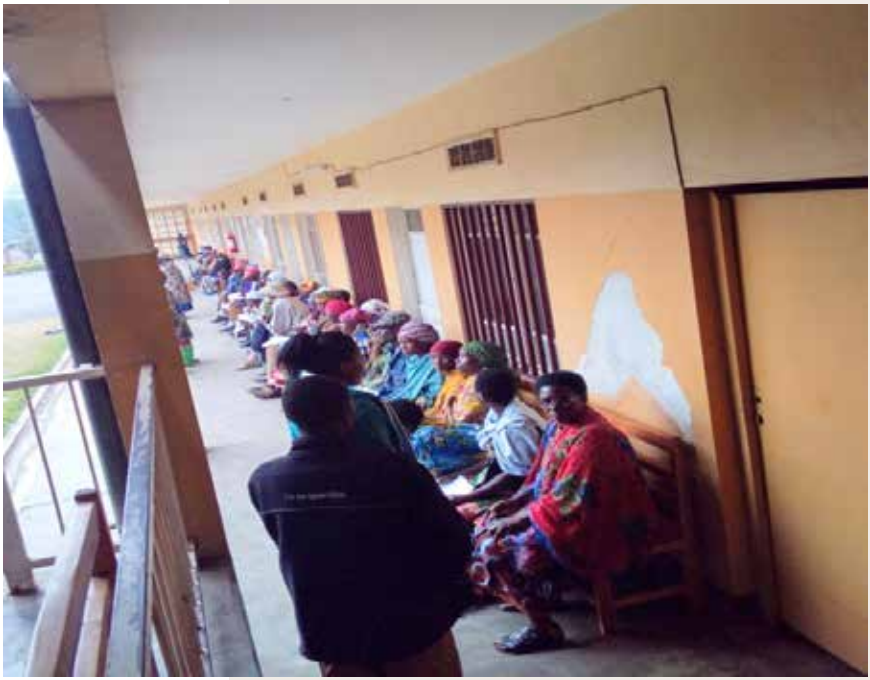
By Denise Museminali

When Ruhengeri Hospital in northern Rwanda upgraded from a district to a referral hospital in 2014, it began receiving cases from 15 health centers in its own district and from five hospitals in surrounding districts. In 2015 alone, the hospital experienced close to 6,000 monthly outpatient visits, about 25 percent above previous levels and now among the highest in the entire country. Such numbers proved how important the status upgrade had been in relation to local health needs, but the facility struggled to consistently meet those needs. Some patients were either left unserved after a day of waiting or simply walked away in frustration.

Thomas Ziragwira, 70, was diagnosed with diabetes many years ago. For more than 10 years he has been visiting Ruhengeri Hospital for his insulin medication.

> *"I have an appointment card but there are times when I have come to the hospital at 6 am hoping to avoid the delays but ended up seeing the doctor as late as 3 pm. All that waiting, especially for someone my age, is very frustrating, but I can't just leave and ignore my condition," he recalls.*

Aiming to better ensure quality services in its new environment, Ruhengeri Hospital looked to a Ministry of Health program for quality improvement and accreditation of health care facilities, which is being implemented in



Patients waiting at Ruhengeri Hospital Internal Medicine Ward

Photo: Ruhengeri Hospital staff

partnership with the USAID-funded Rwanda Health Systems Strengthening project (RHSS), led by Management Sciences for Health (MSH). The program currently works with public district hospitals and provincial referral hospitals to address factors that impact the efficiency, safety, and responsiveness of health services.

With technical assistance from RHSS, Ruhengeri Hospital conducted a patient flow analysis to identify the obstacles to timely care in its internal medicine department, which accounts for nearly one-third of demand in the facility. Results from the analysis led to such solutions as redesigning billing sheets to simplify patient processing, instituting a first-time appointment system for

patients referred from surrounding health centers, and reassigning two physicians to the internal medicine department to improve the patient-to-doctor ratio. Quality improvement measures often include staff training as well.

> *"Over the past few months, I have been coming to the hospital for my scheduled appointments, and I can really tell that something has changed," says Ziragwira. "I have noticed that I am spending a lot less time waiting to see a doctor. I'm very happy, and my family is too, because they don't have to worry about me coming home late. I'll be back in one month for my next appointment, and I hope to wait for even less time."*

Thanks to a USAID-supported health care quality improvement initiative, other patients such as Ziragwira will not have to wait long periods of time to receive quality care. Overall, the internal medicine ward at Ruhengeri Hospital has reduced average outpatient waiting times from seven hours to less than four hours in just six months, and hopes to decrease that time even more in the future.

Denise K. Museminali is the strategic communications specialist at MSH Rwanda. She is passionate about showcasing positive impact and instances of innovation in the health care system.

11.

NAMIBIA

ELECTRONIC DISPENSING TOOL REDUCES WAIT TIME IN PUBLIC HEALTH FACILITIES

By Harriet Kagoya and Chipo Chirefu-Toto

George Lukonga, the senior pharmacist assistant at the Katima Mulilo Hospital in the Zambezi region of Namibia, is accustomed to dealing with 200 to 300 patients on antiretroviral therapy every day. The Zambezi region has an HIV prevalence rate of 23.7 percent.

Dispensing antiretrovirals to the hundreds of patients who visit the pharmacy daily was a daunting task before Lukonga and his colleagues were trained to use the electronic dispensing tool, better known as EDT.

The EDT is a software program that helps pharmacy staff efficiently manage both patients and their antiretrovirals. EDT monitors patients' adherence to antiretroviral therapy retention rates, dispensing history, antiretroviral therapy regimen and status changes, appointment keeping, inventory management, and early warning indicators of HIV medicine resistance to antiretrovirals.

Before the EDT was implemented, pharmacy staff took on average 10 to 15 minutes per patient to dispense antiretrovirals, which resulted in long and frustrating queues for patients.

> *"The EDT has simplified our work of dispensing antiretrovirals. We can now attend to more patients in a short period of time as opposed to before. With this tool, I can attend to one patient every two minutes.*

Senior Pharmacist Assistant George Lukonga dispenses antiretrovirals using the EDT at Katima Mulilo Hospital.

Photo: SIAPS, MSH Namibia

It is very simple to use and it has shortened pharmacy waiting time for the patients," says Lukonga.

Patient testimonies also confirm that the EDT has brought about speed and efficiency, which has eliminated the hours of waiting for their medication.

"The whole process now takes less than an hour. Now I don't need to get up very early in the morning to travel from my village, which is 40 km from here. We are spending a very short time at this clinic," says Vincent Sitali, who receives his antiretrovirals from Bukalo Health Center in the Zambezi region.

This improvement came as a result of technical support provided to the Ministry of Health and

Social Services by the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program, funded by USAID and implemented by MSH.

SIAPS has trained 80 health workers at 50 hospitals, health centers, and clinics across all 14 regions of Namibia on how to use the EDT. Meanwhile the Ministry of Health and Social Services continues to decentralize antiretroviral therapy services to primary health care facilities through the nurse-initiated and managed antiretroviral therapy strategy to bring services closer to patients in rural communities.

Lukonga received EDT training in 2014, with a refresher and facility-based support in 2015 and 2016. He has been instrumental in offering EDT refresher trainings to nurses at Bukalo and other primary health care facilities, which enables them to accurately capture antiretroviral and antiretroviral therapy patient data.

The project, initiated during the Rational Pharmaceutical Management Plus project, a predecessor of SIAPS, is funded by the US President's Emergency Plan for AIDS Relief (PEPFAR) and implemented by USAID.

Harriet Kagoya, senior monitoring and evaluation advisor for the SIAPS program in Namibia, is a public health professional with over 15 years of experience in public health and humanitarian development programs in Uganda, Tanzania, and Namibia.

Chipo Chirefu-Toto, senior finance and operations manager for MSH in Namibia, has over 16 years of international development experience in Namibia, Swaziland, Mozambique, and Zimbabwe.

12.

NIGERIA

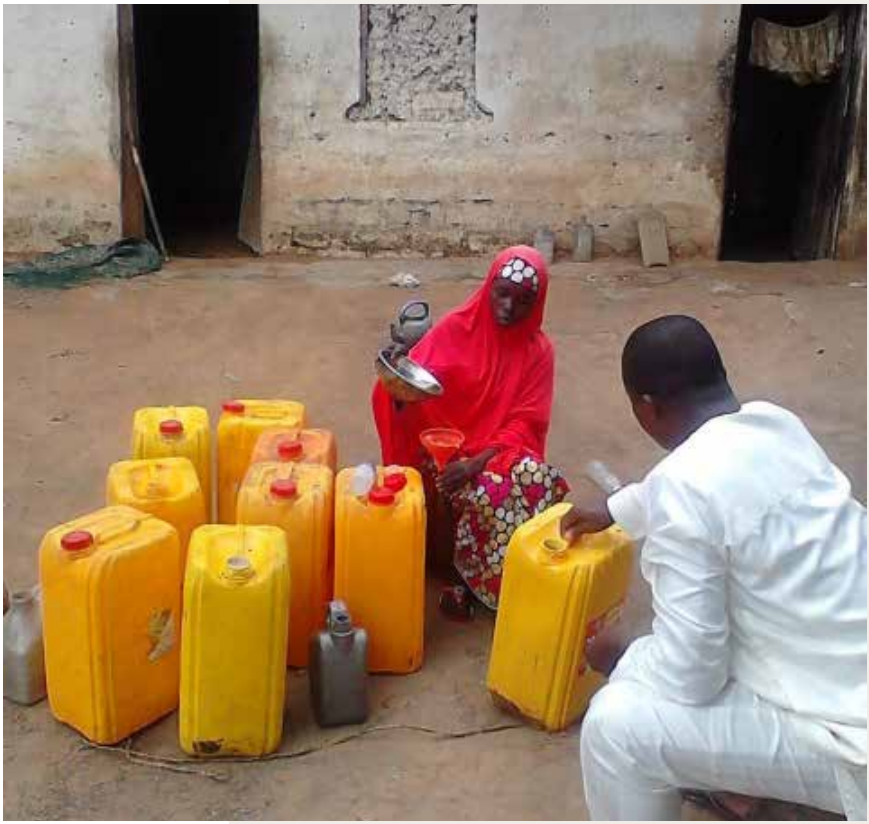
ECONOMICALLY EMPOWERING HOUSEHOLDS

By Okechukwu Onyezue

Despite decades of progress and efforts made to improve the status of women and children in Nigeria, inequality and poverty persist. In many households in northern Nigeria, women are the caregivers. However, without a steady source of income, they can barely provide for their families. An orphans and vulnerable children program, organized by the USAID-funded Prevention Organizational Systems AIDS Care and Treatment (Pro-ACT) project, implemented by MSH, provides integrated services to such vulnerable households, including HIV-infected and affected households.

In Gotomo, Argungu Local Government Area in Kebbi State, Pro-ACT worked with a grantee civil society organization (Kungiyar Tallafin Mata Development Initiative) to conduct an assessment during home visits in 2015. All households assessed fell into the most vulnerable category. The caregivers—all women—who qualified and enrolled in the program received basic training on household economic strengthening: ways to reduce their families' economic vulnerability, generate income, and provide for basic family needs.

A total of 95 household caregivers in Gotomo graduated from the orphan and vulnerable children program in April 2016. A re-assessment conducted after graduation placed all the households in the vulnerable category, marking an improvement from the pre-intervention assessment, which had placed these households in the most vulnerable category.



Karimu Muazu and her groundnut oil business

Photo: Okechukwu Onyezue, MSH

Balkisu Musa is a 28-year-old mother. Before Pro-ACT's intervention, Musa had no source of income and could hardly provide for herself and her malnourished son. During regular home visits by community volunteers, Musa was counseled and encouraged to engage in income generating activities. She joined a village savings and loans association called Nagge Dadi (meaning "cow is sweet and it brings luck"), and she started making contributions. After six months, she collected a loan of 10,000 naira (around $32) from the village savings and loan to start a business. She bought

two goats and a small ram. After six months, she sold the ram for 25,000 naira (around $79), bought a tailoring machine for 15,000 naira (around $48), and used the remaining money to buy more livestock. Today, Musa is a seamstress and rears livestock as a business. Her son is no longer malnourished.

Karima Muazu, 25, is a caregiver of three boys. Muazu had no source of income, her family could barely feed themselves, and her children had dropped out of school. The household was assessed and enrolled into Pro-ACT's vulnerable children program through the Kungiyar Tallafin Mata Development Initiative, where she later joined the Sana Sa'a savings and loans association. After acquiring the skills she needed on generating income through the household economic strengthening program, Muazu applied for and obtained a loan of 5,000 naira (about $16) and bought one jar of groundnut oil for retailing. Muazu now sells five to eight jars of groundnut oil per month for 52,000 naira (about $165) and also sells some other food items.

> *"The business has been a source of income for my household, my children are back in school, and I can afford their medical bills," explains Muazu.*

Okechukwu Onyezue is a former community care specialist of the MSH-implemented Pro-ACT project in Nigeria.

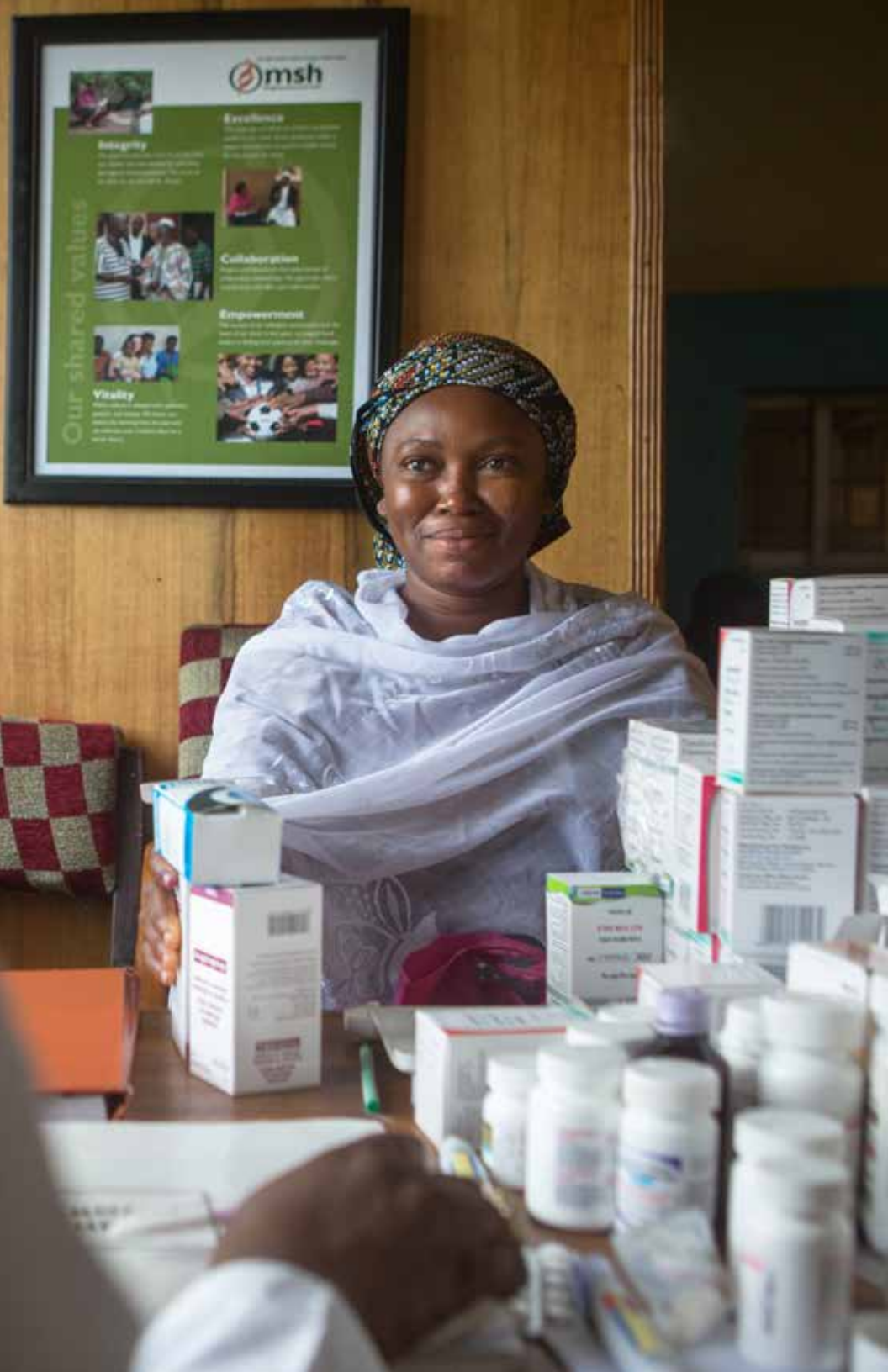

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PHOTO: GWENN DUBOURTHOURNIEU

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

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