BUILDING STRONGER, HEALTHIER COMMUNITIES

SUCCESS STORIES FROM THE INTEGRATED HEALTH PROJECT PLUS IN THE DEMOCRATIC REPUBLIC OF CONGO

2015–2018

Integrated Health Project Plus

in the Democratic Republic of Congo

USAID
FROM THE AMERICAN PEOPLE

E2A EVIDENCE TO ACTION
OSC OVERSEAS STRATEGIC CONSULTING, LTD.
msh Management Sciences for Health

Sarah Ranney, MSH

CREDITS

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Cover Photo: A community in the Luputa health zone celebrates the opening of a clean water source for the village. Photo by Sarah Ranney, MSH.

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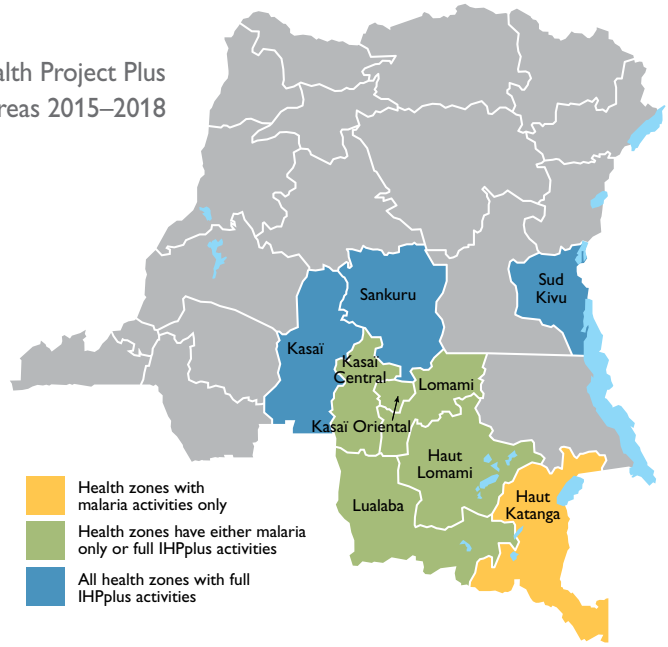
Map of Integrated Health Project Plus project areas 2015–2018



Success Stories from the Integrated Health Project Plus in the Democratic Republic of Congo

ACKNOWLEDGMENTS

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ACRONYMS

AMTSL	Active management of the third stage of labor
CBD	Community-based distributors
CHW	Community health workers
DHS	Demographic and Health Survey
DRC	Democratic Republic of Congo
GBV	Gender-based violence
GRH	General referral hospital
HIV	Human immunodeficiency virus
i-CCM	Integrated community case management
IHP	Integrated Health Project (2010–2015)
IHPplus	Integrated Health Project Plus (2015–2018)
IYCF	Infant and Young Child Feeding
IHP	Integrated Health Project
TB	Tuberculosis
PNLS	*Programme national de lutte contre le sida*
RBF	Results-based financing
USAID	United States Agency for International Development
WASH	Water, sanitation, and hygiene

Dr. André Mubake, by Rebecca Weaver

"I love when someone that I operate on is healed. It's not always easy, but when someone is healed that is when I am happy."

—Dr. André Mubake, Kaziba Hospital

Champion Community meeting. Photo by Lynn Lawry, OSC.

INTRODUCTION

A man learns the importance of educating his daughters. Community-based distributors (CBDs) increase family planning method use. Well-stocked community care sites save children's lives. A successful fistula repair operation gives a woman back her dignity and standing in her community. These inspiring stories of challenge, of hope, and of positive change recognize the efforts of health care providers, community health workers, local authorities, and the Congolese people themselves to save lives and improve the health of their families and communities, through the support of the USAID-funded Integrated Health Project Plus (IHPplus).

This three-year project was implemented in the Democratic Republic of Congo (DRC) from June 2015 to June 2018 by Management Sciences for Health (MSH) and Overseas Strategic Consulting, Ltd. (OSC), under a subcontract via Pathfinder/Evidence to Action. IHPplus was designed to avoid a gap in services in USAID-supported health zones upon completion of the USAID Health Office's five-year flagship Integrated Health Project (IHP) in 2015. The two major project components were direct support for service delivery and health systems strengthening activities. The service component included increased use of high-impact family planning (FP), maternal, newborn, and child health (MNCH), nutrition, malaria, tuberculosis (TB), HIV and AIDS, water, sanitation, and hygiene services (WASH), and adoption of healthy practices in targeted health zones. The health systems strengthening component included improved implementation of selected policies, program advocacy, and decision making, particularly at the provincial levels. Ultimately, the project was designed to create better conditions for, and increase the availability and use of, high-impact health services, products, and practices for more than 31 million people in nine provinces of the DRC with 168 target health zones (an increase of 115 percent from the 78 health zones supported by IHP).

IYCF support groups hold nutrition education meetings, support mothers in breastfeeding, and organize regular cooking demonstrations featuring local produce.

Sarah Ranney, MSH

LEARN FROM THE CHILDREN: A YOUNG STUDENT HELPS HER MOTHER BETTER NOURISH THE FAMILY

Learning the basics of nutrition through education

TWELVE-YEAR-OLD Justine Ngalula has been studying more than reading, writing, and arithmetic at school. A community health worker trained by the USAID-funded IHPplus in the DRC has been sharing nutrition education with teachers and students at Justine's Catholic school in Ndekesha health zone, emphasizing the importance of breastfeeding—even though the students are young. Optimal breastfeeding, Justine learned, means starting immediately after birth, breastfeeding exclusively for six months, and continuing through two years.

Justine had a talk with her mother, Alphonsine, about feeding the latest family arrival, baby Antoine. Alphonsine agreed to follow the guidelines with him. For her three malnourished young siblings, Justine also passed along information on the value of preparing nutritious, local foods.

It did not take long for the mother of this large family to notice a difference. She says Antoine is healthier and stronger than most of his siblings were at his age. His sisters and brothers are growing stronger as well, from eating local vegetables and other foods that she now prepares.

Convinced by her own experience, Alphonsine joined the local Infant and Young Child Feeding (IYCF) support group organized by community health workers (CHWs) and supported by IHPplus.

IYCF support groups hold nutrition-education meetings, support mothers in breastfeeding, and organize regular cooking demonstrations featuring local produce. In 2014, the IHP, IHPplus' predecessor, trained four members of the health zone management team, 10 male nurses, 10 midwives, and 30 CHWs in nutrition education and how to lead IYCF support groups.

Now, Alphonsine can pass on her nutritional wisdom to neighbors and others in her community. "My daughter Justine told me about many ways to prevent malnutrition," said Alphonsine. "I regret having learned these things so late in life. But at least I can invest in the education of other members of my community." ■

LOWERING MATERNAL MORTALITY ONE LIFE AT A TIME

Active management of the third stage of labor in the DRC

NOËLLA BITISHO, 29, gave birth to her third child at the Kabindula health center in December 2015. As with her first two deliveries, this one was challenging, and it looked like there could be complications and possible hemorrhage.

Maternal mortality remains high in the DRC, at 846 deaths per 100,000 live births, according to the Demographic and Health Survey (DHS) 2013–2014. Hemorrhage is the leading cause of maternal death in DRC.

Fortunately, the team of midwives at the Kabindula health center had been trained by the USAID-funded IHPplus in maternal and child health, including emergency obstetric and newborn care. They applied active management of the third stage of labor (AMTSL) techniques to protect Noëlla from hemorrhage and she and her baby from other complications.

Right after the birth, they administered oxytocin, uterine massage, and other preventive techniques. Mother and baby both came through unscathed. Noëlla later told a health center nurse that she thanks "God, the midwives, and the health center for saving my life."

Thanks to technical and financial support from the USAID-funded IHP and now IHPplus, the Uvira health zone correctly applied AMTSL approaches in 88% of the more than 51,000 assisted deliveries between January 2011 and December 2015. Uvira is one of 27 health zones in Sud Kivu to have received IHP support.

At the Kabindula Health Center, where Noëlla delivered, Nurse Chikale said: "The staff have correctly applied AMTSL techniques during 100% of deliveries—2,156 out of 2,156—from October 2013 through December 2015. Before IHP's intervention, the AMTSL approach was used—sometimes with incorrect techniques—in only 94% of deliveries, and there was no oxytocin at the center." ■

> "I thank God, the midwives, and the health center for saving my life."
>
> —*Noëlla Bitisho*

Rebecca Weaver

NOW I KNOW MY CONDITION AND **I BELIEVE IN A CURE:** MAMA BEC'S STORY

Mini-campaigns bring tuberculosis from the shadows to treatment

TUBERCULOSIS (TB) sparks stigma in the DRC. Despite the fact that 5% of people in Kamiji health zone have it, many fear it as a curse, hide it, and avoid health facilities in favor of traditional treatments. People commonly believe it is incurable.

Nationally, only about 50% of estimated TB cases are actually found and treated, so this infectious disease continues to spread. The Ministry of Health's goal is to find and treat at least 85% of estimated cases.

To improve the detection rate in Kamiji, the USAID-funded IHPplus supported the Ministry in a five-day "mini-campaign" at each center for TB detection and treatment in the health zone. Campaign staff organized six TB education sessions for community leaders and the public, in churches, schools, and other public spaces. They screened films on TB and sent cell phone messages to 725 people thought to be at risk. They also trained 40 CHWs in how to talk with people about TB, and the CHWs practiced their skills walking door-to-door to search for people with a suspicious cough and urge them to be screened.

The Ministry's Department of Leprosy and TB provided laboratory diagnostic supplies, TB drugs, and a team of health workers. IHPplus staff and health zone officials supervised the activities. During the intense outreach, 422 people were found to have TB symptoms and were directed to TB centers. Of these, 20 tested positive for the disease. In the wake of the mini-campaign, the detection rate in the health zone soared to 77% in the first quarter of 2016, from a baseline of 5% during the first quarter of 2015.

Mama Bec Kabamba, one of those found positive for the disease, spoke for many: "I did not know I had TB. But thanks to the campaign I got screened and then immediately put on treatment. I want to thank the community health worker who convinced me to go to the center, during the door-to-door visits. Because of this service, I believe I will be cured. I call on everyone else not to hide but go get tested. Everything is free!" ■

"Because of this service, I believe I will be cured."

—Mama Bec Kabamba

MSH staff

Men sensitized by Kabushwa Champion Men respond to the question: "How many helped with chores in the household this morning?"

Lynn Lawry, OSC

A FATHER TAKES HIS GIRLS TO SCHOOL: THE STORY OF JEAN PAUL

Champion Men training makes a difference to girls' future

IN 2013, Jean Paul Ntingingwa believed, "It would be wasteful to spend money on school fees for my two girls as they will end up married and won't provide me with any value." These beliefs drove Jean Paul to pull his teenage daughters, Clarisse and Solange, out of school. Instead, he pushed them to help their mother work in the cassava field and perform household chores.

In partnership with the DRC Ministry of Health, the USAID-funded IHPplus works to promote sustainable behaviors that are beneficial to the health of individuals and the wider community through grassroots programs, including the Champion Men initiative.

In October 2015, eight women and 17 men from Katana health zone—including Jean Paul—attended Champion Men training sessions to discuss and change how couples address co-management of household finances, education for girls and boys, fidelity in relationships, family planning, and gender-based violence. From October 2015 to March 2016, an estimated 169 men received the Champion Men training. More than 80% of households with the training have made positive behavior changes.

Jean Paul recalled, "I felt ashamed during the Champion Men sessions and decided that I would start to act differently." Even though the school year had begun a month prior, Jean Paul managed to convince the school to register his two daughters. After three years of working with their mother in the cassava field, Clarisse and Solange returned to school.

Jean Paul's wife, Marthe, said, "My husband has completely changed these last five months. He comes home with his pay, and we plan our finances together. On top of that, my daughters are back in school, and I've noticed that they are much happier, which makes me happy."

His daughter Clarisse added, "My sister and I have our dignity again and are proud to be back in school after three years." ■

LIFE WILL BE RADIANT IN THIS VILLAGE

Health education at the hospital turns a mother into hygiene activist

MARIE KASEU'S VILLAGE was so plagued by illness that villagers blamed evil spells. It seemed that whenever a farmer made money, it was rapidly consumed by medical bills. Marie, a farmer and mother of nine, found herself in the Luiza General Referral Hospital with typhoid in November 2015.

As it turned out, this hospital had seen hard times of its own, as patients abandoned it in favor of private clinics, citing lack of hygiene, limited doctors' hours, and unwelcoming staff.

But in 2013, the USAID-funded IHP introduced results-based financing in the Luiza hospital, which meant that when it met agreed-upon targets, the facility received a bonus to be spent on staff and the facility. The bonus could be as high as $12,000 every three months. The hospital staff chose to spend much of it on renovating latrines and toilets, general cleanliness, and educating patients on the importance of hygiene. Steadily, patient confidence returned and the bed occupation rate soared from 42% on average in 2013 to 69% in the first quarter of 2016.

MSH staff

Therefore, when Marie Kaseu showed up with typhoid, doctors and nurses were acutely aware of hygiene and its importance. They took time to educate her on "diseases of dirty hands"—the diarrhea, typhoid, and other illnesses so prevalent in her village—and how they can be avoided through washing hands, drinking clean water, and other basic actions.

Back at home, Marie set about to educate her community on the real source of those "spells." She also lobbied village chiefs to lead public awareness raising and to organize water and sanitary facilities. Soon, without outside assistance, the village rehabilitated eight water sources and built over 80 latrines, with more in process.

Of the progress, Marie says, "My reaction is dampened since we have lost lives and also resources that we could have used for development. But from the information I received from the staff of Luiza hospital, I have become a real activist. And I'm sure that in the days ahead, life will be radiant in this village." ■

Steadily, patient confidence returned and the bed occupation rate soared.

Rebecca Weaver

BEATING TWO MAJOR DISEASES THANKS TO UPGRADED, FREE HEALTH SERVICES

"I once again believe in my future and that of my children"

ARMEL KASHOBWE,* a 47-year-old metal worker in the copper capital of Lualaba Province, became sick in 2015 and found it difficult to work. He bought various medications but only grew weaker and more impoverished. After his wife left him, he took their six children and retreated to his village, Kalwa, to "wait for death in the company of my forefathers."

Then Kashobwe's luck turned. Kalwa lies in Bunkeya, one of 83 health zones supported by the USAID-funded IHPplus. Health providers there had been trained in managing human immunodeficiency virus (HIV) and TB, and related skills such as psychosocial support for patients.

"I examined Armel and did a rapid (GeneXpert) diagnosis for TB as well an HIV test," says Pierre Kibuye, nurse at the Kalwa health center. As Kibuye had guessed, "He was co-infected. We decided to put him immediately on both antiretroviral and TB treatment."

Kashobwe then worried how he would pay for medication. "But the nurse told me the medicine is free, thanks to IHPplus. I really had a sigh of relief, since I was depleted."

It is May 2016, four months later, and Kashobwe is no longer waiting to die. He is back at work and smiling as he watches his children.

"I really hadn't expected to find good treatment in the village—but was pleasantly surprised to see all that they did for me," says Kashobwe. "I am and will always be grateful to the nurse and IHPplus."

Over 3,200 PLHIV are on ARV treatment in IHPplus project areas in Lualaba Province. Of these patients, nearly 460 are, like Armel, co-infected with HIV and TB and being treated free for both, thanks to IHPplus support. ■

**Name changed for confidentiality*

"He was coinfected. We decided to put him immediately on both antiretrovirals and TB treatment."

—Pierre Kabuye, nurse at Kalawa health center

MSH staff

FOR TUBERCULOSIS PATIENTS IN RURAL DRC, FIGHTING STIGMA IS HALF THE BATTLE

A community-based organization seeks patients out so they can be treated

"I WENT to the house of the shaman because I thought I was cursed. I stayed more than a year and thought I would die there," remembers Julienne Musenge, a 56-year-old mother of eight. "Then in September 2015, Madame Biguette came and took my spit to be tested. I discovered I was suffering from TB—not sorcery!"

Musenge's case is all too common in rural DRC, where stigma against illness is strong and more trust is put in sorcery and traditional healers than in health clinics. Many people die of untreated TB.

Fortunately, Musenge's story has a happy ending: "I followed the treatment for only six months and feel healthy. I risked death because of ignorance—but now I am healed," says Musenge.

The Malemba health zone in which Musenge lives is a project area of the USAID-funded IHPplus. Madame Biguette, who convinced Musenge to be tested, leads a community-based organization contracted by IHPplus to help with verifying health data as well as intensifying the fight against TB in communities.

With capacity-building assistance from IHPplus, her organization has coordinated with zonal health officials, enlisted the support of local leaders, and held public awareness and testing campaigns, referring those diagnosed to treatment centers. This uptick in activity led to the detection and treatment of nearly 200 TB cases between April and June 2016, compared to 117 the previous quarter.

Household by household, partner organizations of IHPplus are educating and treating TB patients—reducing the number of contagious cases in the community, and increasing trust in modern health services. ■


" I discovered I was suffering from TB—not sorcery!"
—Julienne Musenge

MSH staff


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Rebecca Weaver

"I had planned to go to Kananga for ultrasounds and other prenatal services, but heard how good Luiza had become."

—Thérèse Nama

Rebecca Weaver

IMPROVING THE QUALITY OF HEALTH SERVICES IN LUIZA THROUGH RESULTS-BASED FINANCING

Rewarding best practices increases achievement of quality care in Luiza

DESPITE its 200-bed capacity, the Luiza General Referral Hospital (GRH) was once rarely utilized because of poor equipment, a lack of essential medicines, and an unmotivated staff. Today, the facility is considered a model for other GRHs, specifically for decreasing maternal deaths through high-quality emergency obstetric services.

Luiza achieved this through being one of nine facilities in the DRC Kasaï Central province supported by IHPplus, financed by USAID. Technical assistance through IHPplus helped build the capacity of the Luiza staff until it was on par with the best in the province. The assistance included training, obtaining quality medicines and equipment, and introducing a results-based financing (RBF) model in the facility to increase staff motivation. Luiza receives a bonus payment of up to US$12,000 from IHPplus every three months for meeting service provision targets.

These RBF funds allowed the hospital director to buy a new generator and ultrasound machine, and to send the head doctor to Kinshasa for training on updated practices in interpreting fetal images. As a result, the percentage of women with high-risk pregnancies referred to Luiza GRH who received an ultrasound increased from 60% of the target from July to September 2015, to 100% of the target during the same period of 2016.

Twenty-six year-old Thérèse Nama, whose three children were all delivered by caesarian, lost her last child after the baby was in breech position and caused a uterine rupture. Pregnant again, she traveled to Luiza specifically for its new ultrasound capabilities. When the ultrasound revealed that Thérèse's new baby also was breech, the doctor immediately scheduled a caesarian appointment for her. "I was extremely anxious when I got pregnant again, remembering how difficult my previous pregnancies were," said Nama. "I had planned to go to Kananga for ultrasounds and other prenatal services, but heard how good Luiza had become. I want to thank the hospital leadership for all they've done to make Luiza a place that can help me and others so well." ■

A FAMILY IN SUD KIVU THRIVES, THANKS TO FAMILY PLANNING

Overcoming socio-cultural attitudes against contraception for better birth spacing and healthier living

APENDEKI is a married mother of five living in the health zone of Nundu in Sud Kivu Province. In her neighborhood, socio-cultural and religious beliefs discouraged family planning. Neither Apendeki nor her husband believed in contraception when they were first married.

The consequences were severe. "I abandoned my study of the humanities because I was pregnant so often and couldn't make it to class. We didn't even consider the possibility that we might be able to space the births," she says.

This started to change in 2012, when CBDs trained by the USAID-funded IHP visited Apendeki's village. "My husband and I were visited by CBDs at our home, who explained the benefits of family planning and birth control to us. After trying a couple of different methods, we eventually opted for the Jadelle implant in 2014, which I'm still using today," says Apendeki.

She says the implant has given her and her husband back control over their lives. "I was able to resume the studies I had abandoned in 2011. I'm happy to say I graduated in 2016, and that all my children are doing well and flourishing in school. We are able to save some money, and our children haven't gotten sick as they once did. Our fifth child is three years old, and is a joy for us and a fulfillment for the family."

When IHP ended in 2015, IHPplus continued this family planning work. In July 2016, IHPplus organized a training in Nundu for 26 service providers and 63 CBDs on integrating new contraceptive methods, including Sayana Press and Implanon NXT. At the end of the training, the CBDs held a mini-campaign which reached 2,492 women and 892 men, 259 of whom chose to adopt a family planning method. These activities helped to increase the rate of new adopters of a family planning method from 18% of the project's target in April–June 2016 to 23% of the target in July–September 2016 and 20% of the target in October–December 2016. ■

Sarah Ranney, MSH

Sarah Ranney, MSH

IT TAKES A VILLAGE … TO RAISE A NEW COMMUNITY CARE SITE

Bringing health care to Kitutu helps save lives close to home

MARRIED with two children, Mama Mawa lives in Kalamba, a remote village of 900 people in the health zone of Kitutu. Kalamba experienced four infant deaths from preventable diseases in the three-month period from March to May 2016—but that was before the installation of an integrated community case management (i-CCM) site in the village, under the auspices of the USAID-funded IHPplus.

The impact was quickly felt. "One Friday evening my two young sons suddenly came down with a high fever. I quickly ran to the i-CCM site. It would have been impossible to reach the health center, which is not only a two-hour walk away but requires crossing the river eight times, which is especially dangerous at night," explains Mawa.

Bashilwango, a CHW, remembers seeing Mawa arrive very late with her two children, both suffering from a high fever. "I did a rapid diagnostic test that was positive for malaria for both children and immediately treated them with an artemisinin-based combination therapy, following national guidelines."

The i-CCM site was possible because of a partnership between IHPplus and the Provincial Health Division of Sud Kivu, where Kitutu is located. As they had for 18 other health zones in the province, the partners organized trainings for health care providers to revitalize Kitutu's i-CCM sites. In June 2016, nurses and CHWs were trained in the use of new diagnostic tools and in recognizing and referring high-risk cases. From June to December 2016, Kalamba's i-CCM site treated 46 cases and referred 31 of them to the local health center, and all were cured.

"I am happy and satisfied," says Mawa. "Normally, I would have had to wait until the next morning to try to cross the river and bring my children to the health center. They might have died before they received the necessary care, as so many of the children of our village have. That's why my husband and I thank the health zone authorities and our CHW for setting up this site," she said. ■

THE INNOVATIVE **INTEGRATION OF YOUTH INTO CHAMPION COMMUNITIES** IMPROVES COMMUNITY HEALTH

IN THE DRC, the USAID-funded IHPplus uses the Champion Community approach to implement behavior change communication and community mobilization activities, with the ultimate goal of increasing healthy behaviors in local communities.

In February 2012, IHPplus staff began establishing Champion Communities in the Malemba, Kabongo, and Songa health zones of the DRC. Although the approach resulted in many successes, a 2015 evaluation of the Songa Mbele Champion Community found insufficient progress on vaccination, gender-based violence (GBV), and youth sensitization targets. Additionally, micro-projects were delayed by inadequate local funding.

To improve performance in these areas, a group of Scouts (19 girls and 23 boys) was integrated into the Songa Mbele Champion Community in May 2015. The Scouts are instrumental in raising awareness among the community. Armed with information from local health center staff on topics such as antenatal care and family planning, they conduct household visits and put on performances in public spaces, especially targeting youth sexual and reproductive health.

The group is growing as young Songa residents, including 15-year-old Agnès Muilambo, see the value of their teachings. "The Scouts taught me about sexual health and the risks of early marriage and pregnancy, including complications with labor," Agnès explained. "I use what I learned to keep myself healthy. I've since joined the Scouts and helped teach four girls about sexual health and early marriage."

The Scouts also accompany community members in need of medical care to the health center, and some even deliver vaccines from the Health Zone Central Office to the community by bike—a distance of 42 kilometers.

Since their integration into the Songa Mbele Champion Community, the Scouts have sensitized 1,842 people on the risks of early marriage, 3,204 people on GBV, 2,604 people on HIV and AIDS, and 4,238 parents on the importance of vaccinating their children. Thanks to these efforts, the number of children from 0–11 months old in the Songa health zone who received the DTaP-IPV-Hib-HepB vaccine progressively increased from the final quarter of 2015 (1,424 children) to the final quarter of 2016 (1,570 children). The community, recognizing the contributions of the Scouts, organized a ceremony in their honor. ■

Champion Youth in Malemba perform a play on polio vaccination as their fascinated peers look on.

Lynn Lawry, OSC

Sarah Ranney, MSH

CHANGING ATTITUDES, IMPROVING LIVES:
LATRINES PROTECT A FAMILY FROM TYPHOID

New water sources and hygiene practices benefit residents of Kananga

"MY HUSBAND AND I were extremely scared as the rainy season of 2016 approached," recalls Mama Kanku, 31, a married village woman with four children. "In September 2014 and again in 2015 we lost nearly everything to the typhoid fever—we almost died."

Kanku lives in Kananga, a village of 80 households in the Ndekesha health zone of the DRC. A baseline survey conducted in Kananga by the USAID-funded IHPplus in October 2015 found that only three households had sanitary latrines and that only 17 people had access to improved sanitation. Repeated epidemics of diarrheal disease, including typhoid, took their toll. In 2015, more than 20% of the population came down with diarrhea.

"We didn't use latrines," Kanku recalled. "There was a widespread rumor that if you used a latrine, the heat they emit would make you infertile." In response, IHPplus helped to establish and train a 10-member water, sanitation, and jygiene (WASH) committee on communication techniques, key WASH practices, and maintenance of WASH structures.

Kanku's attitude changed after a visit from Papa Yembe, chairman of the WASH committee, who went from house to house campaigning about good hygiene.

IHPplus organized three-week campaigns on hygiene and sanitation practices to discourage false traditional beliefs. These campaigns reached 35,950 people in the broader Ndekesha health zone. IHPplus also supported the rehabilitation of an important water source in the area. Today, 65 households in Kananga, representing over 80% of the population, have latrines and access to clean water. The incidence of diarrheal disease fell from 102 cases in 2015 to 19 cases in 2016.

Kanku realizes she has much to be thankful for. "Today I am eight months pregnant, so I know that the idea that latrines can damage our fertility is false. And this rainy season (2016) came and went, and we were spared from typhoid. We won't ever go back to our old ways." ■


La santé mentale
processus gestionnaire
La formation du personnel
Développement du patrimoine

MSH staff

SPEAKING AGAINST THE SILENCE: **HIV-POSITIVE WOMEN IN LUBUDI FIND THEIR VOICES**

IN THE DRC, HIV-positive women face rejection from their husbands, their families, and their communities. Mama Douce*, aged 30 and mother of four, lives in the Lubudi health zone—where about 3,000 people out of the population of 115,000 are HIV positive, according to a 2015 survey conducted by the *Programme national de lutte contre le sida* (National AIDS Control Program, or PNLS). For several years, she kept silent about her HIV status because of the stigma she feared.

"Medicines were available at the treatment site, but simply by showing up there we ran the risk of being recognized as HIV-positive," says Douce. "We had lost all hope of a normal community life."

In collaboration with the PNLS, the USAID-funded IHPplus organized a training course on the "Mother Mentors" approach for pregnant, HIV-positive women in the health zone. Douce and her two friends, Catherine and Sandrine*, took part.

A total of 46 participants attended the five-day course, in late June and early July 2016. "We struggled to express ourselves at first, until we discovered that the people there respected and even admired us," says Douce. "The Mother Mentors approach allowed us to understand that we are people with rights and duties, and that we are important partners in the fight against HIV and AIDS. We realized that by speaking out we can help end the ignorance that is facilitating the spread of the disease."

After the training, staff at the local hospital worked with the women to plan their activities. Douce and her friends tracked down clients lost to follow-up, co-facilitated group counseling sessions, and convinced nursing mothers to overcome their shame and visit the hospital for HIV care. From October to December 2016, they reached 30 HIV-positive women. "Today we no longer hide our status," Douce says proudly, "and we take responsibility for educating our HIV-positive sisters to lead a fulfilling life." ■

"Today we no longer hide our status, and we take responsibility for educating our HIV-positive sisters to lead a fulfilling life."

—Mama Douce

**Name changed for confidentiality*

ON THE BORDER, A LIFE IS SAVED FROM ECLAMPSIA

With the hospital three hours away, health center training was critical

MARRIED TO A PATROL AGENT

and the mother of three, Nahomie Mbuyi lives in Kalamba Mbuji, one of 20 health areas that comprise the health zone of Luambo in the DRC, bordering Angola. During her third pregnancy, Nahomie was found to have high blood pressure. Referred to the hospital for further review, she received a diagnosis of pre-eclampsia and strict guidelines for her delivery.

Eclampsia is a disorder that can induce seizures, coma, or cardiac arrest. Sadly, those symptoms are traditionally viewed as indications that the woman is a witch or an adulterer, or that she has in some other way offended the ancestors. Instead of receiving care, a woman might be ostracized and, in the most dire of circumstances, die during childbirth.

In 2015 alone, four women in Kalamba Mbuji died as a result of eclampsia. In July 2016, the USAID-funded IHPplus strengthened the capacities of health providers in Luambo, including doctors, nurses, and midwives, in the management of obstetric emergencies and newborn care. The project provided medical supplies, including blood pressure monitors, for trained providers to use with their new skills.

In October 2016, Nahomie went into labor early. She made it to the local health center, but the nearest hospital was 25 kilometers away—a three-hour-drive on dirt roads that flood in the rainy season. When Nahomie went into convulsions, the head of the maternity ward called for help; the health center's entire medical team arrived, administered magnesium sulfate to reduce her convulsions, and helped her give birth safely.

Afterwards, the team was exultant. Rita Lapeta, the head nurse, said that she only regretted the many pregnant women they might have helped earlier had they received the proper training. "We are delighted to have been strengthened in the capacity to deal with obstetric emergencies by IHPplus, and we are proud to have saved the life of this young lady."

As of April 2017, no mother in Kalamba Mbuji has died giving birth since the IHPplus training took place. ■

> "We are...proud to have saved the life of this young lady."
>
> *— Rita Lapeta, head nurse of Kalamba Mbuji health center*

MSH staff

Rebecca Weaver

TRAINING COMMUNITY HEALTH WORKERS TO PROVIDE **INJECTABLE CONTRACEPTIVES IN RURAL COMMUNITIES:** RACHEL'S STORY

AMONG NON-PREGNANT women aged 15–49 in the Sud Kivu Province of the DRC, only 13.2% use any modern or traditional contraceptive, and 86.8% use no contraceptive method at all (DHS 2013–2014). To improve the availability and accessibility of family planning, the DRC adopted a community-based distribution approach for contraceptives. In rural communities, many women demand injectable contraceptives, but until recently this method was only administered by nurses, despite Ministry of Health and World Health Organization recommendations that CHWs administer progesterone-only injectable contraceptives.

Financed by USAID, IHPplus organized a family planning training in October 2016 for 22 clinical providers and 54 CBDs in the Katana health zone. One of the new CBDs was Rachel Seza Maroyi, a teacher by trade, who has worked as a CHW for 12 years and also served as vice-president of her local health development committee. After participating in the five-day training to administer Sayana Press contraceptive injections, Rachel quickly put her new knowledge into action.

Between January and April 2017, Rachel conducted 30 family planning counseling visits to clients' homes and administered 13 doses of Sayana Press.

With the help of Rachel and the other new CBDs, the number of family planning counseling visits in the Katana Nuru health area of Katana increased from 129 from January to March 2017 to 548 from April to June 2017. During the same period, the number of new users of family planning methods (including Sayana Press) increased from 40 to 149.

"I am very respected in my village due to my work and recognized by my entire community," Rachel explained proudly. "At the beginning it was a little difficult to convince women to accept contraceptive methods and to succeed in counseling them. Now I am very proud and happy that many couples come to see me, even at my house, and ask me about planning pregnancies and choosing when to have children." ■

"NOW I CAN LIVE LIKE EVERYONE ELSE, THANK YOU!"

Providing life-changing obstetric fistula surgery to those in need

MARCELINE LEKI, 42 years old, married since age 18 and mother of seven children, lives in the Fizi health zone in Sud Kivu province. Her last delivery in 2015 left her with a fistula, and she was forced into isolation by her family. A fistula is an abnormal opening between the vagina and the rectum or bladder that leaves a woman incontinent of urine or feces (or both). Obstetric fistula is caused by prolonged obstructed labor and lack of timely access to emergency obstetric care. In DRC, the prevalence of obstetric fistula is unknown, but the most recent available data (from the DRC DHS 2007) showed that around 40,000 women were affected by it.

In 2016, Leki traveled to Uvira in search of a cure. She found a community-based organization seeking out women suffering from fistulas and engaging in raising community awareness. The organization directed Leki to the Kaziba General Referral Hospital, one of a few highly-regarded facilities that repair fistulas in Sud Kivu. The Kaziba Hospital is able to provide this service free of charge, thanks to the support of the USAID-funded IHPplus.

Since 2010, IHPplus and its predecessor, IHP, have supported obstetric fistula care. Today, more than 1,560 women have been reached and treated through numerous outreach campaigns. Between January 2016 and September 2017, IHPplus financed 512 operations to treat fistulas at the Kaziba Hospital, and 88% (452/512) were repaired successfully. Of those patients undergoing operation, 81% (416/512) were obstetric cases linked to poor conditions during delivery. The remaining 19% were caused by genital or bladder prolapse.

Increasing access to family planning services prevents obstetric fistulas from occurring. Leki received counseling on family planning methods after her operation and chose the combined oral contraceptive pill.

"What a miracle after months of suffering and stigmatization," she exclaimed. "Now I am able to live in my community without shame. I hope IHPplus can continue to provide this care for free, and help other women like me return to a state of dignity." ■

Rebecca Weaver