SAVING LIVES, IMPROVING HEALTH.
Stories of how MSH is advancing health around the world.

Volume 1, 2012
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 represents the lifesaving work MSH and the frontline health workers we partner with perform every day, all around the world. These 12 incredible stories of hope and perseverance highlight MSH’s 2011 work bridging the gap between knowledge and action in public health in Afghanistan, Bangladesh, Democratic Republic of the Congo, the Dominican Republic, Ethiopia, Haiti, Kenya, Nigeria, South Sudan, and Uganda.

Editors: Mary Burket, Elizabeth Walsh, Marie-Reine Maroun, Rachel Hassinger, and Christine Rogers

Cover: Mother and child in Tambura, South Sudan
Photo credit: MSH staff
CONTENTS

HIV & AIDS
Community Outreach Workers: Saving Lives Door-to-Door In Ethiopia .......... 4
Fostering Economic Opportunity for Nigeria’s HIV-Positive Women ............... 6
Inside Story: The Science of HIV and AIDS Boosts HIV Prevention Messages .......... 8

MEDICINES, VACCINES AND TECHNOLOGIES
Providing Lifesaving Medicines in Haiti................................................................. 10
Bangladesh Supply Chain Information Portal Receives Innovation Awards .......... 12
Strategic Pharmaceutical Management Information System for TB in the Dominican Republic ........................................................................................................ 14
Referral Networks Strengthen Laboratory Systems in Kenya ................................ 18

CHILD SURVIVAL
Saving Lives in Afghanistan by Treating Diarrhea .............................................. 20

MATERNAL HEALTH
Improving Maternal Health at a Rural Kenyan Hospital ...................................... 22
Ultrasound Saves a Teacher’s Life ........................................................................ 24
Giving Mothers a Chance at Safe Deliveries in South Sudan ................................ 26

CHRONIC NON-COMMUNICABLE DISEASES
Cervical Cancer Prevention in Uganda .............................................................. 28

FAMILY PLANNING
Improving Family Planning Systems in Bangladesh ........................................... 30
Bicycles Increase Family Planning Outreach in Democratic Republic of the Congo ....................................................... 32
HIV & AIDS

COMMUNITY OUTREACH WORKERS:
SAVING LIVES DOOR-TO-DOOR
IN ETHIOPIA
—Dr. Fentahun Tadesse Akale

Twenty-six-year-old Aynalem Bekele has spent her entire life struggling to survive. Left in poverty after her father’s death, Aynalem and her mother baked *injera* (bread) and washed clothes to afford the rent on their small, dilapidated house in Hawassa, Ethiopia.

In late 2008, Aynalem’s health began to deteriorate, leaving her bedridden, unable to work or care for her elderly mother.

Into this dire situation in walked Woineshet and Wolela, two community outreach workers from USAID’s HIV & AIDS Care and Support Program (implemented by MSH), who first encountered Aynalem during a routine community assessment visit to neighboring homes. Recognizing the seriousness of her condition, Woineshet and Wolela counseled Aynalem and eventually convinced her to visit the local health center where she discovered she was HIV positive. Supported by Woineshet and Wolela and the health center staff, Aynalem received additional counseling and learned she could live a healthy and productive life with HIV.

Community mobilization is vital to the success of the program. Community outreach workers, often HIV positive themselves, conduct home visits during
which they provide health education and sensitization counseling, identify families in need, and connect these families to services available at a local health center.

These outreach workers serve as a direct link between the community and the health center.

Thanks to the support of her local community outreach workers, Aynalem is now on antiretroviral therapy, and her health has improved dramatically. Woineshet and Wolela have even helped her get a job as a cleaner at the University of Hawassa. “These days I am in very good health. I am strong and energetic. I have regular income and job security. It happened because of these two ladies,” said Aynalem. “For me, Woineshet and Wolela are not simple community volunteers. Rather, they are precious gifts from God. They are angels sent from God to save and shape my life.”

—Aynalem Bekele

Dr. Fentahun Tadesse Akale is the technical director of the Tigray regional office of the Ethiopia Network for HIV & AIDS Treatment, Care and Support (ENHAT) project.
FOSTERING ECONOMIC OPPORTUNITY FOR NIGERIA’S HIV-POSITIVE WOMEN
—Foluke Ogunyemi

HIV-positive women in Nigeria are not only the primary caregivers for their own families but also for other people living with HIV. This disproportionately high burden of care has detrimental effects on their health as well as their economic well-being.

The MSH-led, USAID-funded Prevention Organization Systems AIDS Care and Treatment (ProACT) project in Nigeria has helped establish HIV support groups, whose participants are 80 percent women. These support groups have started providing income-generating opportunities for participants through savings and loan associations that are registered with the Nigerian State Ministry of Commerce and Cooperative Societies.

In the local government area of Mokwa, in Niger State, 35 women have benefited from such support groups, with loans ranging from around $20 to $35 (N3,000 to N5,000). As these women benefited from the loans, more people began to attend the support group. Between April and October 2010, attendance increased from 45 to 187.

“My life has changed from not knowing how to take action to being a role model for my peers.”
—Fatima
One beneficiary of this loan program is Fatima, a subsistence farmer in a household affected by HIV. After she and her husband tested positive in 2008, they began to struggle financially. Fatima began participating in the local support group for people living with HIV and applied for a loan to start a bean cake business. She used the loan to buy cooking utensils, groundnut oil, and beans.

With her husband’s support, Fatima cleared a small piece of land opposite her home, where she set up her trade. In addition to bean cakes, she made yam and potato cakes. Her business thrived and she now plans to rent a shop close to her house so she can sell household items as well.

Says Fatima: “There is nothing wrong with me. In fact, I am living better and so happy. My life has changed from not knowing how to take action to being a role model for my peers. Now I do less farm work and make more money.”

Foluke Ogunyemi served as a community HIV & AIDS services specialist for MSH’s ProAct project from April 2009 to February 2011.
INSIDE STORY: THE SCIENCE OF HIV AND AIDS BOOSTS HIV PREVENTION MESSAGES

—Naume Kupe

Kalu, a rising Kenyan footballer, migrates to South Africa to establish his career. A romantic encounter leads to the unwelcome realization that he is HIV positive. Kalu goes through an emotional journey as he comes to terms with his diagnosis, encountering social and financial challenges along the way. This is the film Inside Story: The Science of HIV and AIDS.

Animated sequences showing the HIV virus traveling through the human body at different stages of the infection are interwoven with Kalu’s story.

USAID, in partnership with MSH’s Building Local Capacity for Delivery of HIV Services in Southern Africa (BLC) project, helped produce Inside Story. This docudrama, created for African audiences, premiered on World AIDS Day 2011 in Johannesburg to the first 500 of an eventual targeted 300+ million African viewers. The film is an exciting new tool to counter HIV-message fatigue and explain the epidemic’s complexity to a wide audience. Animated sequences showing the HIV virus traveling through the human body at different stages of the infection are interwoven with Kalu’s story.

BLC worked closely with The Discovery Channel Global Education Partnership, managing USAID funds and
providing technical input. BLC served on the film’s advisory board to provide scientific, cultural, and artistic direction. BLC also reviewed the script to make sure its scientific representation of the virus was accurate and that the script was relevant to African audiences. Other private and non-profit sector partners included Chevron, the President’s Emergency Plan for AIDS Relief (PEPFAR), Access Bank, SEACOM, and the Joint United Nations Programme on HIV & AIDS (UNAIDS).

The film will be distributed through cinemas, television, and facilitated screenings in 2012. As part of the distribution plan, public health organizations and schools will use facilitator guides and educational posters to reinforce the film’s messages. An impact evaluation will assess audiences’ understanding of the science of HIV & AIDS, as well as the film’s impact on existing HIV interventions and behavior change.

*Naume Kupe is the communications specialist for the Building Local Capacity for Delivery of HIV Services Project in Southern Africa.*
PROVIDING LIFESAVING MEDICINES IN HAITI

—Marie-Nadine Gaston

Yvonise is a good-natured 40-year-old woman with an easy smile. She is mother to four children: two boys and two girls. Her youngest, a little girl, is 6 years old. Today, Yvonise sits patiently at the pharmacy of Hôpital Immaculée Conception de Port-de-Paix (HIC Port-de-Paix) in Haiti, waiting for Miss Sevrine, her caregiver, to provide her with a month’s supply of lifesaving medicine.

Yvonise is one of 2,200 patients enrolled in the HIV & AIDS program at HIC Port-de-Paix. She was infected years ago with the AIDS virus, but her family does not know. Keeping her secret is a constant burden. “I tell my kids that I have an infection for which I am being treated,” she said. This is how she justifies her monthly trips to the hospital.

Yvonise knows firsthand how important it is to keep her appointments. “Since I’ve been coming to the clinic and taking my medication, I’ve been feeling more energetic,” she said, grinning from ear to ear.

“Since I’ve been coming to the clinic and taking my medication, I’ve been feeling more energetic.”

—Yvonise

Having energy is important to Yvonise; she wants to keep up the façade of good health and counsels her children about the dangers of unprotected sex. Yvonise’s estranged husband recently returned home after a four year absence.

Hôpital Immaculée Conception de Port-de-Paix, where Yvonise is a patient, is one of the approximately 160 PEPFAR
sites that Supply Chain Management System (SCMS), a project managed in Haiti by MSH and funded by USAID, delivers life-saving medicines to.

In addition to antiretroviral medicines and drugs to treat opportunistic infections such as TB, SCMS provides rapid test kits for AIDS screening to the hospital, where over 1,000 tests are performed on a monthly basis.

SCMS also offers technical assistance in stock management and has trained 90 percent of the hospital employees, including pharmacists, dispensers, and lab technicians. The staff has learned how to write accurate and reliable consumption and stock reports and how to arrange drugs by order of expiry. As a result of this technical assistance, there have been no stock-outs at the hospital since SCMS started working with them. According to Célima Isor, head of laboratory at Hôpital Immaculée Conception, “no stock-outs means that patients who often travel long distances to come to the lab always get tested and are never sent away.”

Like hundreds of patients who still fear the stigma associated with AIDS, Yvonise travels three hours to Port-de-Paix from her hometown of St. Louis du Nord to keep her community from knowing she has the virus. She finds comfort at the hospital, surrounded by caregivers such as Miss Sevrine, who is concerned about her well-being. She is grateful for the monthly supply of Cotrimaxazole, multivitamins, and iron supplements that she receives—at no cost to her, thanks to SCMS and US government funds. “I’ve never had an unsuccessful visit to the clinic; there is always medicine waiting for me,” smiles Yvonise. Holding onto her precious cargo, she is confident that she will stay healthy enough to raise all of her children.

Marie-Nadine Gaston is client relations & activity coordinator for SCMS.
BANGLADESH SUPPLY CHAIN INFORMATION PORTAL RECEIVES INNOVATION AWARDS
—SPS Bangladesh Team

Over the past few decades, USAID has supported strengthening the supply chain management system in Bangladesh to ensure reproductive health commodity security. To ensure that patients receive medicines and commodities when they need them, the pharmaceutical supply chain must be both efficient and effective.

Since the fall of 2009, the USAID-funded Strengthening Pharmaceutical Systems (SPS) Program has provided technical assistance to the Directorate General of Family Planning and other national stakeholders to improve procurement management for reproductive health commodities, build up the existing distribution and management information systems, and increase local capacity to strengthen health systems overall. This support has resulted in the Bangladesh government streamlining their procurement, which led to the World Bank’s approval of commodities amounting to $63 million.

The Directorate General of Family Planning’s new Supply Chain Information Portal received two prestigious awards at Bangladesh’s Digital Innovation Fair in July 2011. Sixty-eight ministries, government authorities, and private organizations participated at the fair. The fair’s aim was to encourage government and private organizations to create innovative services and deliver them to peoples’ doorsteps.
The Supply Chain Information Portal strengthens the supply chain by making web-based tools available to the Bangladesh Directorate General of Family Planning and registered public users. For example, the Logistics Management Information System and Stock Status Report provide information on the availability of government-owned contraceptives and raise an alert regarding possible shortages or overages.

The procurement tracker allows government officials to track the status of the procurement process every step of the way, which helps prevent delays while also promoting transparency. The Supply Chain Information Portal also provides information on current Directorate General of Family Planning tenders and procurement opportunities, tender documentation, results of past tenders, a news page, and a photo gallery. The portal is unique in the government sector for its ability to allow users to manage data and create presentations using web-based dashboards.

The Secretary of Ministry of Health and Family Welfare accepted the Digital Innovation Fair award given to the Supply Chain Information Portal for the best e-governance initiative. The Supply Chain Information Portal also won the runner-up award for national digital innovation in the e-health category, making it eligible for the World Summit Award—the global initiative to promote the world’s most innovative information technology applications.
STRATEGIC PHARMACEUTICAL MANAGEMENT INFORMATION SYSTEM FOR TB IN THE DOMINICAN REPUBLIC

—Edgar Barillas

Medicinal and pharmaceutical public health interventions have less impact when shortages or losses occur. Health program supply managers frequently find themselves asking: First, how many months’ supply of medicines do I have in my warehouse? Second, is it time for me to begin my procurement process?

To assist managers in finding responses to these questions, the USAID-supported Strengthening Pharmaceutical Systems (SPS) Program, led by MSH, has been providing technical assistance to the Dominican Republic’s National Tuberculosis Program since 2008.

Managers learn how to monitor central warehouse supply status by calculating, on a quarterly basis, the results for a single indicator: availability, expressed in months, as a function of consumption. Quarterly analysis of this indicator has made it possible to improve medicine availability in the health service network and thereby prevent shortages.

Intervention and Results
In 2007, the Dominican Republic experienced a shortage of antimalarial medicines throughout its entire health services network. The shortage was attributable to purchase...
orders not being placed until after safety stocks had been exhausted. The underlying cause—subsequently identified—was the absence of a supply management information system that would aid in planning pharmaceutical procurement and distribution.

In recent years, the Dominican Republic’s health system has been undergoing a process of reform that is hoped will spearhead a move away from a system of centralized administration to a system for the management of regional health centers, and from multiple systems for the provision of medicines and pharmaceutical supplies to a single integrated system.

In July 2010, the Ministry of Public Health approved the implementation of an integrated pharmaceutical management system known as Sistema Único de Gestión de Medicamentos e Insumos (SUGEMI). SUGEMI’s work plan calls for the rollout of an information system for managing pharmaceuticals. To provide an immediate option
for addressing the lack of information needed to effectively manage supply, the Ministry of Public Health decided to implement a strategic information system, too, based on the prior experience of the National Tuberculosis Program. This strategic information system would make available information for decision-making purposes and encourage a culture of supply information management that would support implementation of the SUGEMI information system over time.

The strategic information system calculates an indicator for determining how many months’ supply of pharmaceuticals and related supplies are on hand at each level and in the country as a whole by gathering information for a single basic indicator makes it possible to prevent shortages.

Determining how many months’ supply of antituberculosis and antiretroviral Medicines, Vaccines & Technologies
medicines, as well as tracer medicines for general use. Every three months, regional warehouses and a sample of supervised care-providing facilities complete a form that enables them to determine the number of months for which they have on hand an adequate supply of medicines and, in this way, take appropriate steps to prevent shortages at the local level. This information is also forwarded to the central level, where it is consolidated with similar information from the central warehouses to obtain an indicator of availability at the national level.

Using this system, a central-level manager can manage a variety of scenarios. Determining how many months’ supply of pharmaceuticals and related supplies are on hand at each level and in the country as a whole by gathering information for a single basic indicator makes it possible to prevent shortages, either by scheduling purchases on a timely basis or by redistributing stock on hand.

*Edgar Barillas is the portfolio manager for the SPS Program.*
To improve access to laboratory testing, supervision, and quality assurance, MSH’s Strengthening Public Health Laboratory Systems Project in Kenya—funded by PEPFAR through the Centers for Disease Control and Prevention (CDC)—is supporting the Kenyan Ministry of Health in strengthening the national laboratory referral networks.

Health services in Kenya are structured into four hierarchical levels of care: dispensary, health center, district and provincial, and national. The dispensaries and health center provide basic services while the higher levels provide more specialized services, including lab work.

Problems managing the health services system occur throughout, particularly in rational use of health care services and providing equitable assistance to the most vulnerable populations at the dispensary and health center levels. For instance, a patient may be able to access a malaria test at the dispensary but not the results of a routine blood test—which is available at the district facility.

An effective laboratory referral network will improve accessibility and affordability of services so patients receive the laboratory services at the point they seek care. This will ensure timely diagnosis and clinical as well as public health interventions.
Effective laboratory referral networks are also part of the broader national strategy for health and can support global disease program objectives, including improved child, maternal, and reproductive health, and reduction in diseases such as HIV & AIDS, malaria, and TB.

Aligned with the PEPFAR principle of a country-led and country-driven supportive approach to ensure sustainability of the referral networks, a Ministry of Health technical working group was formed to spearhead the development of the referral guidelines and also lead in piloting the referral models in eight facilities from three regions in Kenya: the north-eastern, eastern and coast provinces. The pilot facilities were selected as they are hard to reach areas and possess difficult terrain.

A draft referral guideline document has been developed, outlining key components in the referral chain that impact specimen and analytical quality, as well as health worker safety and turnaround time of results.

There have been remarkable improvements in specimen documentation practices, transport procedures, packaging of specimens, increase in volume and type of laboratory tests requested at referring sites, communication between the facilities, and the turnaround time for tests at pilot sites that include Makueni, Ijara, and Voi Hospitals.

Jedida Wachira is the project director for the CDC-funded Laboratory Strengthening Project based in Kenya.
SAVING LIVES IN AFGHANISTAN
BY TREATING DIARRHEA
—Bill Newbrander

Taj Bibi sits nursing her 5-month-old baby in the kitchen of her home in the village of Sartal in Takhar province in Afghanistan’s north. The room is dark; the only natural light comes from the doorway to the dusty courtyard outside. The sound of her children playing echoes across the small family compound.

Bibi’s first two children died—one of them from severe diarrhea—because the family could not afford to take them to the doctor. “Now, if our children get diarrhea or any other illness, I take them to the community health worker,” she said.

Community health workers are the building blocks of the Afghan health system, bringing basic health services to villages across the country.

A community health worker gives Bibi’s children oral rehydration solution (ORS), zinc, and advice on hand washing. “I followed her advice and completed the course of medication. It was very useful,” said Bibi. “Our community health worker can help us manage these sicknesses and give us the proper medicines.”

Gul Nisa, the community health worker for Sartal, explained: “By taking zinc with the ORS, it helps reduce the chances the child will develop diarrhea again soon.”
ORS is widely considered to be the best method for combating dehydration caused by diarrhea. Consisting of a solution of sugar, potassium, and sodium salts, ORS is used worldwide as an effective yet inexpensive way of reducing the millions of deaths caused by diarrhea each year in poor countries.

USAID’s BASICS (Basic Support for Institutionalizing Child Survival) project, led by MSH, works with the Ministry of Public Health in Afghanistan training community health workers on how to teach mothers the proper treatment for diarrhea and the importance of beginning a course of ORS promptly after its onset. ORS packets are readily available throughout Afghanistan and can even be made using ingredients found in almost every household.

Diarrhea is the cause of one in every four deaths of children in Afghanistan. By having households and community health workers treat diarrhea with ORS and zinc, USAID is working with the Ministry of Public Health to reduce the number of child deaths and build a healthier Afghanistan.

“Our community health worker can help us manage these sicknesses and give us the proper medicines.”
—Taj Bibi

Bill Newbrander is principal technical director of technical quality and innovation at MSH.
IMPROVING MATERNAL HEALTH
AT A RURAL KENYAN HOSPITAL

—Kate Steger, MA, MPH

In 2003, after dwindling funds, low staff morale, and accusations of patient neglect had eroded community confidence in Kiriaini Mission Hospital in Kenya, the Catholic Diocese of Murang’a decided to shut it down—leaving locals to seek treatment at the distant provincial capital of Nyeri.

Six months later, five Franciscan nuns arrived from India to reopen the hospital. They hired new staff, renovated the dilapidated structures, and restored much needed services to the rural community. Eight years later, the hospital is a clean, efficient, well-run facility with 70 beds, friendly staff, and multiple in-patient and out-patient services.

Nevertheless, the hospital management team noticed that the hospital’s services continued to be underutilized. They were particularly concerned that many expectant mothers were still delivering at home or choosing other facilities while bed occupancy at their well-equipped and well-staffed maternity ward remained at 38 percent.

The hospital management team enrolled in the Leadership Development Program offered by USAID through MSH. The program required that teams identify a current challenge and choose a measurable result toward addressing that challenge. The Kiriaini Mission Hospital team named their goal: increase the average number of monthly deliveries from 45 to 70 in six months.
To reach this goal, the team decided to address the community’s negative attitude toward the hospital. They launched an innovative public awareness campaign highlighting the health benefits for mother and child of in-hospital delivery, the hospital’s extensive maternal health services, and the newly renovated facility.

The team also identified motivated staff with natural communication abilities and formed a “hospital publicity team.” Describing their approach, Chief Nurse Lucy Githae says, “When we go to the church, we don’t go directly and start talking about the hospital and all that, we started with educating that community on certain conditions … Then after that, we may chip in and talk about other services that we offer at the hospital. Basically it was not only telling them about the hospital.”

Little by little, their strategies started to work. Hospital Administrator Bernard Muriithi said, “When we’d go on a Sunday, the next Monday you’d see someone come and say, ‘Oh, you talked in our church yesterday, and now I have come to see whether what you told us is true.’ That by itself became a very strong selling point for the institution.”

Within two months of completing the six-month program, the management team reached their target. “In the month of April we recorded 76 deliveries; in the month of May we recorded 74,” Muriithi reported proudly. Muriithi pointed out another positive consequence of the training: “Even the hospital staff appreciated the concept that we have to work as a team in the hospital.”

Kate Steger, MA, MPH, is the communications and knowledge exchange coordinator for the Kenya Leadership, Management and Sustainability Program at MSH.

The Kiraini Mission Hospital team named their goal: increase the average number of monthly deliveries from 45 to 70 in six months.
ULTRASOUND SAVES A TEACHER’S LIFE
—Tadeo Atuhura

Norah, a 21-year-old teacher at a private school in Nansana, Uganda, did not know she was pregnant. Pain in her lower abdomen prompted her to go for a consultation at a private clinic in Nansana, where a urine test revealed the pregnancy. “I was shocked because I had last had my period on the 15th of that month,” Norah said.

At the clinic, Norah was given an antibiotic and a pain killer to relieve abdominal pain. Norah left the clinic excited about her pregnancy. But, two weeks later, the pain persisted and Norah began bleeding. Her mother advised her to go to Mpigi Health Center IV for an ultrasound.

At the health center, Norah saw a problem on the ultrasound screen. “The doctor showed me what was in my uterus and there was no baby,” Norah said. “It was swollen with liquid and unclear substances. He said the substance had to be removed. I was very scared.”

After counseling from the doctor, Norah was admitted and given medication to induce labor. When the contractions began, she was taken into surgery. The doctor advised her to wait at least one-and-a-half years before conceiving...
another child to allow time for her uterus to heal and the abnormal hormone levels to normalize.

USAID-funded STRIDES for Family Health, led by MSH, awarded a performance-based contract to Ernest Cook Ultrasound Research and Education Institute (ECUREI). Through this funding, seven health centers such as the one Norah attended in Mpigi district received a solar-powered, portable ultrasound machine. The machines can be taken into the community where these services can be lifesaving—and where a great need for these services exists. Every pregnant woman attending antenatal care at any of these seven health centers will be entitled to two free scans, and women with suspected complications will be referred to the hospital. Norah said she is feeling better—and that the ultrasound scan saved her life.

*Tadeo Atuhura is communications specialist for STRIDES for Family Health in Uganda. Edith Nantongo and Diana Nanono, STRIDES staff from Communication Development Foundation Uganda (CDFU), collaborated with Atuhura on this story.*
Suzanna Ile is a 26-year old woman from Lokiliri Payam in South Sudan. Suzanna lost her first two babies in childbirth. During her third pregnancy, a community midwife at Lokiliri Primary Healthcare Centre—a health facility supported by USAID through the MSH-led Sudan Health Transformation Project (SHTP II)—recognized Suzanna's contracted pelvis and identified her high-risk pregnancy.

Without access to emergency services and a health facility capable of performing a caesarean section, the midwife knew Suzanna would likely lose her third child as well. A contracted pelvis often results in obstructed labor, fistulas, postpartum hemorrhage, or the death of the infant and mother. The midwife discussed with Suzanna alternative delivery options during an antenatal care visit.

Unfortunately, labor complications such as Suzanna’s are common throughout South Sudan, but few women have access to adequate services. Less than 0.5 percent of pregnancies in hospitals are delivered via caesarean section—the lowest rate in Africa—while the maternal mortality rate is one of the highest in the world (2,054/100,000).

The majority of women in South Sudan give birth at home with a traditional birth attendant because they feel that medical facilities are too dirty, exposing, or far away.
Without skilled birth attendants or access to emergency obstetric care, many women have no options if their deliveries become dangerous.

Decades of civil war destroyed most of the health infrastructure in South Sudan, but gradual progress is being made and services are improving. By delivering equipment, providing trainings, and strengthening capacity of health facilities such as Lokiliri, SHTP II is working on behalf of women to move health service delivery from relief to development.

By delivering equipment, providing trainings, and strengthening capacity of health facilities such as Lokiliri, SHTP II is working on behalf of women to move health service delivery from relief to development.

Suzanna listened to the advice of the midwife at the clinic and delivered by caesarean section at Juba Teaching and Referral Hospital. Her son, Modi, is now a healthy two year old. As advice to other women in her community, Suzanna offers, “To the ones who prefer delivery on their own, [a hospital delivery] is their chance [for a safe delivery].”

David Lukudu, MBChB, DTM&H, MScTMH is the primary health care advisor/training focal point on the SHTP II project in South Sudan.
CERVICAL CANCER PREVENTION IN UGANDA
—Jennifer Francesca Acio

“I always felt pain in my abdomen and would take a lot of Panadols to ease the pain. I did not know what was wrong with me,” Mildred Akinyi said. “When I heard from the case manager at Masafu Hospital that STAR-E had organized for women living with HIV and their partners to be screened for cervical cancer and sexually transmitted infections (STIs), I could not wait to use that chance to get checked.”

“STAR-E has really touched my life… Now I am happy, I don’t feel any pain, and I can do a lot of work that I was not able to do before because of the pain I used to feel.”

—Mildred Akinyi

Akinyi is 33 years old, HIV positive, and has five children. Like many women, she did not know that she had developed a precancerous condition until she participated in a screening exercise organized by the USAID-funded Strengthening TB and AIDS Response – Eastern Region (STAR-E) project, led by MSH.

Akinyi was understandably frightened when she received her diagnosis. “I feared I would die soon, because I had been told cancer is dangerous, especially if one is HIV positive. But Nurse Hellen told me [the precancerous condition] could still be treated. I was assigned to a case manager for follow-up.”
STAR-E providers are supported by nurse midwife practitioners from Mbale Regional Referral Hospital who are trained on cervical cancer screening by WHO-endorsed clinicians.

On July 30, 2011, Akinyi underwent her first cryotherapy at the hospital in Mbale. Her case manager, Immaculate Ajambo, escorted her to treatment. “When Nurse Hellen put the machine in me, I was scared,” said Akinyi. But her fear didn't keep her from receiving treatment. “There was cold pain, but I was determined to go through it.”

On September 5, 2011, Akinyi, accompanied by her case manager, completed her cryotherapy and was declared out of danger. Excited, she said, “STAR-E has really touched my life... Now I am happy, I don't feel any pain, and I can do a lot of work that I was not able to do before because of the pain I used to feel. Now I can look after my family knowing that I only have HIV, not cancer!”

Jennifer Francesca Acio is the Gender & People Living with HIV advisor for STAR-E.
IMPROVING FAMILY PLANNING SYSTEMS IN BANGLADESH
—SPS Bangladesh Team

Madaripur Sadar is one of 483 upazilas (or sub-districts) in Bangladesh that have installed the Upazila Inventory Management System (UIMS)—a computer program developed by the USAID | DELIVER PROJECT and updated by MSH’s Strengthening Pharmaceutical Systems (SPS) Program for Bangladesh’s Directorate General of Family Planning.

With a total of 101 service delivery points, Madaripur Sadar is a large upazila in terms of family planning area coverage and the number of field workers deployed. Rabeya Begum, the Upazila Family Planning Assistant of Medicines, Vaccines and Technologies in Madaripur Sadar, is the focal person for UIMS, the Personal Management Information System, and services data in her upazila. She is responsible for performing multiple tasks, such as accounts, store management, and ad-hoc report preparation.

Begum received training on UIMS2 from MSH’s SPS Program in May 2011 and successfully generated reports in the following month. One of several web-based tools available through the award-winning Supply Chain Information Portal, UIMS2 is desktop software that enables an upazila to maintain store inventory and automate supply planning, issue voucher preparation, and generate monthly logistics management and information system (LMIS) reporting (Form 7B).
"I can now prepare all issue vouchers and generate the monthly report and issue vouchers for 101 staff correctly using UIMS2 software in less than a day," said Begum. "This used to take me at least three days to prepare manually; and monthly reporting was impossible before the 15th of the next month. But now, it only takes me less than a day to complete and send by the 3rd of the next month. It also helps me multitask quite effectively and efficiently."

The current version UMIS2 has an option to upload monthly reports directly to the directorate’s Supply Chain Information Portal and has a one click back-up feature, which can preserve data and prevent data loss.

The UIMS and UIMS2 software have enhanced the efficiency of upazila family planning store staff and assisted in error-free recording and reporting. It also increased the reliability and validity of logistics data tremendously. And as Begum reports, "UIMS2 has made my life easier."

"The UIMS and UIMS2 software have enhanced the efficiency of upazila family planning store staff and assisted in error-free recording and reporting."

—Rabeya Begum
BICYCLES INCREASE FAMILY PLANNING OUTREACH IN DEMOCRATIC REPUBLIC OF THE CONGO
—Dr. Sylvain Kasonga

For many people in rural communities in the developing world, information about contraceptives comes from community-based distribution agents. These locally-based individuals trained in family planning frequently face challenges that a local pharmacist doesn’t: a skeptical group of potential consumers and geographical challenges—including poor roads and a lack of public transportation—often compounded by extreme weather.

This situation was the reality for community-based distribution agents in the health zone of Ndekesha in the Democratic Republic of the Congo (DRC). Many barriers to the use of family planning methods in the DRC exist, including a lack of awareness and information about contraception in general, as well as a lack of access to contraceptives due to many people living in widely dispersed areas without a convenient health center. Locally-based distribution agents visit these far-flung residents, walking many miles under the hot African sun to counsel men and women about their family planning options and provide contraceptive supplies to those who have already chosen a method.

“I have a great appreciation for the community-based distribution agents, because they have to overcome barriers related to local customs, a lack of awareness, and the belief...
that having many children is an asset to a family,” said Dr. Charles Kabasale, the chief medical officer of the Ndekesha health zone since 2008.

In Ndekesha, 48 community-based distribution agents were trained in contraceptive counseling in 2009 and have been visiting anywhere between 300 and 450 residents per month. In August 2011, the USAID-funded Democratic Republic of Congo–Integrated Health Project (DRC–IHP), led by MSH in partnership with The International Rescue Committee and Overseas Strategic Consulting, donated 11 bicycles to the distribution agents of Ndekesha, with the goal of increasing the number of people reached by their services every month.

In September, the first month following the donation, the number of visits made by distribution agents totaled 878, an increase of 157 percent over the prior month’s 341 visits. The community-based distribution agents are pleased with the bikes. Martin Mutombo, a local teacher who has been supporting family planning efforts in Ndekesha for five years, said, “The bikes give us a sense of pride and give us more recognition in the community.”

Calling the donation of bikes a “breath of fresh air,” Dr. Kabasale commented on the difference the donation has made: “The number of visits has increased and, therefore, so has the number of new acceptors of family planning methods.”

“The number of visits has increased and, therefore, so has the number of new acceptors of family planning methods.”
—Dr. Charles Kabasale

Dr. Sylvain Kasonga is the field director of the Luiza Office of the DRC-IHP.
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