The Management Development Institute

A Management Development Program for Managers and Leaders of Health Care Organizations

Success Stories
Introduction to the Management Development Institute (MDI)

What is the MDI?

The Management Development Institute (MDI) for Health Care Organizations is a one-week intensive program designed to enhance the leadership and management skills of program managers and leaders of sub-Saharan African organizations, governmental and non-governmental, that are devoted to delivering health care services to underserved populations. The program has been specifically designed to assist African ministries of health in implementing their particular national health priorities.

The program has been designed by world-class management faculty from the UCLA Anderson School of Management at the University of California at Los Angeles (UCLA) and by leaders of the African Medical and Research Foundation (AMREF). The MDI is delivered by instructors from UCLA, AMREF and by outstanding faculty from other African universities, including the Ghana Institute of Management and Public Administration (GIMPA), and the Graduate School of Business at the University of Cape Town (UCT).

The program is funded by Johnson & Johnson, one of the most admired companies in the world today. The language of instruction in all programs is English.

Community Healthcare Improvement Project (CHIP)

In addition to the management curriculum, the MDI includes a special program feature: the Community Healthcare Improvement Project (CHIP). CHIP is the practical application or experiential component of the program, allowing the participants to immediately translate the UCLA Anderson program curriculum to improve performance at their own organizations. Participants routinely meet in learning groups to discuss and complete the CHIP workbook. CHIP provides a process for conducting environmental analysis, identifying critical issues and/or key problems, reaffirming mission, and formulating goals, objectives and strategic options. Through a peer-and-faculty consulting process, participants develop the strategic plan to resolve a significant issue or obstacle in their organization.
MDI Success Stories

MDI participants have come from sub-Saharan Africa, from South Africa to Somalia and from Ethiopia to Cameroon. The types of organizations have also varied, including non-governmental organizations, faith-based organizations, community-based organizations, educational institutions, hospitals, government agencies, and health systems. The participants have held a wide range of management positions including executive director, managing director, project manager, director of operations, finance director, chief medical officer, medical superintendent, and chief nurse. The MDI thus enhances management capacity at a wide range of health care organizations across Africa.

Nearly 600 participants from 22 African countries have graduated from this program. Up until 2010, the MDI was focused solely on HIV/AIDS. In 2011 the program’s new focus was expanded to health systems, generally, and now invites participation of those involved in implementing national health priorities in the areas of communicable diseases – of which HIV/AIDS is one – and chronic diseases, as well. Dedicated to enhancing not only HIV/AIDS prevention, support, treatment and care, these leaders have shown tremendous creativity and innovation in developing CHIPs that meet the needs of their communities.

The success of MDI is reflected in the implementation of the participants’ CHIPs upon return to their organizations. To demonstrate the wide range of CHIPs that have been implemented throughout sub-Saharan Africa as a result of the MDI, we share the following success stories.
JHPIEGO (an affiliate of Johns Hopkins University)

Participants
Oniyire Adetiloye

Program
MDI – Ghana Class of September 2011

History of the Agency
Founded in 1973 as an affiliate of Johns Hopkins University, Jhpiego is currently working in 54 countries, mostly in Africa, Asia, Central and South America. Jhpiego prevents the needless deaths of women and their families by building local human resource capacity and forming partnerships to strengthen health care systems through the development of: family planning; maternal and newborn health; postpartum hemorrhage; malaria in pregnancy; cervical cancer; and HIV/AIDS education.

Statement of the Problem
There is limited ability for HIV positive pregnant women to qualify for “Preventing Mother-to-child Transmission” (PMTCT) services in the northwest Nigerian state of Zamfara. For the few with access, there is unsatisfactory and untimely access to anti-retroviral treatment.

CHIP Project
Based on the above problem statement and targeting 15 health care facilities, this project aims to expand HIV counseling and PMTCT for pregnant women, increase access to anti-retroviral treatment for those who are identified as HIV positive, and provide appropriate referral and connections for women and infants who require follow-up treatment and HIV management.

Impact to Date
- Ongoing project implementation in the 15 facilities as planned
- 105 facility providers were successfully trained to carry out preventative services
- Additional 45 community volunteers were selected, trained and organized to promote and enhance referral/escort services for the 15 facilities
- A series of monthly supportive supervision and onsite mentoring sessions at all sites
- Up to date monthly data for the tracked indicators collated from all the sites to monitor project progress
- One data audit carried out across all the 15 sites

These initiatives have resulted in:
- 96% of pregnant women attending prenatal care visits were successfully counseled and tested for HIV
- 86% of identified and qualified HIV positive pregnant women have received ARV prophylaxis and treatment
- Appropriate and successful referral/escort services provided for 92% of those that required the services within the reporting period

Lessons Learned
The MDI showed me how evolving and dynamic project implementation could be. There are issues that one might not have anticipated in course of planning, but there should be enough flexibility to take on board relevant changes to ensure that the overall goals and objectives of the project are met.

“One can actually be a good leader/manager without being a ruler....thanks to MDI team for showing me the way and for making me a better manager - A manager that leads and not rules.”

– Oniyire Adetiloye
AIDS Information Center (AIC)

Participants
Lulu Henry Jeku, Samali Tibendwa Lubandi

Faculty Supervisor
Ruth Kiraka

Program:
MDI – Kenya Class of April 2009

History of the Agency
AIDS Information Centre Arua is one of the 8 regional branches that form AIDS Information Centre - Uganda (AIC), a national non-government organization which was established 21 years ago to provide voluntary HIV counseling and testing services to the general population in Uganda. AIDS Information Centre Arua Branch was established in 2002 to scale up HIV & AIDS prevention, care and support services in the North Western region, in the districts of Arua, Nebbi, Adjumani, Moyo, Yumbe, Koboko, Maracha and Zombo. The Branch is located in Arua district, Arua Municipality, River Oli Division, Pangisa Ward, Plot 34 Iddi Amin Road.

The Vision of AIC is Universal knowledge of HIV status in Uganda and the Mission is to provide quality HIV/AIDS information, counseling and testing services. The Goal is to improve the quality of life of communities vulnerable to HIV and AIDS in Uganda through access to correct and consistent information on HIV and AIDS, counseling and testing, prevention, care and support services. The core values of AIC are high integrity, commitment to excellence, effective communication and feedback, equity and mutual respect, team spirit and timeliness.

Statement of the Problem
Discordant couples (one HIV+ and one HIV – partner) are the source of a large and growing number of new infections in Sub Saharan Africa. Indeed, it has been estimated that married persons account for an estimated 65% of new infections. About 90% of married men and women do not know the HIV status of any of their partners, but assume, falsely in many cases, that if they are HIV+ - then there partners are also.

CHIP Project
Couple Counseling and Testing Communication Campaign to empower married and cohabiting couples to assess their risk to HIV, test together and adopt practices that reduce HIV risk and improve their health.

Goal: Contribute to the reduction in new HIV infections in Uganda

SMART objectives
1. Empower couples to initiate and sustain communication around HIV/AIDS
2. Encourage couples to seek HCT together
3. Encourage HIV status disclosure among sexual partners
4. Encourage couples to adopt and maintain positive health practices, including risk reduction strategies and health seeking behaviors
5. Link HIV positive couple members to treatment, care and support

Outputs
The CHIP has counseled and tested a total of 255,412 clients from 2007 to March 2012. 111,817 (43.8%) of those counseled and tested were male and 143,595 (56.2%) were female. 8061 (2892 Males and 5169 Females) clients out of the total tested HIV positive, with a prevalence of 3.2%. Females had prevalence of 3.6% while the prevalence amongst Males was 2.6%. All the HIV positive clients were effectively linked to care. Since the MDI, the numbers in the program have expanded by 66%.

The CHIP has counseled and tested a total of 10,605 (4.2%) couples from 2007 to March 2012. 10023 (94.5) of the total couples served were concordant negative, 168 (1.6%) concordant positive and 414 (3.9%) couples were discordant. All HIV positive concordant couples were effectively linked to care and Philly Lutaaya Initiatives for ongoing psychosocial support , HIV concordant negative discordant couples were offered risk reduction counseling, education and empowered to adopt risk reduction strategies and health seeking behaviors and effectively referred to post test clubs and discordant couple clubs hence contributing to a reduction of new HIV infections in Uganda.

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The MDI program is a results based management Course that has greatly enhanced my management skills and ability to effectively organize the couple counseling and testing campaign.”

– Lulu Henry Jeku

Impact to Date

Outcomes:

• The CHIP has counseled and tested 176,291 clients through the end of 2010. Since the MDI, the numbers in the program have expanded by 66%.
• 3.8% of those tested were discovered to be discordant – leading to counseling, education and the adoption of risk reduction strategies and health seeking behaviors – contributing to a reduction of new HIV infections in Uganda.

Lessons Learned

1. Management skills training is critical for effective and efficient management of an organization/Institution
2. The choice of a CHIP in line with the organization goals and priorities make it possible for realignment of resources and better outcomes
3. Couple HCT is feasible. There is still high unmet demand for Couple HCT
4. Training of service providers and regular support supervision is very vital in improving the quality of couple counseling services
5. Dialogues in couple clubs help in preventing the spread of HIV especially amongst discordant couples
6. The high number of concordant negative couples offers a strong advocacy tool for mobilizing couples
Gertrude’s Children Hospital

Participants
Dr. Gordon Odundo, Judy Maye

Program
MDI – Kenya Class of April 2009

History of the Agency
Gertrude’s Children’s Hospital was founded in 1947. Gertrude’s Children’s Hospital, Nairobi, Kenya is one of the few hospitals in Sub-Saharan Africa that is dedicated solely to the provision of healthcare for children. The hospital is a non-profit organization, chartered with responsibilities benefiting humankind such as providing health services, fostering good health, carrying out research and teaching healthcare professionals. The hospital board and management share the belief that hospitals can apply business acumen and enterprise in performing their responsibilities. Gertrude’s Children’s Hospital aims to be the preferred healthcare provider for East and Central Africa’s children. The hospital is devoted to the care of children as the fundamental concern while providing a favorable environment for both patients and members of staff. The hospital and its satellites attend to close to 300,000 patients as outpatients while we have close to 6,000 children admitted annually as inpatients. The hospital recently established the Gertrude’s Hospital Foundation which now formally serves as the charitable arm of the hospital, raising funds to support care of needy children and implementation of various projects addressing the less fortunate in the community.

Statement of the Problem
In Kenya, where infant and child mortality rates had been decreasing, HIV/AIDS, malaria, and malnutrition are now the leading cause of mortality. WHO estimates that 400 million children worldwide are infected with HIV or ill with AIDS annually, with more than 90% of them coming from Sub-Saharan Africa. Indications are that 45,000 children are infected each year in Kenya by HIV/AIDS with less than 20% of the eligible children accessing the ARVs while other healthcare interventions that can greatly improve the quality of life for these children are largely unavailable. Clinical treatment of children with HIV/AIDS poses particular challenges; children are not just small adults they require special care, treatment, and drug formulations and this requires that healthcare workers receive specific education, training, and on-going support.

• Problem: In Kenya, despite 150,000 children infected with HIV, with 19,000 new infections each year, there were only 30,000 on care and treatment.

CHIP Project
To increase access to comprehensive care and treatment of pediatric patients, including nutrition through establishing a family-based clinic

Impact to Date
The key objectives to end pediatric HIV and AIDS include family-centered care and nutrition, early infant diagnosis, treatment and access to appropriate medications. The hospital, supported by APHIA plus and other partners provides comprehensive HIV care to children and their families. The hospital endeavors to make a difference in the survival of HIV positive infants, children, adolescents and adults within the family based program. Key components of care provided include diagnosis, primary healthcare (nutrition, counseling, immunization, prophylaxis against common infectious diseases) as well as HIV specific care which includes provision of opportunistic infection prophylaxis, antiretroviral therapy, laboratory tests, Tuberculosis clinics and psychosocial care. The main hospital campus runs a daily clinic, as does the outreach clinic at Githogoro while the satellite clinics run weekly or biweekly HIV clinic services. This is one of the few dedicated pediatric sites addressing issues beyond care and treatment in a family set up. The adolescent cohort that has grown in number is transitioning to adulthood and under the program’s care will contribute to a HIV free generation. The psychosocial support has enabled clients to live positively particularly adolescents who have been disclosed to. To ensure sustainability of our efforts; the social work department has provided advice on income generating activities helping clients particularly mothers address food security issues and other socio economic needs. Uptake of services at the satellite clinics has been very encouraging with clients from the areas surrounding the clinics accessing care and treatment. Social welfare assistants supported under

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“Our participation on the MDI was very timely as we were just embarking on starting our clinic that would place children on treatment and care through the provision of ART and what we learnt was the bedrock of our achievements to date.”

– Dr. Gordon Odundo and Judy Maye

Gertrude’s Children Hospital...continued

the program have played a critical role in referring patients to these facilities to access services and in providing home based care. The laboratory monitoring continues to support patient care and ensures that the clinical outcomes and patient follow up are up to standard. In this regard the patients access baseline tests and other specific tests.

Outcomes:

• 100 caregivers deployed.
• Increase in enrollment from 9 children in 2004 to 500 children in 2010 – a pace quickened as a result of the CHIP.
• 600 have benefitted from nutritional support
• The number of pediatric treatment sites run by the Hospital has increased from 1 to 4 in 2011.

Lessons Learned

Gertrude’s Children’s Hospital has demonstrated that through scale up the skills of healthcare workers through a multidisciplinary approach save lives of children who prior to this initiative were not receiving the care they deserved and were condemned to early death. Due to the innovative approach adopted it was evident that limited technical knowledge and managerial expertise in project implementation was a challenge for Gertrude’s Children’s Hospital as optimal staff numbers could not be easily assigned due to budget limitations. The biggest lesson learned was the need for effective monitoring and evaluation supported by effective planning. Through training in Results Based Management useful skills have been acquired to support effective implementation.

“World Aids Day Procession 2011 by Gertrude’s Children’s Hospital Employees

AIDS Information Centre Offices in Arua

Lessons Learned

Gertrude’s Children’s Hospital has demonstrated that through scale up the skills of healthcare workers through a multidisciplinary approach save lives of children who prior to this initiative were not receiving the care they deserved and were condemned to early death. Due to the innovative approach adopted it was evident that limited technical knowledge and managerial expertise in project implementation was a challenge for Gertrude’s Children’s Hospital as optimal staff numbers could not be easily assigned due to budget limitations. The biggest lesson learned was the need for effective monitoring and evaluation supported by effective planning. Through training in Results Based Management useful skills have been acquired to support effective implementation.

– Dr. Gordon Odundo and Judy Maye
Gertrude’s Children Hospital

Participants
Dr. Frasia Karua

Program
MDI – Kenya Class of April 2010

History of the Agency
Gertrude’s Children’s Hospital was founded in 1947. Gertrude’s Children’s Hospital, Nairobi, Kenya is one of the few hospitals in Sub-Saharan Africa that is dedicated solely to the provision of healthcare for children. The hospital is a non-profit organization, chartered with responsibilities benefiting humankind such as providing health services, fostering good health, carrying out research and teaching healthcare professionals. The hospital board and management share the belief that hospitals can apply business acumen and enterprise in performing their responsibilities. Gertrude’s Children’s Hospital aims to be the preferred healthcare provider for East and Central Africa’s children. The hospital is devoted to the care of children as the fundamental concern while providing a favourable environment for both patients and members of staff. The hospital and its satellites attend to close to 300,000 patients as outpatients while we have close to 6,000 children admitted annually as inpatients. The hospital recently established the Gertrude’s Hospital Foundation which now formally serves as the charitable arm of the hospital, raising funds to support care of needy children and implementation of various projects addressing the less fortunate in the community.

Statement of the Problem
Of the over 1 billion youth (ages 15-24) worldwide, approximately 10 million are living with HIV. Every day, an estimated 6,000 youth are infected with the virus. Research from around the world shows an alarming degree of misinformation and lack of knowledge about HIV & AIDS among young people, especially young women. The majority lack access to effective prevention programs, while many cannot access condoms.

In Kenya the overall prevalence of HIV among youth (aged 15-24 years) was 3.8%. (KAIS 2007). Young women had a higher HIV prevalence than young men, ranging from 3.0% in women 15 years old to 12.0% in women 24 years old. Prevalence among men aged 15-24 years ranged from 0.4% to 2.6%. Among young women, prevalence rose with increasing age and by 24 years of age, women were 5.2 times more likely to be infected than men of the same age (12.0% and 2.3%, respectively). HIV prevalence in youth aged 15-24 years was 3.6% in 2003(KDHS) and 3.8% in 2007(KAIS). Young women aged 15-24 years had significantly higher prevalence than young men aged 15-24 years in both 2003 and 2007. HIV prevalence in young men aged 15-19 years rose from 0.4% in 2003 to 1.0% in 2007. Young women aged 15-24 years remain especially vulnerable to HIV infection.

In Gertrude’s Children’s Hospital 20% of the HIV infected population on follow up is made up of youth and this is reflective of most HIV programs in Kenya. These youth require services that are tailor made for them in order to meet their clinical and psychosocial needs. One of the most effective strategies has been peer to peer education and support groups which have enhanced response to treatment and preventive measures.

CHIP Project
The CHIP is aimed to disseminate and exchange vital information regarding the prevention, treatment, care and support of HIV youth through training. 150 youth, among them 50 HIV infected were trained on HIV prevention, life skills and behaviour change and were also trained to become peer educators.

The main aim was to reduce HIV infection among the youth in Nairobi through training and formation of peer education clubs in the community and in schools. This was done through a collaborative project that incorporated technical capacity from Gertrude’s Children’s Hospital and the Ministry of Health with funding from the Regional AIDS Training Network.

Gertrude’s Children’s Hospital provided didactic sessions and mentorship for 50 health care workers and 20 managers; and provided 150 youth with peer education skills to enable them to establish peer clubs within schools and the community.

The magnitude of the HIV & AIDS and its problems in Kenya and across the globe needs no further underscoring, but requires and necessitates urgent and massive preventive education and behaviour change initiatives.

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Impact to Date

Outcomes:

• About 200 persons, including 150 youth (many of whom were HIV+) and 50 healthcare workers, were provided education and training to enable them to form and lead these clubs and groups.

• Over 25 clubs have been formed.

• There was a 58% increase in knowledge of HIV and reproductive health among those participating in the youth groups.

• There was a reduction of 48% in opportunistic infections among the HIV+ youth who joined the peer groups.

• There was an increase of 53% in clinical adherence among the HIV+ youth who joined the peer groups.

Lessons Learned

Through implementation of this CHIP we learned that:

• The youth require to be empowered with knowledge and skills to prevent HIV infection.

• Peer to peer education is more effective in bringing about lasting behavior change.

• HIV infected youth requires focused and friendly services that should include treatment literacy training.

• We can achieve a HIV free generation

“You can only implement the CHIP if you are passionate about the project that you choose and if it blends your organizations mission”

– Dr. Frasia Karua
Pathfinder International

Participants
Bethryn Kitavi

Program
MDI – Kenya Class of April 2010

History of the Agency
• Pathfinder International has supported reproductive health and family planning services and training in Kenya since 1969.
• Over the years, by working closely with more than 60 nongovernmental and community-based organizations, government agencies, and public and private sector institutions, Pathfinder has reached some of Kenya’s poorest communities with reproductive health information and services, including contraceptives and counseling in maternal and child health care. Today, Kenya has one of the most mature and successful family planning programs in Africa, with modern contraceptive methods used by 39 percent of married women (high by African standards).
• In recent years, Pathfinder’s work in Kenya has responded to the country’s high rate of HIV infection, currently estimated at 6.1 percent and close to 9 percent among women. Today, Pathfinder integrates HIV and AIDS prevention and care with quality reproductive health and family planning activities, bringing these services to the most vulnerable women who are least likely to have access to quality care.

Statement of the Problem
• The greatest challenge facing PMTCT service providers is reaching the male sexual partners and persuading them to receive HIV counseling and testing and to be supportive of their female partners as they disclose status and seek PMTCT services.
• The role of men in decision making in most of our homes is still highly significant. Therefore, their involvement in significant RH decisions for their spouses cannot be over emphasized. It is this realization that led Pathfinder International- Kenya to start a pilot project that involves men in the PMTCT project.
• The high volume site Makadara Health Center was selected as one of the facilities targeting both the woman and her spouse in maternal child health.

CHIP Project
• To increase active male participation in PMTCT programming in Nairobi and Central Province in Kenya through:
  • Sensitization of staffs on the concept
  • Saturday was set aside as a special day for men to accompany their spouses at the MCH clinic
  • Introduction of partner invitation cards
  • Express service as an incentive.
  • Training of service providers on couple counselling

Impact to Date
• Because of our CHIP project, we have been able to train 184 service providers on how to conduct couple counseling.
• Introduced weekend coverage in the facilities to test partners – allowing 2,463 partners to be tested.
• The project deployed media road shows enabling -10,000 men to be reached with PMTCT messages in central province.
• Renovated facilities to provide couple counselling room at Makadara health centre

Lessons Learned
• Male participation in PMTCT is key to successful PMTCT programs
• Male participation in PMTCT is still very low
• It is possible to improve male participation with more concerted efforts
• To improve male participation key activities should include – creation of awareness at community level (with activities tailor made for men), offering services outside traditional times, training of services providers, making MCH conducive to men and maternity testing
• Strategies must be developed to scale up male involvement in PMTCT including
  • Training of more service providers on couple counselling
  • Mobilization of men at the community level, work place, social places, through men’s groups, through media and other innovative ways like road shows
  • Maternity testing and any other opportunity when men present to health facilities as part of PITC
Ministry of Health, Zambia-Mansa General Hospital

Participant
Dr. Francis Bwalya

Program
MDI – Kenya Class of April 2010

History of the Agency
Chipata General Hospital is situated in Chipata district bordering Chadiza, Katete, Mambwe, and Lundazi districts of Eastern province and has an international border with the Republic of Malawi in the east. It is one of the two second level referral hospitals in the province and caters for the entire province population of 1.8 million people. It has 11 admission wards with 423 bed spaces, manned by 18 doctors, 110 nurses and 43 paramedical staff. The hospital also has a nurse training school with a total student population of 218.

Statement of Problem
Vesical-vaginal fistulae (VVF) also known as Obstetric fistulae are a common feature in women in the Eastern province of Zambia. VVF result from obstructed labour when the diameter of the head of the fetus is disproportionate to the diameter of the pelvic outlet. The head therefore compresses the urinary bladder and the adjacent vaginal wall against the pubic bones that form the anterior border of the pelvic outlet. Blood flow to the compressed area is obstructed and it becomes necrotic, resulting in the creation of communication (fistula) between the bladder and the vagina. Consequently, urine escapes through the fistula with the woman having no control over its flow.

The serious social implications of this condition to the woman are unimaginable. Women lose their dignity and the social status they occupy in society is eroded. Most of them get divorced from their marriages as their husbands fail to stand the embarrassment associated with their condition. They lose their self-esteem and end up isolating themselves from the public.

Access to quality health care plays a major role in detection and management of obstructed labour with good outcomes. Lack of adequate health facilities and qualified health workers in rural areas of eastern province denies most women of the much needed health care. Hence most expecting mothers deliver their babies in homes assisted by traditional birth attendants who have no formal education in management of labour, the situation that result in high prevalence of complications of labour, of which VVF is one.

CHIP Project
Reduction of vesical-vaginal fistula prevalence in Eastern Province of Zambia.

My CHIP aims at treating 100 women who are living with VVF so as to restore their once lost dignity and self-esteem. This will be achieved by engaging specialists in operative management of VVF in the short term. In the long we hope to train doctors from our hospital in VVF repair so that cases can be managed as they occur with minimal resources.

Impact to Date:
Having settled in my new station shortly after the MDI training, I worked out a proposal on how we can help the many women who were being diagnosed with VVF and referred for surgical repair to a tertiary hospital which is 570 km away, and most of them could not afford the transport or upkeep costs hence would opt to stay. The project was to be implemented in three phases due to limited admission space. 35 patients were to be treated in each phase.

A team to implement the proposal was built which included doctors, operating theatre nurses, ward nurses, administration staff and porters. Everybody in the team was oriented on receiving and preparation of patients for surgery, counselling and post-operative wound management.

Phase I
Phase I was implemented by organizing a one week VVF repair camp from 21 to 25th November, 2011. Partners engaged were the District Medical Officers (DMO) who would mobilise clients from communities and gather them at a central place where they would be picked, Mercy Flyers – a charity organization who would provide funding for hiring of specialist doctors, mobilisation and transportation of clients to and from the operating centre, patient food and overtime allowances to staff. Ministry of Health was also engaged to provide operating theatre, admission space catering facilities and human resources. Out of the 36 clients attended to, 30 were successfully operated, 2 of whom had ureteric fistulae. The other 6 had other conditions than VVF – 2 had incontinence and 3 had advanced cancer of the cervix.

Phase II
Preparations for phase II of the fistula repair camp targeting 40 clients to be undertaken in September 2012 have reached an advanced stage. A second team of specialist doctors have accepted to come and conduct the operations. The DMOs have been informed of the tentative dates and are mobilising clients while another partner, the United Nations Population Fund (UNFPA) have been approached for funding to finance the project as the initial partner, Mercy Flyers, are not able to finance phase II.
Beacon of Hope

Participant
Alphayo Michael Oloo

Program
MDI – Kenya Class of May 2011

History of the Agency
• Beacon of Hope is a registered Faith Based and community non-governmental organization instituted to address the HIV/ AIDS pandemic among women in poor communities. This is achieved by setting up programs to assist in the prevention and management of the disease. BOH was registered in 2002 when it commenced its operations in HIV/AIDS work in Ongata Rongai.

• The mission of BOH is to bring hope to women living with and affected by HIV/AIDS within poor communities by empowering and equipping them to meet their spiritual, physical, emotional and economic needs and family needs in a sustainable way.

• Beacon of Hope currently runs health, education and economic empowerment programs within communities we serve.

Statement of the Problem
• Challenges of low uptake of maternal, newborn and child health services. Existence of informal economy
• Lack of reliable transport system, poor infrastructure, high levels of malnutrition, poor access, low literacy levels, severely under-resourced health facilities, and shortage of staff which even worsens the situation predisposing the people to poor health.

• This has then resulted in low hospital deliveries and low immunization coverage. Low PMTCT uptake, increased childhood illness and maternal child mortality rates.

CHIP Project
• The CHIP aims to establish mechanisms to improve the uptake of the MNCH services through regular tracking of progress, initiate standardized monitoring tools, immunization coverage, micronutrient supplementation, community mobilization and improved deliveries through proper coverage for skilled attendance during pregnancy and delivery. Appropriate infant and young child feeding practices, and care-seeking and treatment of illnesses.

• Goal: To improve access, utilization and ownership of maternal Newborn and Child health care services in Ongata Rongai

SMART Objectives
1. Increase PMTCT uptake from 39% - 95%
2. Increase the number of HIV positive mothers and HIV exposed infants (HEI) put on ARV prophylaxis from 17%-95%

Impact to Date
• Outcome 1: All the HIV exposed infants tested PCR negative and we have exited 3 HIV exposed infants into the well-baby clinic with confirmed HIV negative results
• Outcome 2: We have increased PMTCT uptake from 39% to over 85%
• Outcome 3: Male involvement which enhances care and support for mother and baby has improved from 5% to 30%.

Lessons Learned
• It’s possible to have HIV free generation
• HIV negative babies enhances family bonding by giving them hope for a better future
• Male involvement enhances adherence to clinic appointments, care, support and treatment.
• Integration of ART and HTC into ANC services improves quality.
• Lack of maternity makes follow up difficult and inadequate commodities is still a challenge

“Without MDI training I would not have championed the CHIP concept which gave me a well-structured framework of executing strategies to address health challenges to improve health indicators, combat disease burden and achieve universal access to quality health care.”

– Alphayo Michael Oloo
Zimbabwe AIDS Network (ZAN)

Participant
Godfrey Mandinde (Zimbabwe AIDS Network)

Program
MDI – South Africa Class of August 2011

History of the Agency
Zimbabwe AIDS Network (ZAN) was founded in 1991 in Zimbabwe to improve the coordination of AIDS Service Organizations (ASOs), Faith Based Organizations (FBOs) and private sector companies involved in implementing HIV and AIDS and other community development programs. The network’s current strategy “Community Powered Response Strategy” 2011-2013, is premised on the community systems strengthening framework and aims to deliver integrated sexual and reproductive health and HIV services to key populations, adolescents, women and children.

Statement of the Problem
The general trend is that up to 30% of funds received from donors ultimately reach the final beneficiary and up to 70% of the funds are utilized for overhead or administrative expenditures at the expense of the beneficiaries.

CHIP Project
Based on the uneven allocation of resources in ZAN, this CHIP focused on maximizing the amount of funds that reach the final beneficiary. Our objective was to increase the percent of financial resources allocated to program implementation and activities. This included a cost-effectiveness analysis of resources received to ensure that up to 70% of funds received benefited the communities.

Impact to Date
Completed an impact analysis of the funds received from the Global Fund for HIV/AIDS in 2011. This showed a utilization of 25% for administrative expenditures and 75% for program expenditures. The latter figure requires further analysis to determine the percentage that reaches the final beneficiary. The outcome of this analysis will be used to determine ways to increase the percentage of donations that reaches the final beneficiary.

Lessons Learned
It is important to thoroughly analyze administration expenditures to minimize costs and ensure that only up to 25% of funding is utilized for administration related activities. It remains crucial to have cost cutting measures that minimize excess administrative costs.

“To be good custodians of donor funds, there is a need to spend donor funds the way we would like to spend our own money.”

“The MDI program is enlightening and gives the participants new ideas to enhance the impact on the communities they serve.”

– Godfrey Mandinde
Yalagado Teaching Hospital Of Ouagdougou

Participants
Coulibaly Diane, Dr. Koumbem Mariam, Savadogo Sonia

Program
MDI – Ghana Class of September 2011

History of the Agency
We work in a governmental medical center in the central region of Africa. The center, which belongs to the second step of our health system under the Ministry Of Health, was created about 30 years ago.

Statement of the Problem
• Lack of knowledge about HIV/AIDS
• The low rate of HIV screening
• The high rate of the transmission from mother to children.
• Women are relegated to the bag ground

CHIP Project
• To do group and individual counseling and screening
• To treat our target tested positive

Impact to Date
• Counseling: 294 pregnant women
• Screening: Around 80% of the pregnant women
• Treatment: Around 80% of the pregnant women

Lessons Learned
• Couples and pregnant women became more willful
• Work as a team is the best way to set up a CHIP but we noticed that it is so hard to do that with our colleagues who did not have chance to be trained.

“The best way to hold a community together is to involve them in any decision about their welfare.”
– Dr. Koumbem Mariam
Centre for HIV/AIDS and STD Research (CHISTRE) -
SAVING COMMUNITIES THROUGH CREATIVE HIV PROGRAMS

Participant
Nduka Ozor

Program
MDI – Ghana Class of August/September 2009

History of the Agency
CHISTRE is a non-governmental organization (NGO) wholly dedicated to the advancement of society through educating the public, offering relief and consultation services to the affected population, and working with prominent community members and organizations in order to address the exploding HIV/AIDS epidemic in Nigeria. UNAIDS has estimated that Nigeria is one of the top 5 countries affected by HIV/AIDS, and CHISTRE is responding with tireless effort and unmitigated determination.

The main focus of CHISTRE is to address this epidemic in rural areas by concentrating on the development of projects offering prevention services, as well as providing care to orphaned and vulnerable children and providing support to those currently living with HIV/AIDS. Although HIV/AIDS is the primary focus of CHISTRE, it also dedicates a significant amount of resources and time to other sexually transmitted diseases, environmental protection, youth empowerment, and poverty alleviation. CHISTRE is constantly collaborating with like-minded organizations in order to further enhance efficacy of programs, as well as the efficiency with which the organization operates.

Statement of the Problem
Before 2006, the eleven rural communities with 13 primary and 5 post primary schools in Agwa; Oguta Local Government Area Imo state was experiencing loathsome cases of teenage pregnancies and HIV/AIDS infections especially amongst pupils and students in primary and post primary schools.

The HIV pandemic has existed for many years without adequate prevention measures thus, families and community members find themselves confronted with increased expenditure for medicines and materials needed for home-based care and costly funerals. Some families even resorted to burying their wards alive to avert the cost of caring for their AIDS-infected relations. As more and more adults die, communities face the task of helping care for an increasing number of orphaned children and even incapacitated adults alike. The situation was complex and dumbfounding. Young fathers have to engage in either crime or do menial jobs to raise money to sustain their increasing families. The awareness level of students about HIV/AIDS and STD was below 15% at baseline.

CHIP Project
The CHIP involved an integrated HIV/AIDS prevention programme that targeted children and adults, alike, in order to redress the misunderstandings and the underlying factors that increase the vulnerability of people in this communities, especially among children between the ages of 5-18. We proposed to so many organisations, and government agencies to support us to implement an educational and awareness program. The Republic of Ireland through its in-country micro project scheme in Nigeria, granted us funds for three years to implement the program. With the funds, we moved in earnest to begin the HIV prevention services in the schools and outside the schools. The three-year intervention program ran in the schools and in the entire community of about 450,000 people.

Impact to Date
One hundred and thirty teachers were trained on the Basics of HIV/AIDS, HIV Counseling and Testing, Prevention of Mother to Child transmission of HIV/AIDS, Condom use and condom negotiation, and HIV/AIDS preventions. The objective was to enable the teachers to pass on the same knowledge to their students during classes.

In all over 35,000 students were reached with accurate information on HIV/AIDS. Six anti-AIDS clubs were formed in six post primary schools. Each of the club has an average of fifty members. Agwa secondary school alone has seventy-five registered members, and fifty more members that were not formally registered.

CHISTRE has been able to develop an HIV educational curriculum for all the schools where the program is running. Forty-five

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minutes is now allocated for the teaching of HIV and related subjects in the classes. Parents are no longer withdrawing their children from classes during sex education classes, and the CTY teachers are no more harassed by parents. A framework has now been developed for the education of pupils and students in the schools where the CTY project is running. Awareness and knowledge level about HIV/AIDS has increased from the baseline of less than 15 percent to 65% by all the students that participated in the project.

An estimated 280,000 people were reached during the program. The annual HIV/AIDS world Aids day was celebrated by the students in the community. Drama, musical concerts, poems and role plays were conducted by the anti-aids club members, during these periods, members of the communities were reached with other information, education and communication materials.

Ten nurses in the community health centres were trained on the universal basic precaution: they were also taught on HIV counseling techniques.

**Lessons Learned**

- It is better to utilize staff as opposed to external resources as the latter group added significantly to overall expenses.
- Apathy on the part of some trained teachers who refused to conduct classes on sex education was difficult to overcome.
- Tradition proved an obstacle as teachers were openly confronted by some parents for discussing sex with their female children.
- A good transport system in the community is essential. Participants had to trek some 5-8 kilometer to the only venue of the workshop. Further more there was minimal supervision due to lack of good transport and environmental terrain.

In an elated voice, the traditional ruler of the Town, Eze I.O Asor in one of the programs commended the effort of CHISTRE in bringing the program to his community and said they will be remembered for a long time to come, “this organisation has chosen to save the life of our children and our families, when other groups and politicians are busy pursuing political appointments, Mr.Nduka Ozor, the Project Director of CHISTRE choose the path of messiah to save our community from this dreaded HIV/AIDS. God will definitely reward him”, he prayed.
Makgabaneng (Botswana)

Participant
Nelson Phoga and Tony Buru

Program
MDI – South Africa Class of August 2011

History of the Agency
Makgabaneng is a leading Behaviour Change Communication Non-Governmental Organisation. Our team has been producing and delivering a behaviour change program through a radio serial drama and associated reinforcement activities for the past 12 years in Botswana. Makgabaneng is the only indigenous organization located in Botswana with the entire staff complement comprising of Botswana that has the expertise and experience in producing an age appropriate local language behavior change drama. It was on this view that we decided to adopt the radio serial drama to television.

Statement of the Problem
Risky behavior and poor life style choices among youth and younger adults lead to sexually transmitted diseases, including HIV, alcohol and substance abuse and other social ills in the society. This places a heavy burden on the local national health system.

CHIP Project
To encourage positive behavioral change among 10-49 year olds through promotion of safe male circumcision, correct and consistent condom use, abstinence, discussions on the disadvantages of multiple concurrent sexual partnerships and to promote enhanced life skills more generally. The method chosen to accomplish these goals was the development of a television serial drama to air on national television that would contain the appropriate messages around these themes (Safe Male Circumcision, Correct & Consistent Condom Use, Abstinence & Multiple & Concurrent Partnerships)

Impact to Date
A number of crucial steps have been successfully taken and recognition given to these innovate efforts:
1. Television script writers’ workshop was held end of September 2011
2. A pilot episode was shot and produced by the end of November 2011
3. The pilot episode was shown and pretested to the public during World Aids day commemorations and it received the thumps up.
4. The pilot episode was also shown to representatives of Ministry of Health from the districts of Botswana, National Aids Coordinating Agency and the Department of Broadcasting Services and they also approved of it.
5. The funding Proposal was delivered to the National AIDS Coordinating Agency through their unit; Botswana National Aids Project Support (World Bank). The proposal has now been approved. The amount of P9 million has been availed for a period of 12 months.
6. A trajectory workshop has been held and the lives of characters have been mapped for two years.
7. Production schedule and storyline for episode 1-13 have been delivered to National Broadcaster-Botswana Television as per their request.
8. Public auditions & selection of suitable candidates for all the characters in the drama has been done.

Lessons Learned
No major changes were made to the project. We only had to cut our budget from the original proposal we submitted as per the request from the funder and other major stakeholders. This was mainly due to the fact that Television drama production is still a new industry in our country, therefore most of the stakeholders are not familiar with the costs associated with television production.
**Program SPONSORS**

**African Medical and Research Foundation**

AMREF’s mission is to improve health and health care in Africa. We aim to ensure that every African can enjoy the right to good health by helping to create vibrant networks of informed and empowered communities and health care providers working together in strong health systems. Our extensive experience in development of human resources for health targets a diverse range of health professionals, from primary health care workers to field surgeons. AMREF has a strong regional presence and close working relationships with communities, governments, key development agencies, academic institutions, and the private sector with a current funding base of over $55m annually.

**Ghana Institute of Management and Public Administration (GIMPA)**

GIMPA, established in 1961, is the leading management development institution in Ghana and West Africa. As a topmost Ghanaian management development institute, GIMPA aims to be a world-class centre of excellence for training, consultancy and research in leadership, business management, and public administration, using top class and motivated staff with state-of-the-art facilities. GIMPA’s mission is to remain a center of excellence for training in public and business administration by continuously enhancing the capability of middle and top level executives in the public and private sectors, as well as Non-Governmental Organizations (NGOs) both in Ghana and internationally to manage their institutions and enterprises efficiently and effectively. GIMPA’s overall goal is to become the best management development institution in Sub-Saharan Africa, known for quality program delivery in leadership, management and administration.

**University of Cape Town Graduate School of Business**

Ranked as the top business schools in South Africa, the GSB has four decades of success in developing business leaders. GSB graduates consistently go on to achieve highly in all sectors of society and all over the world. Their success creates an enduring reputation for the School. GSB programmes are at the cutting edge of management education. The School continually pushes the boundaries and challenges students on every level to ensure that they grow both personally and professionally. The GSB is taking the lead in South Africa in developing a business school that is adapted to the circumstances of a country and continent where the imperatives are democratisation, international competitiveness and economic growth.

**UCLA Anderson School of Management**

UCLA Anderson School of Management is recognized as one of America’s premier business schools. Its preeminent position is based on internationally acclaimed research, an innovative and distinguished faculty, excellent degree programs, and exceptionally bright, highly motivated students chosen from one of the largest and finest application pools in the nation. The MDI is conducted under the auspice of the Harold and Pauline Price Center for Entrepreneurial Studies, a recognized leader in entrepreneurial education and research. The Price Center oversees all teaching, research, extracurricular and community activities related to entrepreneurship at UCLA Anderson, and maintains a strong commitment to serving the non-profit and small business communities through management development programs.

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