

Doris Duke Charitable Foundation
African Health Initiative
Population Health Implementation Training (PHIT) Planning Grant Team
Project Summaries

Ghana

Grantee Institution: Pangaea Global AIDS Foundation

Team Leaders: Dr. Dennis Israelski, Dr. Eddie Addai

Project Title: Equity and Access: Scaling up Primary Healthcare for Urban and Rural Poor in Ghana

In 2007, the Ghana Ministry of Health launched a health policy entitled *Creating Wealth through Health*; striving to achieve middle income status by 2015. With health at the centre of their socio-economic development strategy, the MOH leadership is supporting multiple investments in the health system. At the core of this strategy is bringing quality to health services and providing universal access to primary health care. Working with a core team of individuals from government, community, academia and the private sector we propose to address issues of equity, access and quality in the delivery of primary health care services to impoverished urban and rural populations in the Greater Accra Region.

Greater Accra Region (GAR) is the most populous area of Ghana experiencing exponential population growth based on heavy rural to urban migration patterns of indigent groups. The resultant urban slums and isolated rural communities pose significant challenges to providing services and achieving improvements in health outcomes. Responding to the expressed needs of GAR, we propose to develop an integrated package of interventions targeting health systems, health care providers, and end-users that would lead a marked increase in the coverage and quality of primary health care services.

Kenya

Grantee Institution: African Population & Health Research Center

Team Leaders: Dr. Joseph Inungu, Dr. Eliya Zulu

Project Title: The Partnership for a Healthy Nairobi

Rapid urbanization amidst stagnating economies and poor governance have created a new face of abject poverty in overcrowded informal settlements, commonly called slums. The term informal settlement underscores their nonpermanence and implicitly suggests the lack of government responsibility to provide basic infrastructure and services, including water, electricity, garbage collection and drainage infrastructure, health services, and law enforcement. The Partnership for a Healthy Nairobi (PHN) is designed to improve the delivery of effective and sustainable integrated primary health care (IPHC) to the residents of three Nairobi slums – Korogocho, Viwandani and Kibera, which house about 650,000 people in an area of only four square kilometers. PHN will work closely with the Ministry of Health and other stakeholders in contextualizing and implementing the Kenya Essential Package for Health, the primary tool for revitalizing the country's health sector under the Second National Health Sector Strategic Plan. PHN's key strategies include fostering public-private partnerships, training of health workers, strengthening service management, and strengthening community responsibility and ownership of health. PHN will also adopt a comprehensive monitoring and evaluation system using community and clinic-based data to provide lessons on program effect and health impact of the IPHC package in slums. The six PHN core partners are: the African Population and Health Research Center, Population Council, AMREF-Kenya, Jhpiego, the City Council of Nairobi and Provincial Medical Office.

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Lesotho

Grantee Institution: Trustees of Columbia University in the City of New York

Team Leaders: Dr. Elaine Abrams, Dr. Raphael Ntuny

Project Title: Lesotho PHIT Partnership: A Proposal to Strengthen Health Systems and Support Primary Care and District Health Systems

The Lesotho Ministry of Health and Social Welfare (LMOHSW) proposes a partnership with Columbia University Mailman School of Public Health (MSPH) and the Faculty of Health Sciences of the National University of Lesotho (NUL) to form the Lesotho Population Health Implementation and Training Partnership (LPHITP). The LPHITP will engage in an innovative initiative to strengthen health systems in two large adjoining districts in Lesotho, Mafeteng and Mofale's Hoek to achieve the following health related MDGs: reduce child mortality (MDG 4), improve maternal health (MDG 5) and combat HIV/AIDS and other diseases such as tuberculosis and diarrheal diseases (MDG 6). The partnership will build on MSPH's existing work in these districts to support the LMOHSW to develop and implement effective structures and frameworks to establish district health systems, strengthen primary health care, and to establish mechanisms to assess the impact of interventions on key health indicators directly relevant to key MDGs.

Madagascar

Grantee Institution: Medical Care Development International

Team Leaders: Dr. Josea Ratsirarson, Dr. Noeline Razanamihaja

Project Title: Integrated Primary Health Care in the Region of Atsimo Andrefana, Madagascar

Medical Care Development Incorporated and its consortium partners will design an Integrated Primary Health Care (IPHC) Program for Madagascar's Region of Atsimo Andrefana (RAA). The RAA with a population of 1.2 million is one of the most underserved regions of the country with some of the lowest health indicators. The goal of the project is to provide sustainable, integrated primary health care to the underserved population in the RAA. The Partnership will work with local stakeholders to define a minimum package of IPHC services for community, health center, and referral levels. Once the basic IPHC package is agreed upon, related existing technical support and training materials will be revised, adapted and simplified. The IPHC package will build on the quality control and participatory approaches to care now being piloted by MCDI under its current child survival project. Over the implementation period, the Partnership will improve the capacity of the Ministry of Health at all levels to adopt a more efficient and effective planning process and a mentoring approach to supervision in support of the IPHC package. Finally, the Partnership will develop innovative approaches to improve important aspects of the health system, and increase the demand for health services at all levels. The project will provide a model that can be implemented in other regions of Madagascar to improve primary health care services.

Malawi

Grantee Institution: Global AIDS Interfaith Alliance

Team Leaders: Dr. William Rankin, Mr. Jones Laviwa

Project Title: Integrated Primary Health Care and Workforce Training in Zomba District Malawi

Malawi is a densely populated country with low life expectancy, high maternal and infant mortality, and high rates of HIV/AIDS, malaria, and tuberculosis. The Global AIDS Interfaith Alliance, in partnership with the University of California San Francisco School of Nursing and the University of Malawi Kamuzu College of Nursing, will work closely with existing Ministry of Health systems and facilities in remote areas of Zomba district to strengthen and improve integrated primary care delivery in a lasting, sustainable fashion. Central to the strategy are: 1) empowering villagers (especially women)

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through training as community health workers for the provision of basic health education and disease surveillance, 2) strengthening nursing education to bolster the provision of skilled community-based care, 3) improving efficiency of medication and supply chains for rural facilities, 4) improving transportation for emergency care, and 5) developing effective community support for health activities through village health committees and religious and community based organizations. We intend to develop a model that is replicable elsewhere in Malawi and other resource-poor rural settings.

Mozambique

Grantee Institution: Health Alliance International

Team Leaders: Dr. Kenneth Gimbel-Sherr, Dr. Fatima Cuembelo

Project Title: Strengthening Integrated Primary Health Care in Sofala Province, Mozambique

The Mozambique PHIT Partnership proposes to improve and integrate essential curative and preventive primary health care provision by strengthening district-level management and planning in the 13 districts of Sofala Province (estimated population 1.5 million). The project's approach centers on 1) using on-the-job training and ongoing coaching to strengthen district-level management teams, 2) improve data utilization and decision-making around resource allocation through operations research approaches to model provincial and district systems in order to identify bottlenecks, gaps in service, and points in the system where further integration is needed, and 3) use innovative implementation research to develop and test new strategies to support service integration for improved service coverage and quality. Activities slated for the initial 6-month planning grant include district visits to assess the data environment and identify key management challenges and needs, mapping of resource flows from the national to health facility levels, interviews with policymakers and project stakeholders, and the development of an operations research model in one pilot district. The Mozambique Partnership is a joint effort between the Ministry of Health, Health Alliance International, the University of Washington Department of Global Health and Department of Industrial Engineering, and Eduardo Mondlane University.

Tanzania

Grantee Institution: Harvard School of Public Health

Team Leaders: Dr. Wafaie Fawzi, Dr. Gernard Msamanga

Project Title: Dar es Salaam Population Health Implementation and Training Partnership

Dar es Salaam is the most densely populated region in Tanzania and has significant gaps that need immediate attention in the primary healthcare delivery system. To strengthen primary care the Dar es Salaam PHIT will introduce three service delivery programs and one health systems strengthening (HSS) intervention. Hypotheses to be tested will include: (1) Mobile services delivered through a community-based health worker will reduce morbidity of pregnant women, newborns, and children; (2) A package of interventions for primary school children that include a new wellness curriculum and daily micronutrient supplementation will enhance the child's development; (3) A non-communicable diseases (NCD) wellness intervention targeting adults will increase awareness about risk factors, methods of prevention and treatments for obesity, Type II diabetes, hypertension and stroke; and (4) Implementing best practices for high priority HSS activity areas will improve program process indicators and client outcomes. To test hypotheses, our team will use randomized controlled intervention designs for the three delivery programs and a non-randomized design with accompanying time series measures for the HSS intervention. Novel interventions will first be targeted in the Ilala district of Dar es Salaam, and lessons learnt will be shared with the two other districts in Temeke and Kinondoni.

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Grantee Institution: JHPIEGO/Johns Hopkins University

Team Leader: Sydney Ndeki

Project Title: IMARISHA- Improving Regional Integrated Systems for Health Accessibility in Ruvuma, Tanzania

The partnership for Improving Regional Integrated Systems for Health Accessibility (IMARISHA), which means “to strengthen” in Swahili, will implement strategies to improve the delivery of primary healthcare in two of the most underserved and impoverished districts of Ruvuma region in Tanzania. IMARISHA will focus on delivering quality, integrated maternal, newborn and child health services and building the capacity of health systems at community, district, and regional levels. Furthermore, IMARISHA will test and evaluate three innovative approaches to advancing health services and systems. These include: (1) training and supporting volunteer community health workers to distribute essential drugs to villagers in their homes; (2) establishing a 24-hour referral and call center as a resource for frontline health workers; and (3) instituting a health worker recruitment and retention scholarship to increase the number of skilled providers in this remote location. Throughout the life of the program, IMARISHA will continuously evaluate and monitor the impact and cost-effectiveness of its program, sharing results and lessons learned nationally and internationally. The IMARISHA partnership is led by Jhpiego, an affiliate of Johns Hopkins University, in collaboration with the University of Dar es Salaam, the Christian Social Services Commission, and the Tanzania Ministry of Health and Social Welfare.

Zambia

Grantee Institution: The University of Alabama at Birmingham

Team Leaders: Dr. Jeff Stringer, Dr. Moses Sinkala

Project Title: Clinical Mentoring and Community Engagement to Improve Health Outcomes

We aim to improve MDG-related health outcomes in three largely rural districts in Zambia. Our approach centers upon the simple idea that good outcomes hinge critically on the provider-patient interaction. In recent years, vertical HIV treatment programs have shown that a focus on clinical services – strategically supported by health systems and community efforts – can produce measurable results. We will make a similar investment in delivery of primary care, focusing on rural areas.

Our activities will optimize the provider-patient interaction through a cycle of mentoring, measuring, and evaluating care. We will begin a long-term clinical mentoring relationship with primary care providers to improve clinical care skills. We will also develop standard clinical protocols, forms, and reporting tools to allow care to be measured and routinely evaluated.

Protocols, mentorship, and information gathering will extend to community health work. Clinical quality control and mentoring teams within the districts will lead activities, and districts will have incentives to support clinical care through performance-based financing. We will assess outcomes through community surveys and cost and quality of care through facility surveys.

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Multi-Country Projects

Ghana, Tanzania

Grantee Institution: Trustees of Columbia University in the City of New York

Team Leaders: Dr. James Phillips, Dr. John Koku Awooner-Williams, Dr. Godfrey Mbaruku

Project Title: Accelerating Millennium Development Goal Progress by Exchanging Health System Innovations between Tanzania and Ghana

Tanzania is the first African country to be on target for achieving Millennium Development Goal (MDG) 4. This success followed the demonstration by the Tanzania Essential Health Interventions Project (TEHIP) that evidence-based healthcare resource allocation could enable district health system managers to prioritize services according to the pattern of the burden of disease. In Ghana, the Navrongo Experiment achieved equivalent success by mobilizing rural villages to develop systems for stationing community nursing in villages and sustaining their work. In response, the Ghana government launched the Community-based Health Planning and Services (CHPS) Initiative to scale up the approach. Despite these successes, a variety of service delivery, manpower, communication, logistics, resource management, and leadership bottlenecks have prevented these programs from realizing their full potential. A partnership between the two countries seeks to address these bottlenecks through exchanging innovations: Ghana's CHPS strategies will be adapted for Tanzania, and Ghana will incorporate Tanzania's systems for district-level planning into its district programming. Evaluation will assess the MDG impact of assembling a comprehensive package of proven interventions for strengthening health systems. This international collaboration will demonstrate a new paradigm for African countries to assist one another with achieving the health MDGs.

Rwanda, Lesotho, Malawi

Grantee Institution: Brigham and Women's Hospital, Inc., Partners in Health

Team Leaders: Dr. Michael Rich, Dr. Agnes Binagwaho

Project Title: Strengthening and Studying Community-Based, Integrated Primary Health Care Systems in Rural Rwanda, Lesotho and Malawi

Brigham and Women's Hospital, Partners In Health and Harvard Medical School, in collaboration with Rwandan partners, propose a PHIT Partnership in Rwanda, Lesotho and Malawi that will: 1) implement health care improvements and health systems strengthening in Rwanda, and 2) conduct research on the effect of these interventions in Rwanda and in Lesotho and Malawi, where the project proponents are implementing a similar intervention. Working closely with the government, the partnership will implement a primary health care program serving a population of 400,000 Rwandans that is integrated across three levels of care (community, health center and district hospital). The care delivery model includes developing a highly trained network of community health workers as a core element. Implementation Research in Rwanda, Lesotho and Malawi is directed toward two overlapping goals: an assessment of the efficacy of the overall program in improving health access and outcomes and the collection of data that will facilitate ongoing quality improvement and allow for mid-course corrections to enable the success of the intervention. Together, these efforts represent sufficient diversity in burden and type of disease, geography, ethnography and scale to offer significant opportunity for comparative learning and potential to improve health and research infrastructures.