

Success Stories

“My life, My Identity” - Right to birth Registration

My name is Linah Matsenjwa who comes from Vuvu community and I have 7 children. My husband passed away due to HIV and AIDS four years ago. I'm unemployed but only make a living through selling fruits to children in the nearby school. My community is a typical remote rural community with a rugged and dirty road; seven kilometers (7km) away from the main road. It has a total population of one hundred and seventy people comprising of children and adults. We rarely go out of the community as there are no kombis or buses to ferry us to the nearest town. We rely on local resources and services, my children attend the nearest school which has poor resources, A clinic is situated 10km from the main road thus results to us paying E20.00 to go to the clinic. This situation has forced us to source out health services from traditional doctors and herbalists in the community, who are even cheaper. It's common for women to give birth at home with the assistance of Rural Health Motivators.



I gave birth to my last born child Londiwe at home. Londiwe had neither health card nor birth certificate. The birth registration centre is situated 15 km away from where we live which makes it hard to reach the centre and to pay the expected amount. Despite the distance, I did not think birth registration is that important as I never had a certificate myself and many other women in Vuvu. Later when Londiwe attended an NCP managed by Lutheran Development Services, the Lack of birth registration presented a challenge for her. It was very difficult for her to access any services without registration; the school failed to register her without proof of age appropriateness, it was also impossible to access government Education for all bursaries without proof of Swazi identity and relation to her late father.

PEPFAR supports Lutheran Development Services (LDS) to undertake a birth registration exercise and awareness raising on the importance of every citizen in the country to have an identity. The program registered 512 children in one of Swaziland's hardest hit regions by drought and HIV/AIDS (Lubombo). LDS rolled out the activity by conducting awareness sessions amongst parents and caregivers on birth registration. They partnered up with the Ministry of Justice (Birth, Marriage and Death department) in supporting government's goal of decentralizing services to reach the most vulnerable groups through mobile registration. Previously government has not been using this strategy which works best for people in remote rural areas. They established registration centres within the communities served by the LDS. The process has reduced transport and certificate production costs as LDS catered for the registration cost.

Today my daughter is registered as a Swazi citizens, I'm also in possession of my husband's death certificate. Londiwe is registered to attend formal school through the EFA bursary. She stands an opportunity to access services available for children in the community through her birth certificate. The story of Londiwe represents the significance of birth registration, as a right to identity and how it opens doors to all other services for both children and adults.

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WHAT A DIFFERENCE SIX MONTHS CAN MAKE IN THE LIFE OF AN HIV-POSITIVE PATIENT!

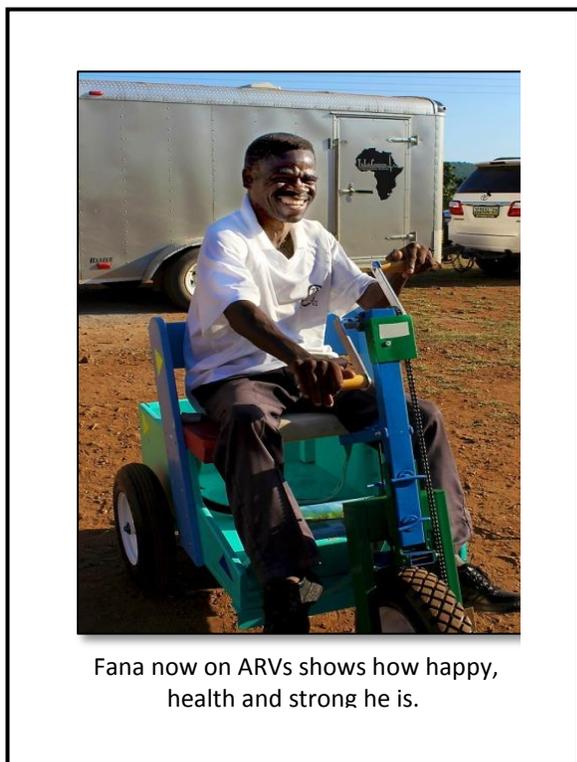
Just ask The Luke Commission team. Last July 2012, a 42-year-old man, Fana, from the Manzini region arrived after dark at a Luke Commission mobile clinic in a rural school.

Fana had just learned that he was HIV-positive after being convinced by Dr. Harry and Echo (PAC) VanderWal, directors of The Luke Commission, although his health had gone downhill for several years. He could no longer walk. A day later they learned his CD4 count was 56. No wonder he could barely hold up his head.

Fana wanted his youngest son to be tested. The look in the father's eyes as he waited for his son's results showed defeat and sadness. He was visibly surprised and gladdened when his son's test proved to be negative.



Fana just after receiving his HIV results, on his new PET wheelchair waiting for his son's HIV test result



Fana now on ARVs shows how happy, health and strong he is.

The Luke Commission facilitated

Fana starting on ARVs and counseled him how to use his twice-daily medications. They also gave him a PET wheelchair, so he could get around by himself and sell produce.

This January, the same man with a changed countenance rode his PET cart into the first Luke Commission bush clinic of 2012. He was all smiles and full of gratitude.

"I've come to say thank you to the doctors," Fana said. "I didn't come this time because I was sick. I came to show you I am a new man. I take my tablets morning and evening. Look how strong I am."

***Fana agreed to tell his story in order to promote the prevention of HIV/AIDS.*

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Written by Janet Tuinstra for The Luke Commission

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ASCP Collaborates to Open New TB Testing Center in Swaziland

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To combat the deadly combination of HIV/AIDS and tuberculosis (TB) decimating its population, a new TB testing center opened on Jan. 26, 2012, in Mbabane, Swaziland. It is a collaboration of ASCP, the U.S. Centers for Disease Control and Prevention (CDC), University Research Corporation, and Doctors Without Borders. The facility, with high technology laboratory equipment, access control, and computerized laboratory to match the requirements of the World Health Organization (WHO), is housed within the five-story National Reference Laboratory.

Swaziland has the world's most severe HIV/AIDS epidemic, affecting 26.3 percent of its adult population between 15 and 29 years old and 15 percent of children under the age of 15. Due to their weakened immune systems, HIV patients are more vulnerable to TB. Health officials estimate 50 percent of Swaziland's HIV patients also have TB.

“Correct diagnoses for specific types of tuberculosis are critical in order to treat Swazi patients correctly and efficiently, and turn the tide on this devastating epidemic,” said Dr. Blair Holladay, ASCP Executive Vice President. “Erecting the new TB testing facility finally allows for timely testing to assist these patients in need. Since TB—in all its forms—is highly contagious, laboratory professionals in Swaziland also have a much safer environment to conduct the tests and reverse the current paucity in testing.”

Additionally, a recent national survey about drug resistance in Swaziland revealed a high prevalence of multi-drug resistant (MDR) TB with new cases at 7 percent and re-treatment cases at 33.9 percent. MDR-TB is resistant to isoniazid and rifampicin, the two most powerful anti-TB drugs. Affected patients require extensive chemotherapy (up to two years in treatment) with second-line anti-TB drugs, which are more costly and produce more severe drug reactions.

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Improving adherence to TB and ART treatment through mobile cell phone usage in supported TB clinics in Swaziland

Background

With the TB/HIV co infection rate in Swaziland at 82% and the guidelines for treating a TB/HIV coinfected person recommending starting antiretroviral therapy as soon as they are tolerating the anti-tuberculous treatment, clinics are initiating TB/HIV coinfected patients on both treatments almost simultaneously. Given the treatment duration, patients tend to miss appointments or even drop out of treatment once they feel better. The current national default rate is 5% but the TB/HIV coinfected patients have a default rate of 7% which is higher than the national average.

The HCI project as one of its objectives to increase treatment success rates planned an intervention to reduce default rates among the TB/HIV coinfected population by using mobile cell phone technology to follow up patients. Mobile cell phones are widely used and accessible to most of the population. Patient addresses and cell phone numbers are captured as routine demographic data and hence can easily be retrieved from the records.

In 2010 URC introduced mobile phones in TB clinics at 6 health facilities; namely Mkhuzweni Health centre, Piggs Peak Hospital, Mbabane Government Hospital, Dvokolwako Health centre, Raleigh Fitkin Memorial Hospital and TB Centre. Patients who had missed an appointment by 3 days were followed up with a phone call to determine their whereabouts and if they were still on medication. During the call, a follow up appointment was made to ensure patient reported back to the clinic. For those found to have died, their outcome was updated in the TB register. The phone records for 569 TB patients called between 2010 and 2011 were reviewed. Adherence to treatment was measured by the number of TB/HIV co infected patients still taking their medication when the call was made. A successful intervention was considered as adherence to treatment more than 70% during the period of 12 month for the whole cohort.

Of the 569 patients called during the 12 month period, 421 (74%) were still on treatment when the call was made; they had either picked up medication at another facility or still had some pills left, 100 (18%) were either inaccessible through their mobile phone numbers or self-reported defaulting the treatment while 48 (8%) had died.

These results suggest that mobile phones can be an important tool to achieve optimal treatment response in resource-limited settings as it can improve and maintain adherence to TB and ART treatment as well as improve documentation for treatment outcomes.

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Addressing Health Care Waste Management

From the start of the Accelerated Saturation Initiative (ASI) male circumcision initiative/ Soka Uncobe, health care waste management was a major health and environmental concern for the United States Government and the Government of the Kingdom of Swaziland (GKoS). If not handled and disposed of correctly, sharps waste and other infectious waste, could pose a serious threat to service providers, the general public, and the environment. Knowing this, Supply Chain Management System (SCMS), in collaboration with the Ministry of Health – Environmental Health Department, developed a Health Care Waste Management Implementation Plan. This plan was designed to address identified shortcomings in the Soka Uncobe HCWM system, with a primary focus on preventative measures that reduce the health and environmental risks associated with mismanaged medical waste. The plan also proposed proactive approaches that in the long term would foster an atmosphere of changed behaviors, sustainable health care waste management, and protection of the environment, health care providers and the community.



Segregation and packaging

During the implementation phase of the project, it was found that there were no certified medical waste transport firms in the country to support the campaign nor was there a medical waste certification program to license new companies. To respond to this gap, a training-certification program was developed by SCMS, the Swaziland Environmental Authority (SEA) and Ministry of Health– Environmental Health Department, to help assure the safe handling of the MC waste stream. The training-certification program was consistent with the applicable Government requirements and those of the U.S. National Institute for Occupational Safety and Health (NIOSH) and the Occupational Safety and Health Administration (OSHA). SEA conducted the training program for the private waste hauling firms and after their successful completion of the program, as well as certifying them to conduct the collection and transport of the Male Circumcision waste to the disposal sites. After the medical waste haulers were certified by SEA, a contract for the transport of MC waste was issued through SCMS to support the campaign. This public-private partnership provided a sustainable solution that handled and transported over 30,000 Kg of health care risk waste without incident. This mutually-beneficial relationship is currently being studied by the Ministry of Health as a means to develop a robust waste transport system that could support Swaziland's health care system.



Transportation vehicle

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