



Inside this issue:

Clinical Associates Play Key Role in Provision of VMMC in South Africa	2
AIHA Graduates Tanzania Laboratory QI Partnership	4
HRSA-CDC Delegation Learns about Clinical Associates Training	5
University of Pretoria Graduates New Cohort of Clinical Associates	5
Conferences and Opportunities	6

Para Social Worker Training an “Eye-opener” for NGO Volunteer in Enugu, Nigeria

“Prior to February 2014, I had little knowledge of working with children, but the first eight days of the introductory Para Social Worker (PSW) training I attended then proved to be an eye opener,” says Ms. Ugwuanyi Daniel Onyedika, a volunteer with the African Women and Children Care Support Initiative (AWCCSI), an NGO operating in the Udenu local government area (LGA) of Enugu State in Nigeria.

“What I learned helped me begin to see children from a different perspective, especially the vulnerable ones,” admits Ms. Ugwuanyi.

“AWCCSI is a child-friendly NGO, so once I was equipped with the right knowledge and skills, I set out to implement what I had been taught.”

The right knowledge and skills – coupled with supervised field work, mentoring, and follow up training – were provided by AIHA with support from PEPFAR and CDC/Nigeria.

In collaboration with local partners at the University of Nigeria, Nsukka (UNN) and the Federal School of Social Work (FSSW) in Enugu, AIHA launched its model Para Social Worker Training Program in Nigeria in 2008.

Since then, partners have graduated 1,140 PSWs and are in the process of rolling

the program out in Northern and Central Nigeria under two USAID-supported OVC projects — one led by Save the Children and another by CRS.

The PSW training package has been approved as a certificate course by Nigeria’s National Board for Technical Education. It includes curriculum, manuals, and materials for an introductory course, eight months of supervised field work, and an advanced follow up course.

“My outreach and identification practicum coincided with a World Bank-funded survey of out-of-school children in the 21 communities that make up the Udenu LGA in Enugu,” Ms. Ugwuanyi reports.

“During this time, I first took interest in a young orphan, Ogechuwku Agbo, who lives with her maternal aunt,” she continues, explaining that Ogechuwku was born in November 2001 and lost both of her parents in an automobile accident in 2007, when she was barely six years old.

Being left to the mercy of relatives, the young girl moved from her home in the Eha Ndi Agu community to live with her aunt, Mrs. Ezugwu, in Agu Orba.

“Because she is a girl, her father’s relatives seem to



Para Social Worker Ugwuanyi Daniel Onyedika, a volunteer with the African Women and Children Care Support Initiative in Udenu, Enugu state, is better prepared to provide comprehensive social support services to orphans and vulnerable children like 13-year-old Ogechuwku Agbo, who lost both her parents in an auto accident eight years ago and has since been living with her aunt, who has four children of her own to support.

have forgotten about her. This illustrates the issue of gender imbalance found in our society,” Ms. Ugwuanyi points out.

“Her aunt already has four children of her own. Together they have tried to make Ogechuwku comfortable and to help her to forget her ordeal,” she says, “but she still falls into bouts of depres-

Clinical Associates Play a Critical Role in Providing VMMC Services in South Africa



Clinical Associate Mokho Eliza Mabina (left) performs a medical male circumcision at Metsimaholo Hospital's CHAPS Clinic in Sasolburg, Free State province. Voluntary medical male circumcision (VMMC) is a key intervention for preventing the spread of HIV in South Africa and Clinical Associates, a new mid-level medical cadre, are playing a critical role by providing the service, especially in rural and underserved parts of the country.

"When I counsel my patients on voluntary medical male circumcision (VMMC), I inform them about the many benefits of the procedure, as well as the risks they face by remaining uncircumcised," says Clinical Associate Mokho Eliza Mabina, who works at Metsimaholo Hospital in Sasolburg, a large industrial town in the far north of the Free State province of South Africa.

The World Health Organization and UNAIDS have both recommended VMMC as an important strategy for preventing HIV – particularly in settings with high HIV prevalence and low levels of male circumcision – since 2007.

These organizations report that the procedure reduces the risk of female-to-male sexual transmission of HIV by roughly 60 percent, which led the South African Department of Health to add VMMC as a key prevention strategy in its HIV response in April 2010.

As a one-time intervention, VMMC can provide men with a lifetime of protection against HIV and STIs.

Clinical Associates play an important role in the provision of VMMC services, particularly in underserved rural settings, and are thereby an integral component of South Africa's HIV prevention strategy.

Working at Metsimaholo Hospital's CHAPS (Centre for HIV and Aids Prevention Studies) Clinic, Mokho says she sees about 80 men seeking VMMC services each week. During school holidays and other busy times, that number is much higher.

"The benefits of VMMC are

the obvious risk reduction for HIV and other sexually transmitted infections, especially ulcerative infections," Mokho explains.

"It is easier to keep clean, so improved personal hygiene is another benefit. It prevents phimosis (overly tight foreskin) in young boys, paraphimosis in older men, and the transmission of human papillomavirus (HPV) – which causes cervical cancer – to their female partners," she continues.

"I don't come across much resistance, but I have had a few encounters where patients were uncomfortable because of my age and gender," says Mokho, who is 23 and completed her Bachelor of Clinical Medical Practice at the University of the Witwatersrand in 2013.

"I reassure them I am a well-qualified Clinical Associate and very confident in the skill," she acknowledges with a smile.

"I work with a team of nurses to ensure that we provide the best service for our clients. I am responsible for the surgical procedure, as well as for follow-up exams and responding to any adverse events," Mokho continues, noting that her team also visits area prisons to offer VMMC services there.

On average, Mokho says she sees about 45 patients each day, with roughly 20 percent of the patients seen at the hospital living with HIV. In the prisons, it's closer to 50 percent.

"I think Clinical Associates play a vital role in the country's healthcare service because we've been trained to provide services in the rural health division and for

district hospitals. This is where our services are needed and appreciated," Mokho points out.

"My training at Wits prepared me well for my current position. I also successfully completed a formal training with CHAPS. Most Clinical Associates at VMMC sites are team leaders and some even hold management positions," she says.

"Our commitment and love for what we do has a positive impact on our job and often carries us through any challenges we face," she concludes."

The University of the Witwatersrand (Wits) is one of three South African universities currently training Clinical Associates.

With support PEPFAR and CDC/South Africa, AIHA established a twinning partnership linking Wits with Emory University in Atlanta to strengthen the South African institution's Clinical Associates program through faculty and curriculum development and other peer-to-peer technical assistance.

Through our HRSA-supported HIV/AIDS Twinning Center Program, AIHA manages similar partnerships between Walter Sisulu University and the University of Colorado at Denver and the University of Pretoria and Arcadia University.

Para Social Worker Training an “Eye-opener” for NGO Volunteer in Enugu, Nigeria

— Continued from page 1.

sion when she thinks about the parents she lost.”

“When I met Ogechuwku, her aunt’s four children were in school, but she was not. This is very common due in large part to financial constraints,” Ms. Ugwuanyi says, noting that she returned to the community two weeks after the survey to initiate efforts to support the orphaned girl and her family.

AIHA works with Nigeria’s Federal Ministry of Women’s Affairs and Social Development, the Enugu State Ministry of Gender Affairs and Social Development, and individual LGAs to select the most appropriate individuals to participate in PSW training.

Because Ms. Ugwuanyi was already working in the community through AWCCSI NGO, she is readily recognized as a friendly face and better able to identify and work with vulnerable children and their caregivers.

“Ogechukwu’s aunt readily accepted me and I assured her that I was there to help. She opened up about her family’s situation and I learned that, while her husband is alive, he stays in Idah Kogi state and only comes home about twice a year,” Ms. Ugwuanyi recounts.

“So, essentially it is a single-parent household with the full burden of meeting the family’s needs falling on Mrs. Ezugwu, who says it has been very difficult to cope with her own children, let alone the additional burden of her sister’s daughter.”

“The aunt gave me permission to talk with Ogechukwu, who echoed most of what

Mrs. Ezugwu had said, but in the course of our discussion, I noticed by her demeanor that memories of her dead parents quickly plunge her into a deep depression,” Ms. Ugwuanyi recalls.

“Thanks to what I learned through the PSW training, I was able to recognize the girl’s emotional issues and also identify the family’s major needs, which include support for education and skills training, healthcare, and psychosocial care. I was also able to identify their strengths and resources,” Ms. Ugwuanyi continues, noting that the family has available lands, which they farm and plant annually yielding significant food for themselves as well as cash crops, such as mangos, cashews, oranges, avocados, pears, palm fruit, and bread fruit that they can sell to raise money.

The PSW training also armed Ms. Ugwuanyi with key case management and networking skills, so she was better prepared to link Ogechukwu and her family to other support within their community.

“I was able to provide them with free anti-malarial drugs and an insecticide-treated net, which I helped them to hang. I also provided counseling for Ogechukwu and everyone else in the household,” she says.

“I reached out to community leaders to find out how we can help Ogechukwu and other orphaned or vulnerable children,” Ms. Ugwuanyi says, explaining that while junior secondary school is free in the state, the school board management community levies certain fees on students to help maintain the school property.

“Most families cannot afford these fees and so the children cannot attend school.”

In response, Ms. Ugwuanyi encouraged the group to reach out to the local Catholic women’s organization during their August meeting, even providing them with a draft letter asking for their support with waiving the fees for children in need.

“The start of school was delayed because of the Ebola outbreak in Nigeria, but in anticipation of classes resuming I delivered books and school bags for Ogechukwu and the other children in the household to prepare them for the new school year,” Ms. Ugwuanyi reports.

“I also reminded the town union president and the head of the Catholic women’s organization of their earlier pledge of assistance to ensure that all children of school age are able to return to school,” she concludes, happily reporting that the latter group voted to abolish all the unnecessary levies that keep children away from school and enforce compulsory primary education for all children of school age.

Nigeria has 17.5 million vulnerable children, including 7.3 million who have lost one or both parents due to various causes.

Community-based caregivers trained through AIHA’s Nigeria Social Work OVC Support Initiative are prepared to identify these children and link them to much-needed services and support.

AIHA Graduates Tanzania Laboratory Quality Improvement Partnership

AIHA celebrated the many accomplishments of an eight-year-long laboratory quality improvement project successfully carried out by the Diagnostic Services Section of Tanzania's Ministry of Health and Social Welfare (MOHSW) with technical support from Boulder Community Hospital in Colorado. This partnership was supported by PEPFAR and CDC/Tanzania.

The official graduation ceremony, which took place on Friday, March 13, 2015, at the Centre for Enhancement of Effective Malaria Interventions in Dar es Salaam, marked the full transition to local ownership and management of this major intervention aimed at improving the quality of HIV/AIDS diagnosis and treatment in Tanzania.

It was attended by senior Ministry officials, representatives from CDC/Tanzania, AIHA, the program partners, and other key stakeholders.

"Lives are being saved and AIDS patients better managed as a result of the laboratory mentorship program," Mr. Jaffer Suffi, said during his keynote address at the gala event.

The Acting Director of the National Health Laboratory and Quality Assurance Training Center went on to stress that the training, bench-side mentoring, and supportive supervision provided through the program have greatly strengthened the provision of diagnostic services throughout the country.

Highlighting some of the many successes of the partnership program, Mrs. Ester Shija, Laboratory Information Officer at the Diagnostic Services Section, cited the nationally approved

mentorship training curriculum, the training and placement of 40 national lab mentors at 23 regional laboratories, professional development opportunities provided to more than 50 lab professionals nationwide, and scholarships to support the education of 50 laboratory students.

The program also played a crucial role in Dar es Salaam's Temeke Hospital Laboratory earning a 3-Star rating on the World Health Organization (WHO) SLIPTA scale in July 2014 — up from a 0-star rating in two previous assessments.

This remarkable accomplishment was underscored in remarks from Mr. Dickson Majige, Head of MOHSW Laboratory Services, who stressed the importance of all of the country's regional laboratories attaining international accreditation to ensure that the people of Tanzanian receive quality diagnostic services.

Mr. Majige also lauded the twinning model, which he said allowed partners to learn from each other, noting that the technical support the Ministry received from Boulder Community Hospital was invaluable to the quality improvement reforms that the Tanzanian government is pursuing in the country's labs.

According to Sally Chalamila, AIHA's Country Director for Tanzania, the partnership concluded at a suitable moment. "Together, we developed a recipe that works and Tanzania is well placed to have the laboratory quality improvement program continue — and for our labs to be internationally accredited — because of the strong pool of qualified national mentors and other

lab professionals we have produced. They will carry on this work into the future," she said.

Speaking on behalf of the Boulder team, Laboratory Administrative Manager Tina Huber thanked both the Ministry and AIHA for the opportunity to leverage the knowledge and experiences from the internationally acclaimed Boulder Community Hospital through voluntary, peer-to-peer relationships.

Mindful of some systemic challenges that slow down the pace of achieving full international accreditation, partners on both sides voiced their satisfaction with the many major improvements in quality that have occurred at the regional laboratories as a result of their joint efforts.

Admitting that the journey ahead is still long, they were quick to point out that the lessons they learned together will help sustain their successes and progress even further in the coming months and years.

Speaking at the event, Mr. Dickson Majige, Head of Laboratory Services at Tanzania's Ministry of Health and Social Welfare, said, "It is crucial that our regional laboratories reach international accreditation."

Sharing some of the lessons learned and best practices during the graduation, Boulder Community Hospital laboratory expert Wayne Thomas agreed, noting "It requires constant follow-up mentorships and training to sustain compliance with quality standards in the absence of the mentor."



AIHA Country Director for Tanzania, Mrs. Sally Chalamila (right), presents a plaque to Mr. Jaffer Suffi (left), Acting Director of the Ministry of Health and Social Welfare's National Health Laboratory and Quality Assurance Training Center, while Dr. Vamsi Vasireddy of CDC/Tanzania and Tina Huber of Boulder Community Hospital look on.



BHC lab expert Wayne Thomas discusses best practices and the importance of ongoing mentoring to help assure ongoing quality standards.

HRSA-CDC Delegation Learns about Clinical Associates Training during Site Visits

Officials from the Health Resources and Services Administration (HRSA) and CDC conducted a site visit at the University of Pretoria (UP) and Tshwane District Hospital on January 21.

With funding from PEPFAR and CDC/South Africa, AIHA's Twinning Center Program supports the training of Clinical Associates at UP and two other South African universities. This new cadre of mid-level medical worker, similar to physician assistants in the United States, trains critically needed human

resources for health to provide care to people in rural parts of the country where the healthcare workforce shortages are most acute.

Clinical Associates play a crucial role in South Africa's response to HIV/AIDS, providing treatment and care, as well as prevention services including voluntary medical male circumcision (VMMC).

During the site visits, the US Government delegation, which included Harold Phillips and Letitia Robinson of HRSA

and Carolyn Hall and Rehmeth Fakhroodeen of CDC/South Africa), heard from UP faculty Drs. Martin Bac and Murray Louw, Sanele Ngcobo, and Charlene Mapukata, who described various aspects of education and training for Clinical Associates.

After learning about UP's Bachelor's Degree in Clinical Medical Practice (BCMP), the US delegates toured Tshwane District Hospital, which is clinical training site that also currently employs qualified Clinical Associates.



HRSA's Letitia Robinson and Harold Phillips, along with Rehmeth Fakhroodeen and Carolyn Hall of CDC/South Africa, join a lecture on primary care for second-year Clinical Associate students at the University of Pretoria in January.

University of Pretoria Graduates New Cohort of Clinical Associates

AIHA partners at the University of Pretoria (UP) celebrated the graduation of its fourth class of Clinical Associates with an official oath-taking ceremony on Dec. 3, 2014.

"Qualified Clinical Associates are already making an impact," Dr. Sibongiseni Maxwell Dhlomo, MEC of Health for KwaZulu-Natal Province told graduates and all those present at the gala event.

"We value your contributions and the contributions of those who are already out there ahead of you," Dr. Dhlomo said, stressing his support for the new mid-level medical profession, including the aim to increase bursaries to enroll 120 students from KwaZulu-Natal in the Bachelor of Clinical Medical Practice (BCMP) program by 2016.

The newly graduated professionals will be deployed to district hospitals across the country. There, they will help combat South Africa's severe shortage of human resources for health by providing much-

needed medical services, including HIV prevention, treatment, and care.

Since launching its BCMP program in 2009, UP has graduated a total of 250 Clinical Associates, with 86 more expected to complete their studies in 2015. There are currently 186 first and second-year students enrolled in the BCMP program at UP.

While the university enrolls students from any region of South Africa, the admissions process favors individuals from Mpumalanga, KwaZulu-Natal, and Gauteng provinces, where BCMP students gain practical experience through placements at 21 district hospitals and through the South African Military Health Service.

Thanks to support from PEPFAR and CDC/South Africa, AIHA has been providing technical assistance to UP and the two other South African universities that train Clinical Associates since 2010 through our HIV/AIDS Twinning Center Program.

In addition to managing partnerships that link each local university with a highly experienced US counterpart institution, AIHA established a Clinical Associates Forum to further strengthen BCMP programs and support the introduction of this new cadre into the country's healthcare system. AIHA also helped establish the Professional Association of Clinical Associates in South Africa (PACASA) to further support this critical segment of the health workforce.

On a typical day, a Clinical Associate consults with 31 patients, performs 28 diagnostic procedures, and provides care to 17 people living with HIV.



University of Pretoria's 2014 Clinical Associates class celebrate their graduation with BCMP program faculty.

Conferences and Opportunities



CUGH Annual Conference
March 26-28, 2015
Boston, MA, USA

Global Health & Innovation Conference
New Haven, CT, USA
March 28-29, 2015

CORE Group Global Health Practitioner Conference
Alexandria, VA, USA
April 13-17, 2015

Building Children's Nursing for Africa 2015 Conference
Cape Town, South Africa
April 22-24, 2015

WONCA 4TH African Regional Summit
Accra, Ghana
April 6-9, 2015

4th East Africa Healthcare Federation
Kigali, Rwanda
May 17-19, 2015

2015 Conference on Social Work and HIV/AIDS
May 21-24 2015
New Orleans, LA, USA

American Academy of Physician Assistants Conference
San Francisco, CA, USA
May 23-27, 2015

7th SA AIDS Conference
Durban, South Africa
June 9-12, 2015

International Conference on Mental Health and Social Work Practice Conference
Washington, DC, USA
June 11, 2015

IAS 2015
July 19-22, 2015
Vancouver, Canada

10th International Conference on e-Learning (ICEL 2015)
July 25-26, 2015
Nassau, Bahamas

2015 Rural Health Conference (RUDASA)
September 23-26, 2015
Dullstroom, Mpumalanga, South Africa

2015 Public Health Association of South Africa Conference
October 7-9, 2015
Durban, South Africa

HIV/AIDS Twinning Center

American International Health Alliance
1225 Eye Street, NW
Suite 205
Washington, DC 20005

Phone: 202.789.1136
Fax: 202.789.1277

Visit us on the web at www.aiha.com

The HIV/AIDS Twinning Center mobilizes and coordinates the resources of healthcare and allied professionals in the United States and abroad to effectively build capacity to reduce HIV infection rates and provide care to those infected with, or affected by, HIV/AIDS in support of the President's Emergency Plan for AIDS Relief (PEPFAR).

Funded by PEPFAR through a cooperative agreement with the US Department of Health and Human Services, Health Resources and Services Administration, the Twinning Center is a project of the American International Health Alliance, a US-based nonprofit dedicated to helping limited-resource communities make positive, sustainable changes that improve accessibility to a broad range of high-quality healthcare services and preventive programs.

The contents of this newsletter are the responsibility of AIHA and the Twinning Center and do not necessarily reflect the views of the United States government or other funding agencies.

