The Evangelical Lutheran Church in Tanzania is partnering with the Southeast Iowa Synod Evangelical Lutheran Church in America, Iowa Sister States, and Iowa Health Des Moines to strengthen palliative care services in Tanzania’s Pare Diocese.

With support from the American people through PEPFAR, CDC/Tanzania, and the Twinning Center, partners have trained more than 200 medical workers in the concepts and practices of palliative care using the African Palliative Care Association’s curriculum since 2007.

In addition, they have established 10 community-based sites throughout the diocese, training one nurse as a Sustaining Trainer and 10 non-medical caregivers at each of these remote installations.

“During the first two phases of our project, we held several five-day seminars for healthcare leaders in the Same and Mwanga Districts then our local partners taught these concepts to teams of volunteer outreach workers in the villages. Now, we are accompanying these palliative care workers on home visits to see their patients,” explains Iowa partner Pamela Arnold Powers, a Nurse Program Manager for HIV/AIDS and Infection Control with Des Moines-based Primary Health Care, Inc.

“We walked through the Pare mountains, hiking up and down on the burnt-orange soil for almost an hour to see Glory, a single mother of four. She had been sick for several years and it was assumed that her husband died of AIDS. She now lay dying on a bed in the home of her brother-in-law,” Arnold Powers recounts, noting that Glory’s eldest daughter, a girl of about 9 years in age, was her primary caregiver.

“She had advanced cancer, probably kaposis sarcoma, that had ravaged her skin and the underlying tissue and bones of her face … her daughter was the only one Glory would allow to change her facial dressings.”

Mama Ibrahim, the Sustainability Trainer from Same Dispensary, focused a great deal of effort on this patient and her family, according to Arnold Powers.

“She made daily visits, providing them not only with much-needed care, but also an ongoing connection with the community. She obtained anti-anxiety medication for Glory and arranged for a visit from the local Pastor to support the family’s spiritual needs. Mama Ibrahim also notified the medical team at Gonja Hospital and arranged for a home visit so that Glory’s pain could be more effectively managed,” she continues.

“While we were visiting with this patient and her family, our American social worker volunteers provided some therapeutic activities for Glory’s children. The children didn’t speak much about their current circumstances, but quietly and purposefully drew pictures for their mother’s bedroom wall. Mama Ibrahim and her team walked hand in hand with Glory and her family throughout the next two weeks until Glory’s death,” Arnold Powers concludes.

“For us, it was an honor to join our partners in their mission to deliver palliative care to patients in their home villages. They were eager to provide this care to their communities. Through an academic lens, it was gratifying to see supportive, holistic care give meaning and dignity to patients and their families in the midst of challenging end-of-life experiences.”

Partners have trained more than 200 Tanzanian medical workers in palliative care. They’ve also established 10 community-based sites and trained 100 non-medical caregivers and 10 nurses to staff these remote installations since 2007.
Warmline Helps Ethiopian Healthcare Workers Improve Treatment of Patients with HIV/AIDS

Ethiopia has recently made great strides in improving access to treatment for PLWH, but the low ratio of experienced HIV/AIDS care providers per infected patient poses a significant obstacle. This is particularly true in remote areas of the country where many healthcare and allied caregivers lack the specialized knowledge and skills necessary to manage complex HIV treatment regimens.

To fill this void, the National AIDS Resource Center (NARC) in Addis Ababa has established Fitun Warmline, a toll-free telephone service designed to provide healthcare professionals across Ethiopia with quick, accurate, and up-to-date answers to their questions about HIV care and treatment.

The Warmline helps caregivers stay current on the latest information about HIV/AIDS despite the country’s limited resources, inadequate communication infrastructure, and lack of continuing education opportunities for health professionals.

The Warmline has three key objectives: producing rapid, evidence-based responses to a wide range of questions on HIV/AIDS-related topics; contributing to the quality of comprehensive HIV prevention, care, and support services in Ethiopia; and developing a targeted communications strategy that will increase its number of callers, says Dr. Adefirs Beyene.

"The partnership with UCSF is helping us meet these objectives. Working with our partners has strengthened our clinical consultation skills and organizational capacity, as well as assisted us to develop a strong continuous quality improvement program. The result is improved access to quality HIV care and treatment in Ethiopia," he reports.

Healthcare professionals contact the Warmline by dialing “932” free of charge from any mobile phone or landline. Queries may also be submitted on Fitun’s Web site.

"When possible, we answer the questions immediately," Beyene says. "For more complex questions, though, we conduct additional research to produce a reliable and informative answer and then return the call within two hours. When necessary, we also supply documentation to support the answer provided."

The Warmline is currently staffed by a multidisciplinary team of HIV/AIDS experts that includes two medical doctors, one pharmacist, one laboratory technologist, two nurses, one public health specialist, and one psychiatrist.

During its first year of operation, the Warmline fielded some 16,000 calls and six e-mail queries, according to Dr. Emebet Dendir. "These days, we average about 400 calls a week, half of which originate in Addis Ababa. The remainder come from more remote outlying regions."

These early numbers are impressive, particularly given the challenges staff have faced during the long start-up process. Procuring and setting up the necessary equipment and phone lines was time consuming and arduous, but obstacles faced by potential end users present problems that are even more exigent.

"Many healthcare providers lack telephone and internet connectivity, which of course affects their ability to access the Warmline’s services. Also, many health facilities face severe shortages of equipment, supplies, and medications necessary to provide effective care and treatment for people living with HIV," Dendir continues.

In 2008, NARC installed internet connections at 53 hospitals spanning the country; in 2009 they've worked to do the same at 50 hospitals and 200 health centers. They will also provide phone lines to 120 hospitals and 400 health centers nationwide, which will not only help care providers tap into the Warmline’s call-in services, but also allow them to access a wealth of HIV/AIDS resources and guidelines available on the organization’s Web site.

"Working with our partners has strengthened our clinical consultation skills and organizational capacity, as well as assisted us to develop a strong continuous quality improvement program. The result is improved access to quality HIV care and treatment in Ethiopia."

— Dr. Adefirs Beyene, Fitun Warmline Staff Physician

Laboratory Technologist Selamawit Getu fields a call at Fitun Warmline. The call-in service provides expert advice on HIV-related treatment and care free of charge to healthcare workers throughout Ethiopia.
Training Men to Provide Community-based Palliative Care in Zambia

One of the biggest challenges facing healthcare systems in Zambia, and all of Africa, is the severe shortage of trained healthcare workers. This is a problem across all health-related disciplines, including palliative care.

In 2005, the HIV/AIDS Twinning Center launched a partnership linking the Lusaka-based Palliative Care Association of Zambia (PCAZ) with the African Palliative Care Association (APCA) in Kampala, Uganda.

With support from PEPFAR through USAID/Zambia, partners have been collaborating to build PCAZ’s institutional and human resource capacity with the goal of making it the preeminent palliative care advocacy organization in Zambia. Another goal has been to elevate palliative care on the national health-care agenda and ensure patients have access to high quality care and appropriate medications.

The partnership has exposed PCAZ staff to a broad range of palliative care models that have proven effective elsewhere in Africa and around the globe. This has had a positive impact on their efforts to address the country’s shortage of trained palliative care providers and helped drive the type of training programs they offer.

In January 2009, PCAZ and APCA conducted a training workshop that was designed to bring more men into the palliative care workforce — a unique concept for what has traditionally been thought of as “women’s work,” says Patricia Ulaya, Acting National Coordinator of PCAZ.

"Traditionally, care-giving has always been a task for women. When I graduated and started working in a hospice, though, some men would refuse my help because they were uncomfortable receiving care from a woman," Ulaya points out, noting that while some men prefer to receive care from a man, there are very few male caregivers who can accommodate this preference.

"By training male caregivers as a group, we are acknowledging the important role they play in the provision of palliative care and encouraging them in this endeavor," she continues.

Together with their partners at APCA, PCAZ experts developed training materials for the program and have so far trained 67 men as community caregivers in Lusaka.

Mpanshya Hospice in Chongwe District sent their male caregivers to the January training and began conducting their own palliative care trainings for community caregivers in cooperation with PCAZ, APCA, and Catholic Relief Services using PCAZ’s Male Caregiver Manuals in March.

Of the 23 participants at that training, 10 were men, which indicated improved male involvement in the provision of community-based care.

Male caregivers receive instruction during a practical session on basic nursing skills.

Participants who completed the January training pose with their certificates.

Kenya ABY Program Highlighted at Unite for Sight Conference in New Haven

Twinning Center partners at DePaul University shared the work they are doing with the Kenya Episcopal Conference - Catholic Secretariat at the 2009 Unite for Sight Global Health Conference in New Haven, Connecticut.

Held at Yale University April 18-19, the annual event attracted more than 2,200 participants from all 50 states and some 55 countries around the globe.

Leah Neubauer, Andrew Riplinger, and Traci Akron of DePaul presented a poster titled, “Developing School-Based HIV Prevention for Kenyan Youth: Leveraging Multiple Resources through an Institution-to-Institution Multidisciplinary Partnership,” which detailed some of the key accomplishments of the partnership since 2006.

To date, partners have reached more than 188,000 primary school pupils between the ages of 10-14 through “Making Life’s Responsible Choices,” the abstinence and behavior change program they developed together.

The program is currently being implemented in more than 1,400 Catholic and public schools across Kenya. Partners have trained nearly 2,000 teachers to deliver the material.

Since 2006, partners have reached 188,270 primary school pupils through the “Making Life’s Responsible Choices” program. They complement the school-based program with radio programming and a new “Family Matters!” intervention targeting parents.
Partnership Helps Community Journalists in Zambia Bolster HIV/AIDS Reporting Skills

Like journalists the world over — particularly in Africa, where HIV/AIDS has been a story for the past 25 years — reporters in Zambia constantly grapple with ways to find fresh ways of covering the epidemic that represents one of the biggest challenges to the continent’s development.

Coming up with new approaches to reporting on AIDS is just one of the many challenges journalists in Zambia face, not the least of which are media fatigue, reliable access to reputable sources, and professional training and development opportunities.

“There was a lot I did not know about quality radio production and how to come up with new approaches to HIV and other types of health reporting,” says George Lwanja of Radio Breeze in Chipata, located in Zambia’s Eastern Province.

With support from PEPFAR through USAID/Zambia, an HIV/AIDS Twinning Center partnership is working to arm mass media professionals with the knowledge and skills they need to more effectively report on the AIDS epidemic and put timely, accurate information into the hands of the people who need it most.

The Zambia Institute of Mass Communication Educational Trust (ZAMCOM) is working with the University of Kentucky School of Journalism and Telecommunications in Lexington to give journalists and editors a better understanding of HIV-related issues as a way to foster community mobilization for prevention, care, treatment, and stigma reduction.

The main objective of the partnership is to strengthen ZAMCOM’s management, administrative, technical, and institutional capacity to organize and conduct media trainings.

In January 2009, partners piloted a community radio workshop on HIV/AIDS reporting for 18 community radio producers and correspondents from Chipata and surrounding towns, including Radio Breeze’s George Lwanja.

The workshop was facilitated jointly by partners from ZAMCOM and the University of Kentucky. Participants received radio recorders, rechargeable batteries, and chargers with accessories to assist in their work.

“The skills and training we received from the University of Kentucky and ZAMCOM, together with the digital recorders they provided each of us, will change our entire approach to community radio journalism,” Lwanja admits.

The training model used in Chipata will be replicated in other areas of Zambia during the second year of the partnership — a process that is expected to stimulate more positive coverage of HIV/AIDS at the community level because of its strong emphasis on community engagement and participation in reporting.

Technical Assistance and Mentoring Help Build Capacity, Improve Care at Ethiopian Hospital

Twinning Center partners at Ambo Hospital in Ethiopia’s Oromiya Region have been partnering with Jersey Shore University Medical Center in New Jersey since 2007 to bolster Ambo’s capacity to provide HIV/AIDS treatment and expand professional development opportunities for staff.

According to Ambo Medical Director Dr. Challa Dugo, there were significant gaps in knowledge among hospital staff prior to the partnership, particularly in the area of infection prevention.

“During exchanges, our Jersey Shore partners conducted infection prevention trainings for the entire staff and onsite mentoring for our specialists,” Dugo says. “We’ve all learned so much, which has helped us implement better standards and practices,” he points out.

Trainings on adult and pediatric ART, counseling and testing, PMTCT, and other topics have also been conducted.

“We’ve done surveys of PLWH in the area and determined that adherence to treatment is low, especially for those who live in rural areas and lack money for transportation,” Dugo explains. “Together with our partners and Columbia University, which operates US-funded treatment programs in our region, we’re working to minimize the number of people who drop out of treatment.”
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.

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