

Global Programs Unit
VillageReach Interim Progress Report
November 20, 2012

Executive Summary

Barr Global approved a three-year grant of \$1,500,000 to VillageReach to fund the training of at least 150 Pharmacy Assistants for health facility deployment to improve pharmaceutical management in rural Malawi. This report is a brief update on the progress made over the first quarter of the three-year grant. During the first quarter, VillageReach, in partnership with the Malawi Ministry of Health (MOH), Malawi College of Health Sciences (MCHS), and the University of Washington Global Medicines Program, launched the Pharmacy Assistant Training program. We made significant progress laying the groundwork necessary for the successful enrollment, training, and deployment of Pharmacy Assistants. Our accomplishments over the first quarter include: established a VillageReach Lilongwe office and staff, hosted a Curriculum Enhancement Summit to refine the existing Pharmacy Assistant curriculum at MCHS, continued to foster relationships with project and supply chain partners to leverage existing activities and information sources, selected district sites for the initial practical attachment with the MOH and MCHS, and conducted a brief assessment in two of the selected districts. In addition, we began preparing for activities next quarter including; the development of materials for the practical attachment, training of Pharmacy Technicians in the role of preceptors, developing recruitment strategy recommendations for MCHS to ensure candidates have a commitment to rural service, and conducting a more robust district assessment and baseline.

Project Status

Summary of project progress to date:

The following table lists the key activities, outputs, status, and milestones for the first quarter of the grant period. We are pleased to report significant progress on each activity, output, and milestone in Quarter 1.

Quarter	Activity	Output	Status	Milestones / Impacts
Q1 August – October 2012	Desk review of curriculum and related resources	Written summary of outputs of desk review, including strengths, weaknesses and gaps	Completed.	<ul style="list-style-type: none"> • Full list of curriculum enhancements for classroom based training and plan for implementation • Team in Lilongwe in place
	Curriculum review meeting with MCHS, MOH, UW, VillageReach and other supply chain partners	Notes and recommendations from curriculum review team	Completed.	
	Begin evaluation design	Draft evaluation strategy	Completed.	
	Secure office and complete hiring in Malawi	Project Lead relocated, other project staff hired	Project staff hired. Project Lead will relocate in January, 2013.	
	Finalize subcontract with UW	Signed contract with Global Medicines Program	Completed.	

Please discuss achievements, challenges faced, as well as steps taken to resolve issues.

One of our key activities during the first quarter was to refine the existing Malawi College of Health Sciences (MCHS) Pharmacy Assistant curriculum. To prepare for this activity, we met with key stakeholders in Malawi including; Christian Health Association of Malawi (CHAM), ITECH, CHAI, JSI (DELIVER and SC4CCM projects), USAID, Pharmacy Medicine and Poison Board, and various departments in the Ministry of Health, to gather feedback on the proposed training objectives, core competencies and envisioned roles and responsibilities of a Pharmacy Assistant. Together with faculty leadership at MCHS and the University of Washington Global Medicines program (UWGMP), we completed a desk review of the existing curriculum and noted areas for enhancement based on the initial use of the curriculum and the gaps identified based on the discussions with stakeholders. We hosted a two-day Curriculum Enhancement Summit (CES) meeting to formally review and enhance the curriculum based on our initial findings and recommendations. The CES was attended by VillageReach staff, Andy Stergachis from the UWGMP, four core Pharmacy faculty and leadership from the MCHS, and representatives from MOH, CHAM, and current Pharmacy Technicians. Over two days, the group revised the learning outcomes and curriculum content using a competency based approach. The result is a curriculum document well aligned with the roles and responsibilities of a Pharmacy Assistant including increased attention on modules such as supply chain management and ethical practice. In addition, the course was restructured to incorporate the stronger emphasis on practical learning with the Pharmacy Assistant trainees spending a total of 40 weeks over their two year program in a practical setting. The college is currently working to incorporate all of the changes into one document.

In addition to the curriculum work, we spent the first quarter establishing a Lilongwe office and hiring staff for the project. We secured an office in Area 14 near the Malawi College of Health Sciences, the Ministry of Health, and other NGO offices such as JSI, ITECH and CHAI. The Lilongwe office is now fully staffed. Jessica Crawford, Program Manager, will serve as the Program Lead and Patrick Phiri, current Project Manager of Kwitanda Community Health, will join Jessica in Lilongwe as the Senior Technical Advisor. In addition, we hired two new staff members; Charles Matemba as the Monitoring and Evaluation Officer and Fanny Chisi as the Finance and Administrative Assistant. Jessica and Patrick will both relocate to Lilongwe in January, 2013.

Our program partnerships continued to flourish. We finalized our subcontract with the University of Washington Global Medicines Program and were very pleased with their engagement in the preparations and participation in the CES and assistance in preparing for and conducting two district assessments. We will continue to work closely with the UW on preparations for the training of the trainers, development of practicum training materials, and the evaluation strategy. We initiated the development of a Memorandum of Understanding with MCHS and we anticipate that it will be completed by the end of 2012 with the first disbursement of funds to the MCHS in early 2013.

To date, the program has not experienced any significant challenges to completing milestones as forecast. However, we anticipate there may be challenges in the next quarter regarding recruitment of students and supervision capacity. In an effort to ensure PA candidates have a commitment to rural service, we will be presenting the MCHS with recommendations for a recruitment strategy that includes conducting interviews. Since this will be an addition to their normal recruitment practices, we anticipate there may be resistance from the MCHS. In order to minimize the resistance, we will include a budget to cover the costs borne by the college as well as transportation for the students to the interview sites in our recommendations. The final recruitment strategy will be decided by the college and we anticipate it will be agreed upon at the next Steering Committee meeting in late November. In addition, we anticipate challenges surrounding the need for MCHS faculty to balance their teaching load with additional supervision responsibilities as well as capacity of Pharmacy Technicians to serve as preceptors for additional students in the practical attachments. Currently, the three-year Pharmacy Technician (diploma) course at the MCHS also has its practical attachment in district hospitals. In order to avoid overwhelming the Pharmacy Technicians serving as preceptors in the district hospitals, we selected the initial districts for the Pharmacy Assistant students and rearranged the Pharmacy Technician districts to avoid overlapping programs; however, this may not be feasible in practice due to the long distances that supervisors will need to travel. We anticipate the district selections and the revised course structure may

be challenging because supervision visits will need to be made more often, reducing faculty time in the classroom and preceptors will inevitably receive more students to monitor. We will work closely with the college leadership to identify and supplement capacity gaps early on, plan supervision visits and prepare the preceptors appropriately to limit disruption in the student learning and Pharmacy Technician work duties.

Progress Towards Final Grant Outcomes

Expected Grant Outcomes:

Direct Outcomes:

Improve pharmaceutical human resource capacity in Malawi's public health sector.

- 150 Pharmacy Assistants trained and deployed to 150 public sector facilities in rural areas.
- Within six months of student enrollment, the program will provide pharmaceutical management support to health centers through the presence of Pharmacy Assistant trainees.
- Reduction in the amount of time clinical health workers must spend performing logistics tasks to 5% of the time.

Improved functioning of supply chain in health facilities supported by a Pharmacy Assistant trainee.

- Reduction in stock-outs of selected tracer commodities at health facilities and community level CCM sites to less than 5%.
- Reduction in duration of stock-outs of selected tracer commodities to less than one week.

Consistent and more accurate reporting of logistics usage and needs at health facility level.

- 25% increase in Logistics Management reporting from health centers to District Health Administration due to presence of a PA trainee.
- Increase in completeness and accuracy of LMIS reports to District Health Administration to over 90%.

Indirect Outcomes:

- Improved health outcomes (morbidity and mortality) for community members residing in the health facility catchment areas, particularly children under five years of age.
- Opportunity for career progression for experienced community health workers by upgrading to Pharmacy Assistant positions.
- New donor investment directed towards the training of the approximately 500 additional Pharmacy Assistants needed in Malawi.

While we do not have specific data to report regarding the direct and indirect outcomes in the first quarter, we made significant progress laying the ground work for a successful Pharmacy Assistant training program at the MCHS focused on classroom and practical learning with a strong emphasis in supply chain management and we are on track to meet the direct outcomes as listed above. In addition to the progress mentioned in the previous section, we began preparations for the practical component of the Pharmacy Assistant training. We met with the MCHS and MOH to select a total of 12 districts to serve as the practical placements for the first cohort of Pharmacy Assistant students. We chose three clusters (north, central, and southern regions) of four districts each with known quality Pharmacy Technicians. We then visited two of these districts together with the MCHS and UWGMP to conduct an initial assessment in order to gather information for the district orientation and the training of the trainer preparations. Furthermore, we have made progress towards the indirect outcomes. We continue to engage with potential donors and collaborators such as UNICEF, USAID, ITECH, and CDC to provide them with updates on the program and gather their feedback. They continue to express support for the program. We were informed that many of the stakeholders are very interested in the program and are eagerly awaiting the initial enrollment of students.

Monitoring and Evaluation

During the first quarter, we made progress towards the development and implementation of a robust monitoring and evaluation strategy for the Pharmacy Assistant training program. We hired a Monitoring and Evaluation Officer, Charles Matemba, with extensive experience in Monitoring and Evaluation. He most recently worked with Research Triangle International as an M&E Advisor where he worked with the Ministry of Education Science and Technology to strengthen their information systems, improved the monitoring and evaluation of Ministry initiatives and worked to improve data quality throughout the country. We completed a first draft of the routine monitoring and evaluation strategy document that will serve to guide our data collection, analysis and reporting processes. The document includes existing data sources that we identified and will work with our partners at the MOH and MCHS to gain permission and access to on a regular basis and outlines gaps in the data that we will either collect as part of the project or identify other potential sources of information. The strategy does not yet incorporate the impact evaluation methodology. We are meeting with the UWGMP in late November to discuss strategies for effective implementation of an impact study. The monitoring and evaluation strategy will continue to be refined as we begin to gain access to data and share the strategy with our academic partners at the UWGMP.

Strategic Vision

Describe the organization's strategic vision for the upcoming three years.

VillageReach is currently at the beginning of a new three-year strategic plan. The overall goals of the organization are to:

- Increase healthcare access to produce positive outcomes and impact in community health;
- Create shared infrastructure social businesses that grow and thrive;
- Advance health system innovations to scale/sustainability through adoption by Ministries of Health and other global health institutions; and,
- Be the recognized global expert in health system strengthening starting at the last mile and thereby maintain and enhance a sustainable business model for VillageReach.

Over the upcoming three years, VillageReach seeks to achieve these goals by focusing on developing last mile health system strengthening innovations, leveraging the private sector to build shared infrastructure, driving selected innovations and social businesses to scale and sustainability through collaboration with institutional partners, and building a diverse funding model for VillageReach to support projects in different stages of maturity.

In addition, VillageReach focuses its activities to achieve improvements in the following key areas:

- **Increase health workers productivity and capacity.** Low- and middle-income countries face significant challenges in building and retaining a sufficient health workforce. Many of VillageReach's activities are directed at increasing the productivity and job satisfaction of health workers by improving the support systems that provide management, training, supplies and infrastructure for this workforce.
- **Improve the effectiveness and efficiency of health service delivery.** Health systems in resource-constrained environments often struggle to deliver care to the most rural and remote villages where the need is greatest. VillageReach maximizes the effectiveness of healthcare by improving the reliability and cost efficiency of services provided, as well as, the safety and timeliness of commodities and medicines administered.
- **Extend the reach of health services.** The majority of low- and middle-income country populations live in rural areas with the least developed healthcare delivery infrastructure. By focusing on rural and community-based health services, and infrastructure improvement, VillageReach strengthens the health system overall, thereby expanding access and extending the reach and reliability of primary health services.
- **Increase trust in and use of health services.** Over time, as healthcare quality improves, communities come to trust and rely on the health system, thereby improving the overall health of the community. By improving productivity, effectiveness and reach, VillageReach seeks to increase the communities' use of and satisfaction in health services

VillageReach defines its success not only through producing the outcomes and impact described above, but also through long-term impact on the Program's targeted population. Because of the disparity between VillageReach's size and the scope of the problem it seeks to address, VillageReach must find ways to leverage its work such that others sustain the improvements and take them to scale. VillageReach has been able to develop new approaches to long-standing problems and demonstrate how these new approaches can produce significant improvements in health system performance. By analyzing and documenting these improvements, VillageReach encourages the broader global health community to adopt and adapt the new approaches. Through this approach VillageReach is able to create lasting change on a far larger scale than it can with its own, limited resources.

Given the growing need for organizations with expertise in and focus on health services distribution and support, particularly in remote, hard-to-reach areas, VillageReach is working to scale-up its operations, enabling it to be an important contributor in addressing the healthcare needs of remote, underserved communities. VillageReach will continue to focus on applying its core expertise where the need is great, but addressed by only a few or no other organizations. VillageReach efforts fall into two categories:

- **Self-defined programs.** To continue to produce innovative and effective solutions, VillageReach must allocate a portion of its time and resources to self-defined programs where it has the ability to try new approaches. With these programs VillageReach is directly achieving desired outcomes and impacts and then looking for partners to carry the work forward. The Pharmacy Assistant program falls into this category.
- **Contractual engagements.** As larger global health organizations have sought VillageReach's last mile expertise, it has entered into a number of paid, contractual engagements. These engagements enhance financial stability, develop greater expertise, broaden exposure and, most importantly, enable VillageReach to promote its solutions in a leveraged manner that amplifies its ability to effect change for remote, underserved communities.

Appendices to Interim Report

- Written summary of MCHS Pharmacy Assistant Curriculum enhancements
- Written summary of initial Practical District Assessment
- List of Districts in Malawi selected for Practical Attachment
- Draft Monitoring and Evaluation Strategy