PARTNERS IN HEALTH

Program Management Guide

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Cover photo: PIH staff distribute food to patients in Lesotho

Acknowledgements

This guide was developed by Partners In Health (PIH). PIH is an independent, non-profit organization whose mission is to provide a preferential option for the poor in health care. By establishing long-term relationships with sister organizations based in settings of poverty, PIH strives to bring the benefits of modern medical science to those most in need, and to serve as an antidote to despair. PIH works in the United States, Haiti, Russia, Peru, Rwanda, Lesotho, Malawi. For more information about PIH, please visit *www.pih.org*.

This project would not have been possible without the contributions of PIH staff, as well as our external partners. We cannot individually thank all those who helped develop this guide, but we are indebted to them for their commitment, passion, and hard work.

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Introduction

Background

Partners In Health (PIH) strives to alleviate suffering by providing comprehensive community-based care as a human right, in partnership with the public sector. In our 25 years of experience in 12 countries, we have worked to break the cycle of poverty and disease by addressing the needs of the poor: improved access to education, jobs, food, clean water, and housing. In recognition that no single nongovernmental or charitable organization can—or should—attempt to accomplish these monumental tasks on its own, PIH relies on our supporters and many partners. The communities we serve are perhaps some of our most important partners, and so we invest in them by employing the poor, namely what PIH calls accompagnateurs, or community health workers (CHWs). Community health workers deliver care to patients in their homes wherever feasible. Building on the approach that PIH began to develop in Haiti 25 years ago, the role of the CHW is literally to accompany his or her assigned patients and provide support and encouragement to help them maintain their health. We also collaborate with local and national governments to support and improve public health facilities, which helps build local capacity and keep health workers in the public sector. Many of our partners have expertise in addressing the social determinants of health, for example, other nongovernmental organizations that are focused on microfinance, education, or farming. Through our affiliations with the Department of Global Health and Social Medicine, a department of Harvard Medical School, and the Division of Global Health Equity, a division of the Department of Medicine of Brigham and Women's Hospital, we leverage clinical and academic expertise to implement STAR (Service, Training, Advocacy, and Research): the essential and indivisible elements of global health delivery. Together, these four implementation areas have facilitated quality improvement, dissemination of evidence-based approaches to care, and scale-up of health services in collaboration with communities and governments in the countries where we work.

Why did we write this guide?

While there is a wealth of information on designing, implementing, and monitoring health programs in developing countries, such evidence is largely focused on vertical

implementation, or the delivery of highly selected and specific health interventions. As such, there has been insufficient focus on the development of comprehensive health systems in these settings. Many inquiries from those working to promote and implement effective rights-based approaches to the delivery of health care in difficult settings made us aware of the need to document and share strategies that have helped PIH implement and improve our programs—from planning the layout of a health facility, to working with the public sector, to procuring medicines and supplies, to hiring local residents. The guide is available online to make it accessible to a broad audience and to facilitate feedback from those who are using it in the field, as well as from program managers who are using other successful approaches not identified in this volume.

What does this guide offer?

Although this manual is not exhaustive, it offers a structured approach to starting a program, revamping an existing one, or expanding a site based on PIH's experiences in the field. Program managers can use this guide to anticipate and find creative solutions to common challenges that PIH and other similar organizations have confronted in resource-poor settings. Implementing healthcare programs is complex anywhere, and particularly challenging in communities that face extreme poverty and have limited healthcare infrastructure. We recognize that there is not a one-size-fits-all approach to this work, and that contexts are varied and ever-changing. We hope this guide will bring about a productive discussion on ways to improve service delivery.

Who should read this guide?

This information is geared towards a variety of individuals and organizations committed to providing comprehensive medical care to the poor. Our primary target audience is program managers and other health professionals working in small nongovernmental organizations in resource-poor settings. Often, as a result of working with limited resources, clinical and administrative staff assume multiple roles, or continually assume new responsibilities as programs grow. We have therefore geared this guide toward individuals and teams who make programmatic decisions.

What does this guide assume?

When quality primary healthcare services are consistently accessible, communities develop new faith in the public healthcare system, which results in an increased use of general health services and those for more complex diseases. PIH has learned that in order to make a sustained and meaningful impact in the community, interventions require solidarity with and a long-term commitment to the communities in which we implement our programs. We assume that individuals and organizations interested in using this guide have a similar long-term vision for their work. In addition, PIH benefits from resources such as clinical

staff support and administrative and financial support from our U.S.-based office and through affiliations with academic institutions and teaching hospitals. While we are aware that many readers do not have a similar level of support, the information provided here assumes that the reader has access to some level of human, financial, and material resources.

How to use the guide

The table of contents lists the order of units as they appear. Some readers may want to read the guide straight through while others may only be interested in specific units. Units are interrelated and provide cross-references. Following the Introduction and Note to the Reader, the reader will find a list of abbreviations. An overview of topics appears at the beginning of each unit, and a conclusion, and bibliography with a list of works cited and further resources appear at the end of each unit.

Comments or suggestions about this Guide may be addressed to *curriculumupdate@pih.org*.

Note to the Reader

As PIH enters the 25th year of providing a preferential option for the poor in health care, we reflect on how much we have evolved since the organization's inception. What started as a small, grassroots health project in a community of internally displaced people in Cange, Haiti, has grown to an effort that, as of 2011, directly serves 2.4 million patients in more than 60 health facilities in 12 countries. PIH has progressively built on its approach to ensure health as a human right through community engagement and strengthening of the public sector. Poor communities all over the world (in rich and poor countries) cope with a high disease burden and gross inequities in the social determinants of disease, while being strapped for infrastructure and health workers. PIH's track record in building systems that address these complex synergies has gained traction with communities, grassroots nongovernmental organizations, and governments. Given PIH's experience, we have been increasingly asked to articulate the architecture of this work.

To this end, we are pleased and proud to share this guide, a collective effort of PIH leadership from around the world to capture the elements of how our work is designed, implemented, and evaluated. Meant as a practical "how-to" manual, there's a storyline that's familiar even though the settings—and people—change. The opening scene: a team organizes with a local community and public sector workers to improve health services in a catchment area that has been chronically understaffed, under-equipped, under-trained, and under-resourced for years. The team works around the clock to identify and treat patients while also trying to get medicines and supplies through customs, manage finances, secure clean water for the site, set up power and an Internet connection, hire clinic-based and community staff, locate an ambulance and driver, identify potential partners—and the list goes on. A program manager's extensive "to-do" list inevitably gets longer as more challenges arise.

Partners In Health is founded and named on the belief that health inequalities are best addressed through a movement for social justice involving a multitude of partners working on behalf of the destitute sick. Every day, we are inspired by the work of other like-minded organizations, and buoyed by the sharing of knowledge within this community. We're acutely aware and grateful that we're not alone in this work. We wrote this guide not to

provide set answers, but rather to share what we've done and how we've done it over the past 25 years. To get this right, we undertook extensive background research, sifted through stacks of documents, carried out over a hundred interviews with staff in Boston and at PIH-supported sites, and had long discussions about how we tackled many difficult situations.

Documenting PIH's experience in implementing programs with as much internal candor as possible is one way to preserve institutional memory, but it's more than simply an introspective exercise. We believe that detailed analysis and self-reflection is necessary for us to continue to improve the quality of our programs and services. In this way, the guide serves as a roadmap for the organization as we continue to strengthen services in the countries where we work. But we also wrote the guide for those who are beginning health programs in resource-poor settings: those who seek ideas and suggestions on how to manage the myriad challenges in this work. Above all, we see this guide as the beginning of a conversation with all those whose work champions the needs of the world's poor. We look forward to refining all of our best practices as other practitioners—seasoned in this struggle or new to it—engage in a pragmatic discussion.

Staying true to our mission of providing health care in solidarity with the poor is a difficult, ongoing process. It demands taking a hard look at the challenges that we've confronted, mistakes that we've made, and hard lessons we've learned from Haiti to Peru, Boston, Rwanda, Malawi, and the mountains of Lesotho. During the process, we've realized the importance of the many, often mundane, details on which the success of our work depends. If there is a common thread that runs through all the units of this guide, it's the importance of listening to the poor, and with them, designing programs and services that address their needs.

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Abbreviations

4G	Fourth generation
AAW	Agricultural assistance worker
ANC	Antenatal care
APHA	American Public Health Association
APZU	Abwenzi Pa Za Umoyo (Partners In Health in Malawi)
ART	Antiretroviral therapy
ARVs	Antiretrovirals
ATS	Automatic transfer switch
CAB	Community advisory board
CBO	Community-based organization
CDC	Centers for Disease Control and Prevention
CFO	Chief financial officer
CHAI	Clinton Health Access Initiative
CHART	Caribbean HIV/AIDS Regional Training Network
CHW	Community health worker
COLA	Cost of living adjustment
CONGOMA	Council for Nongovernmental Organizations in Malawi
CPP	Certificate of pharmaceutical product
DGHE	Division of Global Health Equity (part of Brigham and Women's Hospital in Boston, MA)

DGHSM	Department of Global Health and Social Medicine (part of Harvard Medical School)
DOT	Directly observed therapy
EAPSEC	Equipo de Apoyo en Salud y Educación Communitaria (Team for the Support of Community Health and Education in Mexico)
EIN	Employer Identification Number
EMR	Electronic medical record
ESC rights	Economic, social, and cultural rights
ESMS	Electronic stock management system
ETESC	Equipo Técnico de Educación en Salud Comunitaria (Technical Team for Education in Community Health, PIH's sister organization in Guatemala)
FBO	Faith-based organization
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GHD	Global Health Delivery
GHE	Global Health Equity
GHESKIO	Haitian Group for the Study of Kaposi's Sarcoma and Opportunistic Infections
GLC	Green Light Committee
HAART	Highly active antiretroviral therapy
HIV	Human immunodeficiency virus
HMS	Harvard Medical School
HR	Human resources
HSA	Health site administrators (in Malawi)
HSPH	Harvard School of Public Health
ICC	International Chamber of Commerce
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights

IDA	International Dispensary Association
IHSJ	Institute for Health and Social Justice
IMAI	Integrated Management of Adult Illnesses
IMB	Inshuti Mu Buzima (Partners In Health in Rwanda)
IMCI	Integrated Management of Childhood Illnesses
Incoterms	International commerce terms
IRB	Institutional Review Board
IRC	Internal Revenue Code
IRS	Internal Revenue Service
ISP	Internet service provider
IT	Information technology
LAN	Local area network
LOI	Letter of Intent or Letter of Interest
M and E	Monitoring and evaluation
MAF	Mission Aviation Fellowship
MDR TB	Multidrug-resistant tuberculosis
MESH	Mentoring and Enhanced Supervision at Health Centers Program (PIH/Rwanda Ministry of Health clinical training program)
MOE	Ministry of Education
MOH	Ministry of Health
MOU	Memorandum of Understanding
MRS	Medical record system
MSF	Médecins Sans Frontières (Doctors Without Borders)
MSROs	Medical supply recovery organizations
MUAC	Mid-upper arm circumference
NDRA	National Drug Regulatory Authority

NGO	Nongovernmental organization
NIH	National Institutes of Health (United States)
Op-ed	Opinion editorial
ORS	Oral rehydration solution
ORT	Oral rehydration therapy
OVC	Orphans and vulnerable children
PACT	Prevention and Access to Care and Treatment (PIH in Boston, MA)
PEPFAR	The United States President's Emergency Plan for AIDS Relief
PI	Principal investigator
PIH	Partners In Health
PLoS	Public Library of Science
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission of HIV
POA	Power of attorney
POSER	Program on social and economic rights
RFA	Request for Application
RTHC	Right to Health Care program
RUTF	Ready-to-use therapeutic food
SELF	Solar Electric Light Fund
SMART	Specific, measurable, attainable, relevant, time-bound (objectives)
SMS	Short message service
SOIL	Sustainable Organic Integrated Livelihoods
STAR	Service, training, advocacy, and research
STI	Sexually transmitted infection
TA	Traditional authority
TB	Tuberculosis

TBA	Traditional birth attendant
TOT	Training of trainers
TRIPS	Trade-Related Aspects of Intellectual Property Rights
UDHR	Universal Declaration of Human Rights
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UPS	Uninterruptible power supply
UVGI	Ultraviolet germicidal irradiation
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
VHW	Village health worker
VoIP	Voice over Internet protocol
VSAT	Very small aperture terminal
VSC	Volunteer selection committee (Socios En Salud)
WHO	World Health Organization
WiMAX	Worldwide interoperability for microwave access
WPC	Water point committee
ZA	Zanmi Agrikol
ZL	Zanmi Lasante (PIH's sister organization in Haiti)