

Improving Access to Treatments for Leishmaniasis Patients through Partnerships in South Sudan

25th LEAP Platform meeting
Speke Resort, Munyonyo
Kampala, Uganda
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Access to VL Treatment in Eastern Africa: KalaCORE experience

Background

- Prior to the conflict in 2013 there were more than 20 functional KA Tx centres and most HFs in endemic areas had integrated KA diagnosis and management
- Following the conflict only about 5 facilities were offering KA services
- In 2014 there was an increase in number of KA cases which was made worse by lack of services
- KalaCORE with support from DFID initiated an emergency response implemented by IMA
- The emergency response evolved to supporting the re-establishment of former KA treatment site

Key activities

- Emergency response – Verification and response to suspected VL cases
- Training of frontline health workers in diagnosis, treatment and management of VL
- Support supervision and on-site mentorships
- Provision of drugs, test kits and other medical supplies
- Development, production and dissemination of IEC materials & carrying out BCC activities
- Assessment and re-establishment of former VL Tx centres
- Surveillance and reporting
- Support the national MOH to improve surveillance, coordination, data collection and reporting



Achievements

15 Outbreak investigation mission conducted by the team



Achievements

- 344 (288 & 56) health staff trained on VL diagnosis, treatment & management



Achievements

- Supervision and on-site mentorship done in 38 health facilities & provision of reporting tools



Achievements

- IEC materials on VL developed, printed, launched and dissemination is on-going.



Achievements

2nd line treatment introduced in 6 health facilities



Challenges

- Insecurity impeding access to some locations
- Poor infrastructure (roads, health facilities etc)
- Lack of trained staff both clinical and for record keeping
- Population displacements
- High staff attrition
- Difficulty in communication
- General lack of awareness about the disease



Lessons learnt

- It is possible to provide health services in insecure locations through selection of right teams and being flexible in service provision.
- VL control services can be provided in remote location and among displaced population using mobile clinics
- Continuous trainings and close monitoring of the activities ensures that VL control activities are implemented and services improved
- Support from the local authorities is essential in VL control



Way Forward

- Continue supporting the national MOH to improve surveillance data collection and reporting
- Work closely with WHO to ensure supplies are provided to the facilities and there are no stock outs
- Continue with on-site mentorship and support supervision
- Increase BCC activities and dissemination of IEC materials
- Support the integration of VL services in the existing PHC

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- **PSI/GF**
- **Implementing Partners**

