

## Annual Project Progress Report

<b>Project Title:</b>	Faith in Action: Lutherans Partnering Against Malaria in Tanzania
<b>Agreement Number:</b>	GHN-A-00-07-00009-00
<b>Organization:</b>	Lutheran World Relief (LWR) in partnership with the Evangelical Lutheran Church of Tanzania (ELCT)
<b>Country/Region:</b>	Tanzania (Konde, Southern, Central, Northwestern and Mara Dioceses)
<b>Reporting Period:</b>	September 30, 2007 – September 29, 2008

### PROJECT OBJECTIVES

Lutheran World Relief (LWR) and its partner, Evangelical Lutheran Church in Tanzania (ELCT), are working to extend the reach of the Presidential Malaria Initiative in Tanzania by leveraging the depth and power of their faith-based network to: 1) mobilize communities to increase knowledge of and demand for malaria control measures among rural populations in 12 Dioceses; 2) empower health care providers to improve the quality and scope of malaria control measures in thirty-one rural health care facilities; and 3) increase the capacity of those facilities to consistently and effectively provide essential medication and services through forging links with regional and national partners.

### A. ACCOMPLISHMENTS

From October 1, 2007–September 30, 2008, LWR and ELCT were able to extend malaria prevention and control activities to five underserved rural ELCT Dioceses (Northwestern, Mara, Konde, Central and Southern) in mainland Tanzania through the Malaria Communities Program (MCP). Through these efforts, 283 Diocese and parish leaders and 279 parish volunteers were mobilized to expand community outreach and education on insecticide-treated net (ITN) use, timely fever management and timely and effective treatment with ACTs. In addition, 173 health professionals from 31 ELCT hospitals and dispensaries were trained through sessions on early and correct malaria diagnosis and treatment, intermittent preventive treatment (IPTp) and focused antenatal care. Commodity supply forecasting and pharmaceutical management trainings were also conducted with 55 staff from 31 rural ELCT hospitals to increase the availability of essential malaria drugs (SP and ACTs). To date, over 35,000 community members and parishioners and over 7,000 children have been reached with National Malaria Control Program-developed IEC materials and other malaria messages by Diocese and parish volunteers during church services, weddings, evangelism, Sunday School and other ELCT synod meetings and events.

The project has strengthened the ELCT's Diocesan and parish organization to mobilize communities and reinforced the existing structures and initiatives of the ELCT's medical department. Diocese-level project activities are supported by 5 trained Diocese Malaria Focal Coordinators, who work with trained parish malaria volunteers and key parish opinion leaders to expand outreach and education on malaria. Trained Hospital Malaria Focal Coordinators provide technical support to improve malaria prevention, diagnosis and treatment in the target health facilities. Additional support and technical assistance to the health care facilities and community structures is provided by LWR project staff, ELCT medical program leadership and their Mission for Essential Medical Supplies (MEMS) in promoting the rational use of malaria medical commodities.

Strong collaboration with Ministry of Health (MOH) and National Malaria Control Program staff (NMCP) and other PMI stakeholders in country as well as the long history of partnership and collaboration between LWR and ELCT and the engagement and support of key Church leadership have made important contributions to project progress in the first year.

Detailed activities and achievements are summarized in the table below:

Objectives	Planned Activities	Planned Outputs/ Indicators	Status of Activities (Outputs/Indicators)	Comments
<p><b>Objective # 1: Contribute to the reduction in malaria transmission, improved malaria disease recognition, and standard case management through community mobilization of 1.6 million people.</b></p>	<p>1.1. Sensitize the Executive Council on leveraging the ELCT Diocesan structure for spreading information about positive health seeking behavior for malaria control</p>	<p><i>50 of Dioceses' Executive Council members sensitized and mobilized</i></p>	<p>68 ELCT Executive Council members from all 20 ELCT Dioceses were reached during their 2-day annual meeting in Morogoro</p>	<p>Given the long institutional partnership between LWR and ELCT, the project sought to educate and seek formal endorsement from the Executive Council, the Church's key leadership, prior to full project implementation. Training and mobilization sessions, held over two days during the ELCT's Executive Council meeting in April 2008, brought together Bishops, General Secretaries, Diocese Secretaries, Planning Directors and Diocese Women and Youth Directors. With external facilitation from the NMCP, these key church decision-makers were educated on the national burden of malaria, national malaria control strategies and the opportunity to leverage the church's structures to expand malaria prevention and treatment through the Malaria Communities Program. As an outcome of this meeting, the Church agreed to endorse and fully support the project and planned activities.</p>
	<p>1.2. Build the capacity for Diocesan leaders to reach the community through delivering indigenous, culturally appropriate, and effective messages on an integrated malaria prevention package</p>	<p><i>180 senior Diocesan staff mobilized; 900 Diocesan leaders trained and ready to mobilize</i></p>	<p>215 Senior and Diocesan Leaders and staff were reached with orientation and sensitization in order to mobilize community members in their respective areas for malaria prevention.</p>	<p>Three-day orientation and information-gathering sessions were conducted at the Diocese headquarters using skilled facilitators from the Tanzanian District Medical Office. Through the sessions, participants discussed key barriers to ITN use and timely health-seeking behavior. Some of the key barriers raised by the leaders related to ITN use included: lack of knowledge, the perceived costs and traditional beliefs about death and fertility when using nets. The distance to health facilities, frequent drug stockouts and quality of care were cited as potential barriers to timely fever management. These sessions informed subsequent training with staff and community volunteers to educate and address these traditionally-held perceptions and beliefs.</p>

	<p>1.3. To conduct Training of Trainers (TOTs) for one trainer per parish who will train community members about an integrated package of malaria prevention measures</p>	<p><i>271 Parish Malaria Focal Coordinators trained; 520,448 community participations in sensitization</i></p>	<p>279 Parish Malaria Volunteers trained as TOT for them to reach the parishioners and community members</p> <p>35,348 participants were reached through 61 community sensitization sessions</p>	<p>A three-day training and project orientation, co-facilitated by the MCP Project Director and District Medical Officers from the respective Districts, was conducted in each of the five Dioceses to inform and educate parish-designated malaria volunteers for community mobilization. Each TOT focused on national malaria control strategies and community sensitization approaches as well as project management and reporting. Each parish malaria volunteer was provided a bicycle (under LWR's cost share) to conduct community mobilization. Since June, parish malaria volunteers in Konde, Southern and Central Diocese have been able to conduct 61 different outreach sessions during church services, weddings, choir practice, burial ceremonies and annual ELCT conferences and workshops. Parish malaria volunteers also use the NMCP-developed IEC materials leveraged by the project in community sensitization. Since the TOT for Mara and Northwestern Diocese was conducted late in the fourth quarter, data from their sensitization sessions will be reflected in the upcoming quarterly report. Additional refresher training and possible review of the reporting tools and transmission process are planned to counter possible future delays in reporting from the parish volunteers.</p>
	<p>1.4. Develop IEC materials for children</p>	<p><i>1,355 Sunday school and pre-school teachers trained and mobilized; 1,355 IEC sets for children distributed</i></p>	<p>148 Sunday School teachers have been trained and mobilized to sensitize children on malaria prevention and timely fever treatment; the child-focused IEC materials are in draft form</p>	<p>The initial consultant identified for the position declined the offer; a second consultant was identified with the technical support and advice from national PMI partners. The materials currently under development are in draft form. A field test in the target Dioceses is planned prior to adoption.</p>
	<p>1.5. Sensitize ELCT community Sunday school learners and pre-school learners about ITNs</p>	<p><i>33,875 learners sensitized</i></p>	<p>A total of 6,660 Sunday school and 597 Preschool learners were sensitized in Konde, Southern and Central Dioceses</p>	<p>While the child-focused IEC materials are under preparation, trained ELCT Sunday School and Preschool teachers are adapting NMCP messages for children through songs, role-playing and dialogue. Since the TOT for Mara and Northwestern Diocese was conducted late in the fourth quarter, data from these sensitization sessions will be reflected in the upcoming quarterly report.</p>

<b>Objective # 2</b>  <b>Empower health care providers to improve the quality and scope of malaria diagnosis, treatment and control services in 31 rural health facilities.</b>	2.1. Sensitize all health care providers in the 31 health facilities on appropriate knowledge of IPT <sub>p1&amp;2</sub> and use of IEC materials to create demand.	<i>750 hospital and 130 dispensary staff sensitized on IPT<sub>p1&amp;2</sub></i>  % of hospital and dispensary staff trained or sensitized on IPT <sub>p</sub>	125 of 448 hospital and 58 of 85 dispensary staff were sensitized on IPT <sub>p1&amp;2</sub> with NMCP-leveraged IEC materials	Project-trained Hospital Malaria Focal Coordinators and Medical Officers-In Charge of respective hospitals and dispensaries used NMCP materials to sensitize staff on IPT <sub>p</sub> . These sessions were conducted during the regular continuing education sessions and staff meetings held once or twice a month. These sessions will continue in the second year of the project.
	2.2. Train Maternal and Child Health nurses and midwives in ELCT's 31 health facilities in FANC and IPT <sub>p1&amp;2</sub> .	<i>30 RCH staff from 5 hospitals and 75 RCH staff, 3 from each dispensary, trained in FANC and IPT<sub>p</sub></i>	28 RCH staff from 5 hospitals and 71 RCH staff from 26 dispensaries were trained in FANC and IPT <sub>p</sub>	Six-day training sessions were facilitated with support from the Ministry of Health and Social Welfare (MOH&SW) Zonal Training Centres. Sessions covered theoretical and practical sessions on attending to pregnant women, SP dispensing and dosage and counseling strategies. Manuals from the ACCESS project and the Ministry of Health and IEC materials from the NMCP were given to each participant.
	2.3. Train health care providers regarding early and correct diagnosis and treatment of malaria.	<i>40 staff from 5 hospitals and 75 staff from 25 dispensaries trained in correct diagnosis of malaria and treatment with ACTs</i>	41 staff from 5 hospitals and 33 staff from 26 dispensaries trained in correct diagnosis of malaria and treatment with ACTs	Trainings were facilitated by Trainers from MOH&SW Zonal Training Centres. Copies of the new case management for new malaria treatment guidelines were shared with attendees. The three-day training focused on attending to the patient, diagnosis and the revised ACT treatment guidelines. Pre- and post-tests were also conducted at each site; for example, scores in Ndolage improved from 46-56% in the pre-test to 68-100% in the post-test.
	2.4. Develop systems to ensure quality control measures on provision of services	<i>#of visits done to sites; % audit polls adopted for monitoring of service provision</i>	No formal audit polls conducted	Despite several general project monitoring visits, the formal audit polls and quality control visits have not been completed; visits are scheduled for the first quarter of the second year.

<b>Objective # 3</b>  <b>Increase the institutional capacity of 31 ELCT health facilities for better malaria-related service delivery by scaling-up information systems and linking supply and demand stakeholders (MSD and appropriate PMI procurement partners), for accessibility and availability of essential commodities through ELCT's Mission for Essential Medical Supplies</b>	3.1. Conduct annual on-site supply forecasting with hospital staff at the five target hospitals and with dispensaries under their catchments areas.	<i>The tool is developed and used</i>	Quantification of needs for supply forecasting has been developed and in use by 9 of the 31 health facilities; stock cards have been provided to 8 dispensaries for stock management	While the hospitals, particularly the Designated District Hospitals keep stock records, few dispensaries kept records of malaria commodities (ACTs and SP) donated from the District Medical Offices. Stock cards have been provided to 8 dispensaries; these cards will be used in data collection and forecasting of commodity requirements in year two of the project. Additional training and stock card distributions are planned for the coming quarter.
	3.2. Train hospital and dispensary staff on data collection and input, reporting and simple analysis	<i>50 staff trained in data collection and input</i>	55 staff from 17 targeted ELCT health facilities trained on stock card use and data management	HMFC and other staff participated in a week-long TOT conducted by the NMCP and MEMS on the management of antimalarial drugs in July 2008 in collaboration with MEDA and the Medical Stores Department. Staff (17) from 8 dispensaries were trained in stock card management and ordering supplies using the “Report and Request” (R&R) form for ALu and SP. In total, 55 staff members have been trained on one or several aspects of data collection and analysis.
	3.3. Collect and analyze the information collected and produce reports per hospital and per geographical zone including dispensaries under their catchments area.	<i>Quarterly reports produced per hospital and per zone</i>	Not yet completed	Will be completed after stock management training and systems development is complete in all 31 target health facilities.

<b>(MEMS).</b>	3.4. Establish structure to: provide supply forecasts to MSD, DMO's and PMI procurement partners, set minimum and maximum stock levels and develop a schedule for ordering supplies	<i>Schedule for ordering malaria supplies exists; Suppliers know the minimum and maximum malaria stock levels per health facility</i>	Structure and procedures are in development	July workshop included review and modification of R&R form and led to agreements with 4 District pharmacists (Ringwe, Kyela, Mufindi, Njombe) on quarterly ordering. However, in some Districts, it is unclear if the negotiations are to be made with the District Reproductive and Child Health Coordinator or the District Pharmacist.
	3.5. Establish agreements on supplier/vendor performance monitoring, share performance monitoring results with suppliers and identify solutions to emerging issues	<i>Performance monitoring results shared with each supplier on a quarterly basis</i>	The supplier/vendor performance monitoring tool was developed and shared with the NMCP, MSD and MEDA for review and feedback	This tool will be introduced in the target health facilities in year 2.
	3.6. Conduct baseline survey for five target hospitals and dispensaries under their catchments on current malaria prevention activities and ITN, SP and ACT use.	<i>Baseline survey conducted</i>	Data collection for a baseline survey on commodities began in November 2007 among 2 of 5 (Bunda and Iambi) target ELCT hospitals; other data collection is underway	While not supported under the MCP, Illembula and Iambi hospitals were assessed by MEMS for adherence to good pharmacy practice in stock record keeping (use of bin cards and ledger) and scheduled ordering. This report was disseminated to all hospitals.

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	3.7. Link existing materials from NMCP, MoH and other agencies for distribution to target five hospitals and dispensaries.	<i># of relevant malaria treatment guides/ diagnostic tools available and used by target health facilities</i>	All 5 target hospitals received the revised (2006) <i>NMCP Guidelines for Diagnosis and Treatment of Malaria</i>	Copies were also shared with MEMS and other project staff.
	3.8. Improve rational use of malaria supplies in targeted health facilities through hospital-level action plans	<i>5 target hospitals with a work plan</i>	0 hospitals with a work plan	Planned for future quarters.

## **B. CHALLENGES**

Despite the progress over the first year, the project has faced several challenges that have delayed implementation, notably around human resources, infrastructure and capacity.

One of the major initial project setbacks was the death of Dr. Peter Kopwe, ELCT's Medical Director, the key institutional decision-maker in the initial design and development of the project and partnership with LWR. Recruiting qualified project management staff, as well as this key ELCT post, has been time-consuming and challenging. Finding suitable external support consultants for external monitoring and evaluation and IEC materials has also proven difficult, with initial offers of acceptance declined, leading to subsequent re-bidding and unforeseen delays. Many of these challenges in recruitment are related to the large investments in national malaria reduction efforts and the comparatively modest compensation offered by our faith-based organizations. Despite these initial challenges, the project is now fully staffed, with the exception of the Project Officer position. A new Medical Director has recently been appointed by the ELCT and new consultants identified, which should also ease some of the management and technical burden. In addition, LWR has also recently recruited a Malaria Program Manager for its office in Baltimore in order to provide additional technical support and assistance to these efforts.

The delivery of the project vehicle to ELCT, purchased under LWR's cost share, was delayed for over six months due to a lengthy import and tax-exemption process, creating many challenges in terms of project monitoring and evaluation. Many of the rural parishes lack formal communications systems, so regular reporting and monitoring has also proven challenging, particularly in the two southern Dioceses (Konde and Southern). Heavy rains and poor national infrastructure further delayed implementation in the final months of the quarter, with planned meetings and workshops rescheduled to accommodate travel delays. One of the issues discussed at the recent annual review meeting was how to improve project communication, reporting and coordination despite these ongoing logistical challenges.

## **C. TECHNICAL ASSISTANCE**

LWR and ELCT have leveraged technical support from many national PMI partners over the first year of implementation. Technical support from the District Medical Officers, Zonal Training Centres and other representatives and stakeholders from the National Malaria Control Program has been invaluable. In addition, LWR's key field technical and financial project staff has had the opportunity to participate in workshops on management of USAID awards sponsored by *Inside NGO*, a workshop on *Branding and Marking* sponsored by USAID and additional field support and training workshops conducted by LWR regional and HQ staff. LWR also conducted a project orientation and management workshop with the ELCT in December 2007. Additional technical support on project monitoring and evaluation, specifically related to workplan development, has been provided by Macro International.

## **D. WORKPLAN DEVELOPMENT**

The workplan has been reviewed and discussed with the PMI team in-country prior to submission.

## **E. PMI COLLABORATION**

As mentioned earlier, the NMCP and their District counterparts have been invited to participate in or co-facilitate all of the project training sessions, from the initial Executive Council meeting to the capacity-building workshops and TOTs at the Diocese level. LWR project staff members have also participated and presented project progress in monthly NMCP – PMI Partners meetings held between February to September 2008 and at the Annual Consultative meeting held in May 2008.

**F. YEAR 2 WORKPLAN MATRIX**

Objective/Activity	Outputs	PMI Indicator Target	Timeline	Key Sub-partners (Government, NGO, etc.)	Location (By District)
<b><i>Objective 1: Contribute to the reduction in malaria transmission, improved malaria disease recognition, and standard case management through community mobilization of 1.6 million people.</i></b>					
<u>Activity 1:</u> Build the capacity for Diocesan leaders to reach the community through delivering indigenous, culturally appropriate, and effective messages on ITNs, fever management and seeking timely and correct treatment with ACTs	190 Senior Diocesan staff in 5 new Dioceses; refresher training for staff in original 5 Dioceses	*More than 90% of households with a pregnant woman and/or children under five will own at least one ITN *85% of children under five will have slept under an ITN the previous night *85% of pregnant women will have slept under an ITN the previous night *85% of children under five with suspected malaria will have received treatment with an ACT within 24 hours of onset of their symptoms.	Quarters 1-2	ELCT Executive Council members, HQ MHCP, ELCT leaders, MOH&SW Zonal Training Centers DMO DMFP TNVS Diocese committees CSSC HQ and MEDA, PSI, RTI, World Vision Tanzania	10 ELCT Dioceses (Northwestern, Mara, Central, Konde, Southern, Meru, North-Eastern, Northern, Arusha, Pare). However, each Diocese covers a portion of several government districts.  For example, Northwestern Diocese is comprised of 8 districts, Mara (6 districts), Central (8 districts), Konde (9 districts), Southern (19 districts), Meru (2 districts), North Eastern (9 districts), Northern (5 districts), Arusha (5 districts) and Pare, 2 districts. The combined partial District coverage for Years 1 & 2 is 73 Districts in mainland Tanzania.
<u>Activity 2:</u> Conduct TOTs training for Parish Malaria Focal Coordinators (PMFCs)	349 PMFCs, with a total target of 1,019,727 participations in sensitization	*More than 90% of households with a pregnant woman and/or children under five will own at least one ITN *85% of children under five will have slept under an ITN the previous night *85% of pregnant women will have slept under an ITN the previous night *85% of children under five with suspected malaria will have received treatment with an ACT	Quarters 1, 2 and 3	ELCT Executive Council members, HQ MHCP ELCT Diocesan leaders MOH&SW Zonal Training Centers DMO DMFP TNVS Diocese committees CSSC HQ and MEDA, PSI, RTI,	10 ELCT Dioceses (Northwestern, Mara, Konde, Central, Southern, Meru, North-Eastern, Northern, Arusha, Pare)

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		within 24 hours of onset of their symptoms.		World Vision Tanzania	
<u>Activity 3:</u> Sensitize ELCT community Sunday school learners and pre-school learners about ITNs	1,745 Sunday school and pre-school teachers trained and mobilized; 1,745 IEC sets for children distributed; 43,750 learners sensitized	*More than 90% of households with a pregnant woman and/or children under five will own at least one ITN *85% of children under five will have slept under an ITN the previous night *85% of children under five with suspected malaria will have received treatment with an ACT within 24 hours of onset of their symptoms.	Quarters 1, 2, 3, and 4	ELCT Executive Council members, HQ MHCP ELCT Diocesan leaders MOH&SW Zonal Training Centers DMO DMFP TNVS Diocese committees CSSC HQ and MEDA, PSI, RTI, World Vision Tanzania	10 ELCT Dioceses (Northwestern, Mara, Konde, Central, Southern, Meru, North-Eastern, Northern, Arusha, Pare)
<u>Activity 4:</u> Conduct an IEC/BCC campaign each Africa Malaria Day on March 25th	IEC/BCC campaign activities conducted in Diocese and parish in coordination with Women's and Children's department and the Youth and Christian Education department	*More than 90% of households with a pregnant woman and/or children under five will own at least one ITN *85% of children under five will have slept under an ITN the previous night *85% of children under five with suspected malaria will have received treatment with an ACT within 24 hours of onset of their symptoms.	Quarter 2	ELCT Executive Council members, HQ MHCP ELCT Diocesan leaders MOH&SW Zonal Training Centers DMO DMFP TNVS Diocese committees CSSC HQ and MEDA, PSI, RTI, World Vision Tanzania	10 ELCT Dioceses (Northwestern, Mara, Konde, Central, Southern, Meru, North-Eastern, Northern, Arusha, Pare)
<u>Activity 5:</u> Advocate for the	5 meetings held with	*More than 90% of households with a	Quarters 1,2 and, 3	ELCT Executive Council members,	10 ELCT Dioceses (Northwestern, Mara, Konde, Central, Southern, Meru, North-

availability of ITNs	NMCP stakeholders where advocacy on ITNs is conducted	pregnant woman and/or children under five will own at least one ITN *85% of children under five will have slept under an ITN the previous night *85% of children under five with suspected malaria will have received treatment with an ACT within 24 hours of onset of their symptoms.		HQ MHCP ELCT Diocesan leaders MOH&SW Zonal Training Centers DMO DMFP TNVS Diocese committees CSSC HQ and MEDA, PSI, RTI, World Vision Tanzania	Eastern, Northern, Arusha, Pare)
Activity 6: Mobilize business members of the Dioceses to procure and stock sufficient quantities of ITNs	55 business people sensitized to procure and stock ITNs	*More than 90% of households with a pregnant woman and/or children under five will own at least one ITN *85% of children under five will have slept under an ITN the previous night *85% of children under five with suspected malaria will have received treatment with an ACT within 24 hours of onset of their symptoms.	Quarters 2-4	ELCT Executive Council members, HQ MHCP ELCT Diocesan leaders MOH&SW Zonal Training Centers DMO DMFP TNVS Diocese committees CSSC HQ and MEDA, PSI, RTI, World Vision Tanzania	10 ELCT 10 ELCT Dioceses (Northwestern, Mara, Konde, Central, Southern, Meru, North-Eastern, Northern, Arusha, Pare)
<b>Objective 2: Empower health care providers to improve the quality and scope of malaria diagnosis, treatment and control services in 31 rural health facilities.</b>					
<u>Activity 1:</u> Train healthcare service providers regarding early and correct diagnosis and	40 staff from 5 hospitals and 75 staff from 25 dispensaries	*85% of children under five with suspected malaria will have received treatment with an ACT within 24 hours of onset of	Quarters 3-4	HQ MHCP projects: PHC, RH/FP MOH ZMFP	31 health facilities located in Mara, North-Western, Central, Konde and Southern Diocese

treatment of malaria	trained in correct diagnosis of malaria	their symptoms.		Zonal Training Centers DMO DMFP NMCP CEEMI ACCESS World Vision	
<u>Activity 2:</u> Train Home-based Care (HBC) teams in promotion of ITNs, appropriate fever management and seeking timely and effective medical treatment for malaria	240 HBC givers trained in promotion of ITNs, appropriate fever management and seeking timely and effective medical treatment for malaria	*85% of children under five with suspected malaria will have received treatment with an ACT within 24 hours of onset of their symptoms.	Quarters 3 & 4	HQ MHCP projects: PHC, RH/FP MOH ZMFP Zonal Training Centers DMO DMFP NMCP CEEMI ACCESS World Vision	Matema; Ilembula; Iambi; Bunda & Ndolage Hospitals
<u>Activity 3:</u> Incorporate effective use of ITNs and IPTp into ELCT's Prevention of Mother to Child Transmission (PMTCT) projects	120 staff from ELCT's Prevention of Mother to Child Transmission (PMTCT) projects trained on ITN use and IPTp	*85% of children under five with suspected malaria will have received treatment with an ACT within 24 hours of onset of their symptoms.	Quarters 3 & 4	HQ MHCP projects: PHC, RH/FP MOH ZMFP Zonal Training Centers DMO DMFP NMCP CEEMI ACCESS World Vision	Matema; Ilembula; Iambi; Bunda & Ndolage Hospitals
<b><i>Objective 3: Increase the institutional capacity of 31 ELCT health facilities for better malaria-related service delivery by scaling-up information systems and linking supply and demand stakeholders (MSD and appropriate PMI procurement partners), for accessibility and availability of essential commodities through ELCT's Mission for Essential Medical Supplies (MEMS).</i></b>					
<u>Activity 1:</u> Conduct annual on site	The supply forecasting	*85% of women who have completed a pregnancy in	Quarter 1 (refresher)	ELCT's MHCP MOH	Matema; Ilembula; Iambi; Bunda & Ndolage Hospitals

supply forecasting with hospital staff at the five target hospitals and dispensaries in their catchment areas.	tool is developed and used	the last two years will have received two or more doses of IPTp during that pregnancy *85% of government health facilities have ACTs available for treatment of uncomplicated malaria *85% of children under five with suspected malaria will have received treatment with an ACT within 24 hours of onset of their symptoms.		NMCP MSD PSU ZMFP ZTC DMO CHMT DMFP TNVS CSSC INRUD Tanzania office PSI NIMRI Ifakara Health Research Institute	
<u>Activity 2:</u> Train hospital and dispensary staff on data collection and input, reporting and simple analysis	50 staff trained in commodity-related data collection and input for institutional management and advocacy	*85% of women who have completed a pregnancy in the last two years will have received two or more doses of IPTp during that pregnancy *85% of government health facilities have ACTs available for treatment of uncomplicated malaria *85% of children under five with suspected malaria will have received treatment with an ACT within 24 hours of onset of their symptoms.	Quarter 1	ELCT's MHCP MOH NMCP MSD PSU ZMFP ZTC DMO CHMT DMFP TNVS CSSC INRUD Tanzania office PSI NIMRI Ifakara Health Research Institute	Matema; Ilembula; Iambi; Bunda & Ndolage Hospitals
<u>Activity 3:</u> Collect and analyze the malaria supplies information collected and	Quarterly reports produced per hospital and per zone	*85% of women who have completed a pregnancy in the last two years will have received two or more doses of IPTp during that	Quarter 1-4	ELCT's MHCP MOH NMCP MSD PSU	Matema; Ilembula; Iambi; Bunda & Ndolage Hospitals

<p>produce reports per hospital and per geographical zone including dispensaries under their catchment area</p>		<p>pregnancy                  *85% of government health facilities have ACTs available for treatment of uncomplicated malaria                  *85% of children under five with suspected malaria will have received treatment with an ACT within 24 hours of onset of their symptoms.</p>		<p>ZMFP                  ZTC                  DMO                  CHMT                  DMFP                  TNVS                  CSSC                  INRUD Tanzania office                  PSI                  NIMRI                  Ifakara Health Research Institute</p>	
<p><u>Activity 8:</u> Improve rational use of malaria supplies in targeted health facilities through hospital-level action plans</p>	<p>5 target hospitals with a workplan</p>	<p>*85% of women who have completed a pregnancy in the last two years will have received two or more doses of IPTp during that pregnancy                  *85% of government health facilities have ACTs available for treatment of uncomplicated malaria                  *85% of children under five with suspected malaria will have received treatment with an ACT within 24 hours of onset of their symptoms.</p>	<p>Quarter 1, 2, 3 &amp; 4</p>	<p>ELCT's MHCP                  MOH                  NMCP                  MSD                  PSU                  ZMFP                  ZTC                  DMO                  CHMT                  DMFP                  TNVS                  CSSC                  INRUD Tanzania office                  PSI                  NIMRI                  Ifakara Health Research Institute</p>	<p>Matema; Ilembula; Iambi; Bunda &amp; Ndolage Hospitals</p>

<p>Activity 9: Train practitioners in targeted health facilities for effective and efficient diagnostic and dispensing practices.</p>	<p>100 health workers trained in effective and efficient diagnostic and dispensing practices</p>	<p>*85% of women who have completed a pregnancy in the last two years will have received two or more doses of IPTp during that pregnancy                  *85% of government health facilities have ACTs available for treatment of uncomplicated malaria                  *85% of children under five with suspected malaria will have received treatment with an ACT within 24 hours of onset of their symptoms.</p>	<p>Quarters 1 and 2</p>	<p>ELCT's MHCP                  MOH                  NMCP                  MSD                  PSU                  ZMFP                  ZTC                  DMO                  CHMT                  DMFP                  TNVS                  CSSC                  PSI                  NIMRI                  Ifakara Health Research Institute</p>	<p>Matema; Ilembula; Iambi; Bunda &amp; Ndolage Hospitals</p>
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**G. PMI ANNUAL REPORT CALL**

See **Annex 1** as an attachment.

**H. ADDITIONAL ACTIVITIES IN SUPPORT OF PROJECT GOALS**

In addition to the targeted training and staff development provided through the project, LWR continues to engage in institutional opportunities for learning, exchange and engagement around malaria. All LWR staff in the Africa department, both HQ and international, have participated in sessions on technical issues related to malaria and strategic and operational planning on LWR's efforts to contain malaria and other diseases of global poverty. LWR has also had an opportunity to present early lessons from the MCP with USAID at the annual Office of Faith-Based and Community Initiatives meeting in June 2008. LWR continues to engage with the United Nations Foundation, U.S. Lutherans and other global stakeholders to leverage opportunities to scale-up malaria education and outreach.