

Country/Bureau: Tanzania
ACCESS Field Representative: Emmanuel Rwamushaija
US-based ACCESS Contact Person: Natalie Kuzsmerski
Year 2 Funding Amount and Sources: \$1,625,000 (Malaria: \$600,000; HIV: \$500,000; CS: \$450,000; Infectious Disease: \$75,000)
ACCESS Partners: JHPIEGO; Futures Group
Other Collaborating Organizations: White Ribbon Alliance, CEEMI, and local Tanzanian Faith-Based Organizations

Program Approach: Tanzania has recently become a priority for USG assistance in many respects. The USAID mission to Tanzania revised its priorities and developed a 15-year strategic plan in 2004, where “*improving the health status of Tanzanian families*” and “*enhancing the multisectoral response to HIV/AIDS*” were included as strategic objectives. In more recent months, Tanzania has been named one of USAID’s priority countries for Africa, as well as being one of the first focus countries for the new Presidential Malaria Initiative (PMI). In addition, Tanzania continues to receive substantial funding under the President’s Emergency Plan for AIDS Relief (PEPFAR).

To date, at the request of the USAID mission and the Tanzania Ministry of Health, ACCESS has been assisting Tanzania achieve the goals associated with the above programs and strategies in the realm of maternal and newborn health. For all activities, ACCESS has sought to scale-up proven interventions. In the first year of implementation, ACCESS worked to establish Focused antenatal care (FANC) as a part of routine MCH services. Targeting providers previously trained in PMTCT, ACCESS employed a FANC platform for disseminating best practices on malaria in pregnancy, syphilis in pregnancy, infection prevention, and integration of PMTCT services. Furthermore, using the cascade training approach, providers from participating sites were given training skills along with supportive supervision to carry out their own training on FANC at their hospitals and linked health centers and dispensaries. In preservice education, ACCESS provided technical assistance to nurse-midwifery certificate schools for strengthening their FANC curriculum by holding technical and training skills update workshops for tutors and clinical preceptors. ACCESS was also asked by the Ministry of Health (MOH), as well as USAID, to work on strengthening infection prevention in Tanzania through the consolidation of up-to-date guidelines. These guidelines were formatted, edited, and disseminated to appropriate stakeholders at national, zonal, and regional levels. Finally, ACCESS supported the establishment of the Tanzania chapter of the White Ribbon Alliance.

Achievements Program Year 1:

Integration of ANC and PMTCT services

- Held national workshop on the integration of PMTCT into Maternal and Child Health services. Local and regional experiences were shared as were lessons learned on the integration of RCH and PMTCT services. The critical programmatic elements for integration of PMTCT into RCH services were also defined and discussed and there was an attempt to identify gaps in geographic coverage.
- In-service training of trainers in FANC in 24 district hospitals with cascade training to linked health centers and dispensaries. The FANC Training of Trainers package covered basic antenatal care, syphilis testing and treatment in pregnancy, prevention of malaria in pregnancy, integration of antenatal care and PMTCT counseling services, infection prevention measures, clinical training skills, and an introduction to the Standards-Based

Management (SBM) process and tools for performance and quality improvement in health facilities.

- A total of 97 health facilities strengthened capacity to deliver FANC (45 hospitals, 23 health centers and 29 dispensaries). Twenty-four District/FBO hospitals with trainers developed by ACCESS conducted onsite training on FANC/MIP/SIP/IP. They linked with the 23 health centers and 29 dispensaries. The remaining 21 hospitals are the clinical training sites affiliated with certificate nurse-midwifery schools.
- Service providers at 45 District/FBO hospitals (24 PMTCT sites and 21 certificate midwifery preservice education training sites) were oriented to the Standards Based management approach and assessment tool for FANC/PMTCT. ACCESS directly assisted providers in 7 sites to use the tool to assess the quality of their services and address gaps in an ongoing improvement process. The assessments led to the identification of performance gaps that needed to be addressed. The supervisors, administrators and providers analyzed the causes of the gaps and identified and implemented appropriate interventions to correct the lack of knowledge, skills, motivation and shortages of drugs and supplies.
- ACCESS supported a coordination meeting in July 2005 in Dar-es-Salaam in collaboration with the Ministry of Health under the chairmanship of the Head of Reproductive and Child Health Section. The meeting helped to establish a national Coordination Mechanism and to build consensus on how to address issues related to Reproductive and Child Health in Tanzania.

Preservice education in certificate nurse-midwifery schools

- Development and printing of a learning resource package for 21 certificate nurse-midwifery schools on FANC. Combined with previous MNH efforts in this area, this leads to enabling all certificate-midwifery graduates to provide FANC services as they work throughout the country.
- Equipping schools with training materials and models in order to enhance capacity building in critical skills.
- Preservice Education Training Skills (PETS) workshop for tutors from above certificate nurse-midwifery schools to enhance tutors' ability to effectively transfer knowledge and skills to their students.

Infection prevention (IP) guidelines

- Formatting, editing, and printing of national Infection Prevention guidelines which currently serve as the IP standards in service provision in Tanzania.
- Dissemination workshop for national, regional, and zonal stakeholders.

Support to the White Ribbon Alliance (WRA)

- Initial stakeholders meeting in December which established commitment of 30 members to the WRA.
- Mentoring of WRA-Tanzania coordinator.
- Held Alliance Building and Advocacy Workshop in order to revitalize existing WRA members and bring in new members. An action plan was agreed upon for advocating on Safe Motherhood issues, such as training partners on Birth Preparedness and Complication Readiness.

Summary of Activities Program Year 2:

All ACCESS activities for Year 2 were developed in collaboration with a representative working group from the Ministry of Health, and advance the long-term goals of both the Tanzanian government and the USAID mission. Building on work from the first year's program, ACCESS plans to continue targeting antenatal care as a platform for integrated malaria and syphilis/HIV prevention services in both in-service training and preservice education. Supportive supervision and follow-up for training will be implemented through our Standards-Based Management approach. Scaling up prior Infection Prevention work, ACCESS will target frontline providers with the development of an easy-to-use, national language IP pocket guide. Trainer capacity building for CEEMI (Center for Enhancement of Effective Malaria Interventions) is another area of technical assistance from ACCESS in Year 2, including curriculum review for Malaria in Pregnancy. Finally, advocacy has been shown to play a key role in the advancement of maternal and newborn health, and to that end, ACCESS will continue to support the White Ribbon Alliance of Tanzania, in its work on persuading policymakers to adequately emphasize and fund Safe Motherhood initiatives.

Activities to be accomplished in Program Year 2:

- Preservice education for diploma nurse-midwife students in FANC through strengthening of tutors and clinical preceptors
- Scale-up of integrated FANC training capacity in all districts of at least four regions
- Reinforcement of FANC services and skills through Standards-Based Management and Recognition and meetings where lessons learned are shared
- Development and national dissemination of a FANC facilitator's guide
- Adaptation of infection prevention guidelines into a pocket guide suitable for frontline workers and translation into Swahili
- Technical assistance to CEEMI on instructional design and training skills
- Support to the WRA of Tanzania to advocate for Safe Motherhood

Year 2 Outputs:

- 15 Medical Officer In-charges/hospital matrons and 15 Principals of diploma nursing-midwifery schools sensitized to strengthen clinical and classroom linkages in preservice education for conducive learning environments
- At least 25 preservice tutors trained in FANC and provided with updated classroom teaching skills
- At least 25 clinical preceptors trained in FANC and provided with updated clinical instruction and coaching skills
- About 550 diploma nurse-midwives graduate with skills in FANC
- Standards-based management tool developed to monitor classroom and preservice education standards in midwifery schools as relates to FANC training
- At least 15 clinical teaching sites implement Standards-Based Management process
- 80 hospital managers (Medical Officers In-charges and hospital matrons of 40 hospitals) oriented to FANC including SBM-R
- 80 clinicians (nurse-midwives) from 40 hospitals trained as trainers to provide quality FANC services
- At least 240 service providers linked to 40 the FANC training sites (hospitals) above trained in FANC services
- Standards-based management process introduced in 40 new hospitals, and supported in 40 sites
- FANC facilitator's guide developed for national use by FANC trainers

- All Zonal RCHS Coordinators, regional RCHS Coordinators and at least 21 district RCHS coordinators oriented to the FANC facilitator's guide
- Infection Prevention pocket guide for frontline providers developed and 500 copies of English and 1000 copies of Swahili printed
- Completed performance assessment of District Malaria/IMCI Focal persons in collaboration with CEEMI
- At least 10 CEEMI trainers trained in instructional design, curriculum building and teaching skills
- Malaria in Pregnancy Learning Resource package for CEEMI training
- Supervision and performance monitoring tool developed for CEEMI District Malaria Focal persons
- White Ribbon Alliance Core Committee and Working Group meetings with members to strengthen alliance and reinforce action plan on advocacy for safe motherhood

Program Management:

Due to the increased scope of work ACCESS plans to undertake in Tanzania in coming years, the Program will be expanding the Dar es Salaam office in both physical space and personnel. In Year 1, as the program was starting-up, Tanzania received significant support from the Baltimore and Kenya offices of JHPIEGO, including the seconding of key staff—a program manager—from the Kenya office. In Year 2, ACCESS plans to build the capacity of its Tanzania office to work autonomously from the Kenya office. To achieve this objective and to address the augmented workload, ACCESS/Tanzania will be hiring five new staff members for its field program: a Country Director, a Midwifery Advisor, an Administrative Assistant, and 2 drivers. In addition, Muthoni Kariuki, the Program Manager from Kenya, has agreed to become permanent staff based in Tanzania and will continue with her current role.

Since Year 1, recruitment of a Tanzanian national to serve as Country Director has been ongoing. ACCESS has filled this position with Dr. Emmanuel Rwamushaija, a Tanzanian Obstetrician/Gynecologist, who officially joins the staff on November 1, 2005. He will assume primary responsibility and oversight for the implementation of all ACCESS activities in Tanzania. The considerable number of training events planned for Year 2 highlights the need for another Midwifery Advisor, to supplement the work being done by our current Senior Midwifery Advisor, Gaudiosa Tibajuka. ACCESS has also identified the need for an additional administrative assistant to support senior staff in their implementation of the program. All staff and activities will be backstopped by the Baltimore office, with limited assistance and mentorship from Kenya.

In order to accommodate the expanding staff, renovations are planned for the current office in Dar es Salaam. In addition, as a long-term solution to stabilizing mounting transport costs, ACCESS will utilize two vehicles. One 4-wheel-drive vehicle has been donated by the USAID-Tanzania mission and will be used for travel to workshops and meetings outside of Dar es Salaam, and for follow up visits to our sites around the country. The second, smaller vehicle will be acquired primarily for use within Dar es Salaam. This investment is estimated to be more cost-effective in the long run than hiring taxis or renting cars.

Finally, ACCESS will continue to leverage the valuable resources and perspectives its partnership brings to all programs. The relationship between in-country partners such as IMA and Futures Group will be strengthened by sharing a common working space. ACCESS will continue to share the office building with IMA and furthermore, will house the WRA coordinator, funded through Futures Group, in the same premises.

ACTIVITY 1: PRESERVICE EDUCATION FOR DIPLOMA LEVEL NURSE MIDWIVES IN FOCUSED ANTENATAL CARE

This activity was requested by the MOH in the first program year as part of their overarching goals of strengthening preservice education (PSE). ACCESS began addressing the issue in Year 1 by introducing FANC into 21 certificate-level nurse-midwifery schools. In Year 2, ACCESS plans to adapt this model and expand into the diploma-level nurse-midwifery schools. There are 30 diploma-level schools in Tanzania. ACCESS plans to bring Focused ANC to all 30 in a two-phased strategy to be completed over two years. ACCESS will work with the MOH to determine the 15 schools that will participate in Year 2 activities, and those that will be reached in Year 3. ACCESS does not plan to repeat a Needs Assessment but will rely on information gathered in Year 1 for certificate level schools. However, ACCESS recognizes that there may be some variances between the differing institutional levels. Therefore, both the advocacy workshops with school administrators and the first training activities will include sessions on identifying gaps in FANC preservice education using the last needs assessment as a reference.

Following the same successful strategy used for certificate schools, ACCESS will target both institution-based tutors and facility-based clinical preceptors with technical knowledge in FANC as well as PSE teaching skills. We will also introduce both cadres to the Standards-Based Management and Recognition process including assessment tools, which will form the basis of their follow-up and support in performance improvement.

Activity Lead: Gaudiosa Tibaijuka

Activity Location(s): 15 Diploma Nurse-Midwifery schools (Schools and regions TBD)

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: PSE Advocacy workshop for 15 Diploma schools	JHPIEGO	February 2006
Task 2: Adaptation of learning resource package for FANC. Printing and delivery of learning resource package and equipment to schools	JHPIEGO	April 2006
Task 3: Tutor orientation to FANC (6-day workshop)	JHPIEGO	March 2006
Task 4: Pre-service Education Training Skills (PETS) Workshop for 30 tutors (10-day workshop for two tutors from each school)	JHPIEGO	June 2006
Task 5: FANC orientation and modified Clinical Training Skills (CTS) for 30 clinical preceptors (2-week workshop for two preceptors from each facility)	JHPIEGO	July 2006
Task 6: Adaptation and orientation to the SBM assessment tool for use in improving preservice teaching	JHPIEGO	June 2006
Task 7: Follow-up support for diploma nurse-midwifery schools	JHPIEGO	August – September 2006

ACTIVITY 2: SCALING UP OF FOCUSED ANC THROUGH TRAINING OF FACILITY-BASED TRAINERS IN DISTRICT/FBO HOSPITALS

ACCESS has been recognized by both the Ministry of Health and the USAID mission as the leader in strengthening FANC in Tanzania. In Year 1, ACCESS was successful in bringing FANC training to 24 hospitals, which in turn passed knowledge and skills on to 23 health centers and 29 dispensaries. Partnering with other collaborative agencies, all Year 1 sites had previously received training in PMTCT. In Year 2, ACCESS will replicate this model by expanding its scope to new sites, although there will no longer be the pre-requisite that the site has had PMTCT training. In fact, the FANC training will prepare providers for PMTCT training that may happen at a later date. This year's geographic strategy for implementation will focus on bringing FANC to other districts in regions where we have previously worked, leading to regional coverage.

Once again the cascade strategy will be implemented, where two providers from each of two hospitals in each district in four selected regions will be updated technically and developed as trainers and will be supported by ACCESS in training other providers in their facilities as well as those from linked health centers and dispensaries. In addition, district, regional and Zonal RCHS Coordinators will participate in these TOTs so that they may also serve as trainers and fill in any gaps within their respective districts. ACCESS's SBM-R tools and methodology will again be introduced through this activity as a means of following up and institutionalizing the adoption of changes in antenatal care practices and overall quality improvement. Sites that were not reached with SBM-R in Year 1 are included in Year 2 activities. A qualified facilitator will work with each site as they complete their baseline assessments, analyze the gaps, and plan and carry out interventions that lead to enhanced performance. A second assessment for each facility will be conducted independently of ACCESS with MOH or district level support. It is expected at that time, each facility will be comfortable enough with the SBM-R process and tools to continue using it for their own management. Further support will come in the form of collaborative meetings for both Year 1 and 2 sites to share SBM-R assessment results, explore common gaps, and discuss possible solutions for similar problems with other FANC sites.

In addition, at the national and international level, ACCESS will call attention to FANC and other maternal and neonatal health issues by participating and presenting at the regional African conference for Gynecologists and Obstetricians.

All of these activities specifically target USAID's goals of scaling-up malaria in pregnancy and syphilis in pregnancy initiatives by using antenatal care as a platform for giving providers adequate training in IPT administration, ITN counseling for pregnant women, syphilis testing and treatment and the integration of PMTCT services.

Activity Lead: Gaudiosa Tibaijuka

Activity Location(s): Morogoro region, Kagera region, Dar es Salaam/Pwani regions

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Final selection of FANC training sites	JHPIEGO	January 2006
Task 2: Advocacy meetings with Regional Medical Officer, District Medical Officers, Hospital Administrators and other stakeholders on FANC	JHPIEGO	February 2006 & June 2006
Task 3: TOT in FANC for facility-based midwife trainers (2 from each hospital) and D-RCH Coordinators	JHPIEGO	March 2006 & July 2006

Task 4: Supervision and support for FANC training at district hospitals and linked facilities by the trained midwives	JHPIEGO	April 2006 – September 2006 (ongoing)
Task 5: SBM baseline assessments in 30 - 40 sites (from both Year 1 & 2)	JHPIEGO	December 2005 – September 2006 (ongoing)
Task 6: SBM follow-up visits in 30 – 40 sites	JHPIEGO	Ongoing
Task 7: Bi-annual ACCESS coordination meetings to discuss SBM assessment results and share lessons learned (including sites from Year 1 & 2)	JHPIEGO	April 2006 & August 2006
Task 8: Participate in ECSAOGS meeting	JHPIEGO	November 2005

ACTIVITY 3: DEVELOPMENT OF FOCUSED ANC FACILITATOR’S GUIDE AND TRAINING STANDARDS

While ACCESS will be working with the Ministry of Health to develop a cadre of facility-based trainers in FANC, the MOH has noted that there are a number of current national, regional, and district-level trainers who are currently also conducting FANC training. However, since there has been no set uniform methodology for training on FANC, the quality of such trainings has not always been up to standards. To this end, ACCESS will work with the MOH to develop a standard FANC facilitator’s guide that can be used by any trainer working in this area. Furthermore, ACCESS will disseminate the document nationally through 3-day orientation workshops for key stakeholders. Participants in these workshops will include: Zonal RCH Coordinators, Regional RCH Coordinators, and one strong District RCH Coordinator from each region. The plan is then for each Regional RCH Coordinator to work with their partnering District RCH Coordinator to orient the remaining D-RCH Coordinators from their home regions. This document will also be integrated into ACCESS’s preservice and in-service FANC trainings to ensure further dissemination. Training standards to be used also during training will also be developed.

Activity Lead: Gaudiosa Tibaijuka

Activity Location(s): Dar es Salaam

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Document development	JHPIEGO	January 2006
Task 2: Adaptation workshop in Tanzania with stakeholders (5-days, 10 people)	JHPIEGO	March 2006
Task 3: Pre-testing of document during FANC TOT	JHPIEGO	March 2006
Task 4: Editing, formatting, and printing	JHPIEGO	May 2006
Task 5: Orientation and dissemination workshops (two 3-day workshops for 25 people each)	JHPIEGO	June 2006
Task 6: Development of FANC training standards	JHPIEGO	February 2006
Task 7: Production of FANC training standards	JHPIEGO	February 2006

ACTIVITY 4: SYNTHESIZING INFECTION PREVENTION GUIDELINES FOR FRONTLINE PROVIDERS

In the first year of ACCESS programs Infection Prevention Guidelines were edited and formatted. This document was disseminated to national, zonal, and regional stakeholders and has been used as a reference manual in ACCESS training on IP for FANC, as well as by partners such as JSI for training on injection safety. Furthermore, the guidelines have served as an advocacy tool to sensitize policymakers and service providers to the importance of infection prevention.

In Year 2, ACCESS plans to expand upon this basis by making essential infection prevention information available to a wider audience. ACCESS will condense the current IP guidelines to create a synthesized, user-friendly package for frontline providers working in community health centers and dispensaries. Once this simplified pocket guide has been pre-tested and edited, it will be translated into Kiswahili for maximal use.

Activity Lead: Gaudiosa Tibaijuka

Activity Location(s): National

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Develop a synthesized version of the National IP guidelines into a pocket guide for frontline providers.	JHPIEGO	February 2006
Task 2: Adaptation workshop with local experts (1-week)	JHPIEGO	March 2006
Task 3: Printing of simplified pocket guide (English)	JHPIEGO	March 2006
Task 4: Translated simplified IP pocket guide into Swahili	JHPIEGO	April 2006
Task 5: Pre-test, finalize and format Swahili simplified IP pocket guide.	JHPIEGO	May 2006
Task 6: Printing of IP pocket guide (Swahili)	JHPIEGO	May 2006

ACTIVITY 5: TECHNICAL ASSISTANCE TO CEEMI (Center for Enhancement of Effective Malaria Interventions)

CEEMI is a parastatal organization in Dar es Salaam that concentrates on Malaria and IMCI. Using their “results-oriented training,” CEEMI is working on training District Malaria Focal Persons who are responsible for malaria and IMCI activities at the district level. CEEMI has requested technical assistance from ACCESS to strengthen the skills of the district focal persons as well as the training and curriculum design skills of CEEMI trainers.

ACCESS will work with CEEMI to conduct a performance assessment of the District Malaria Focal Persons in order to determine where the true gaps lay—whether they are in knowledge, specific skills, or environmental barriers. To complete this assessment, ACCESS and CEEMI will review and adapt currently existing assessment tools. To reinforce skills of CEEMI instructors, ACCESS will facilitate a 10-day training skills workshop. In addition, ACCESS will work with CEEMI to conduct an Instructional Design workshop to strengthen their curriculum. ACCESS will provide

content expertise for the Malaria in Pregnancy portion but expect CEEMI to enlist other content experts for other portions of the package. Finally, ACCESS and CEEMI will work together to create performance monitoring and supervision tools for District Malaria Focal persons.

Activity Lead: Muthoni Kariuki

Activity Location(s): Dar es Salaam, and selected districts

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Technical review and adaptation of assessment tool based on expected roles and responsibilities and pre-testing of tool	JHPIEGO	February 2006
Task 2: Conduct District Malaria focal person performance assessment	JHPIEGO	March 2006
Task 3: Conduct training skills workshop for CEEMI trainers	JHPIEGO	January 2006
Task 4: Instructional Design workshop to develop Malaria in Pregnancy Learning resource package	JHPIEGO	July 2006
Task 5: Meetings to develop the performance monitoring/supervision tools	JHPIEGO	July 2006

ACTIVITY 6: SUPPORT TO WHITE RIBBON ALLIANCE OF TANZANIA (WRA-TZ)

The WRA in Tanzania inspires action to save women's and newborn lives by bringing together partners working in safe motherhood to build alliances, strengthen their capacity, raise awareness, and advocate for stronger policies. In its first year of existence, ACCESS supported WRA-TZ's start-up costs, including the hiring of a full-time coordinator and activities to gather commitments from alliance members. In Year 2, ACCESS will continue to support the WRA-TZ coordinator as she works to strengthen the alliance in its efforts to build the awareness of stakeholders and local associations on the issues surrounding maternal and newborn health and the actions they can take (i.e., educating their communities on birth planning, increasing local revenues for emergency transport, etc.) to ameliorate the situation.

Activity Lead: Rose Mlay

Activity Location(s): National

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Support operational costs for WRA of Tanzania	Futures Group	Ongoing
Task 2: Support for WRA Annual member meeting, Working Group meetings, and Core committee meetings	Futures Group	Ongoing

Timeline:

Complete list of activities and tasks based upon above workplan. Fill in “X” for planned month in which the activity will take place.

Timeline of Activities	Months											
	O	N	D	J	F	M	A	M	J	J	A	S
Activity 1: PSE for Diploma Nurse Midwives in FANC												
Task 1: PSE Advocacy workshop					X							
Task 2: Adaptation of LRP for FANC							X					
Task 3: Tutor orientation to FANC						X						
Task 4: PETS workshop for tutors									X			
Task 5: FANC orientation and CTS for clinical preceptors										X		
Task 6: Adaptation and orientation to SBM tool									X			
Task 7: Follow-up support for schools											X	X
Activity 2: Scaling-up of FANC												
Task 1: Final selection of sites				X								
Task 1: Advocacy meetings with new sites					X							
Task 2: TOT in FANC for midwife trainers						X				X		
Task 3: Support for FANC training at district hospitals and linked facilities							X	X	X	X	X	X
Task 4: SBM baseline assessments in 40 sites			X	X	X	X	X	X	X	X	X	X
Task 5: Second SBM assessments			X	X	X	X	X	X	X	X	X	X
Task 6: Bi-annual ACCESS coordination meetings							X				X	
Task 7: Participate in ECSAOGS meeting		X										
Activity 3: Development FANC Facilitator’s Guide and Training Standards												
Task 1: Document development				X								
Task 2: Adaptation workshop in Tanzania with stakeholders (5-days, 10 people)						X						
Task 3: Pre-testing of document during FANC TOT						X						
Task 4: Editing, formatting, and printing								X				
Task 5: Orientation and dissemination workshops (two 3-day workshops for 25 people each)									X			
Task6: Development of FANC training standards					X							
Task 7: Production of FANC training standards					X							
Activity 4: Synthesizing IP guidelines for frontline providers												
Task 1: Synthesize national IP guidelines					X							
Task 2: Adaptation workshop with local experts						X						
Task 3: Printing of IP pocket guide (English)						X						
Task 4: Translate pocket guide to Swahili							X					
Task 5: Pre-test, finalize and format simplified pocket guide								X				
Task 6: Printing of IP pocket guide (Swahili)								X				

Timeline of Activities	Months											
	O	N	D	J	F	M	A	M	J	J	A	S
Activity 5: Technical Assistance to CEEMI												
Task 1: Technical review, and adaptation of assessment tool based on expected roles and responsibilities and pre-testing of tool					X							
Task 2: Conduct District Malaria/IMCI Focal Person performance assessment						X						
Task 3: Conduct training skills workshop for CEEMI				X								
Task 4: Technical assistance to develop MIP, LRP and instructional design workshop										X		
Task 5: Meetings to revise and finalize performance monitoring/supervision tools										X		
Activity 6: Support to WRA-TZ												
Task 1: Support operational costs for WRA-TZ	X	X	X	X	X	X	X	X	X	X	X	X
Task 2: WRA working group meetings		X			X			X		X		X
Task 2: WRA core committee group meetings				X			X			X		

