

# Partnership and Progress

IMA World Health celebrates  
20 years in Tanzania



IMA World Health

# Bringing **Health, Healing** and **Well-Being** to Tanzania for two decades.

## **OUR MISSION:**

To build healthier communities by collaborating with key partners to serve vulnerable people. Our vision is health, healing and well-being for all.

## **CORE VALUES**

### **Organizational Excellence**

We believe the most effective programs must be contextually innovative and evidence-based. IMA delivers technical expertise, strong operational and management approaches, and a culture of continual learning to develop the most effective results-driven programs.

### **Stewardship and Accountability**

We conduct all financial and programmatic matters with transparency, efficiency, and effectiveness. IMA is a responsible, reliable, and wise steward of all resources it receives and we hold ourselves to the highest ethical and financial standards.

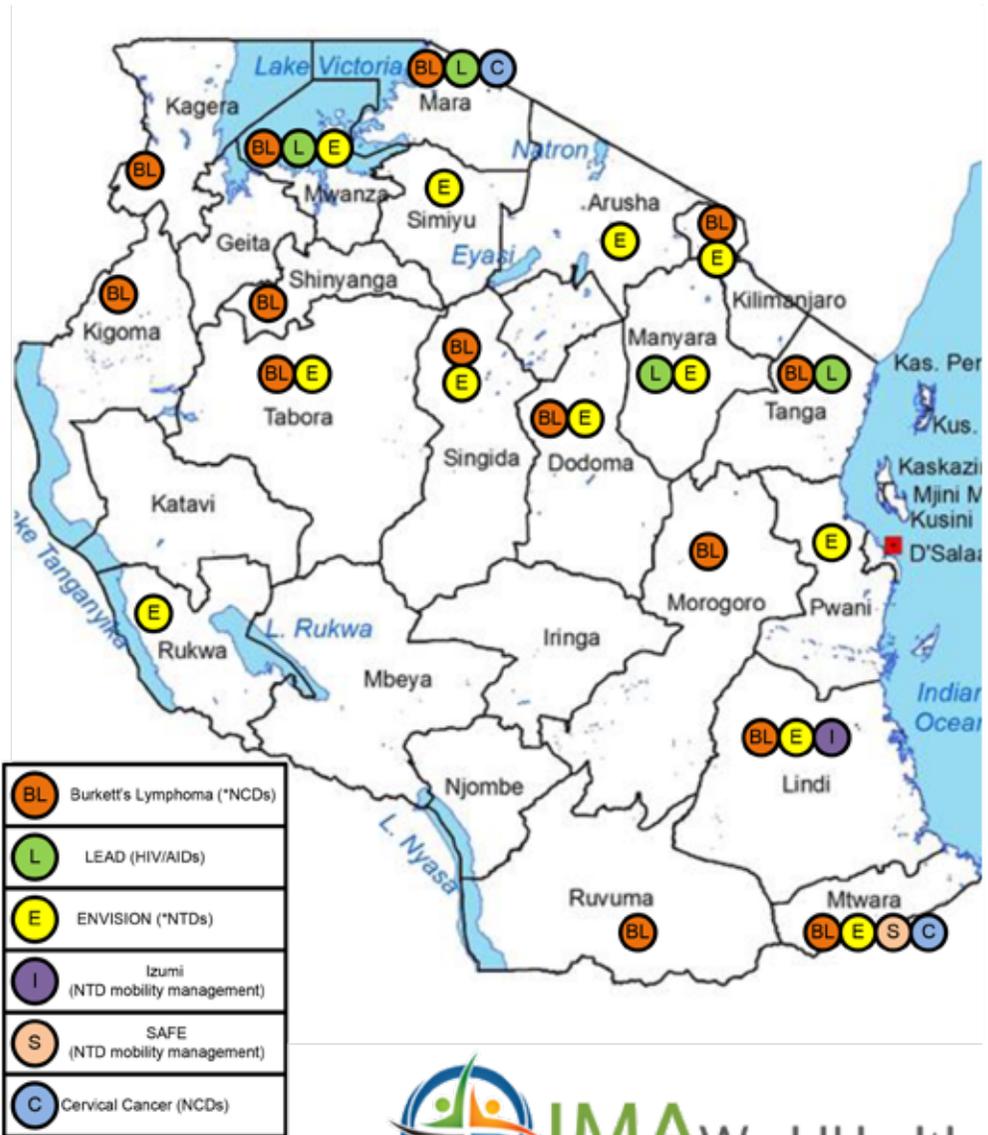
### **Empowering Partnerships**

We believe the way to achieve sustainable development is to be in full and mutual partnership with local people, organizations and governments. IMA works with all partners without regard to race, religion, politics, gender or sexual orientation.

### **Serving Vulnerable People and Populations**

We stand in solidarity with those in need, recognizing and respecting that each individual has the right to be an agent of positive change in his/her own life. IMA supports this right through serving the needs of the vulnerable in our world.

# Tanzania Country Programs



\*NCD: Non-Communicable Disease  
\*NTD: Neglected Tropical Disease

# President's Message

Dear friends,

I am extremely honored to congratulate the IMA Tanzania team on its 20th anniversary of innovative and life-saving work!

Though IMA was founded in 1960, the IMA we know today grew out of a brave and bold new step IMA took in Tanzania in the mid-1990s. With my predecessor Paul Derstine at the helm, IMA recognized the world of international health and development was changing, and that IMA would be stronger and have a greater impact for those in need by changing along with it.

IMA's first ever field project launched in 1994-95 with a focus on treating onchocerciasis (or River Blindness) in Tanzania. The River Blindness Project was funded by 10 IMA Member Organizations along with Merck & Co. to create a truly partnership-oriented effort bringing together faith-based, corporate, government and NGO partners. On this foundation of partnership and collaboration, IMA would become the organization it is today.

Though IMA Tanzania's legacy stretches all over the world, there is an incredible amount to celebrate within Tanzania's borders. IMA's work to support neglected tropical disease and HIV/AIDS projects will have a lasting impact. And I am so proud of how IMA has been a leader in supporting those who suffer from diseases that get less attention, such as our 15 years of groundbreaking Burkitt's Lymphoma work, as well as our support of cervical cancer screening and testing.

Millions upon millions of Tanzanians have received health and healing through IMA's work these past 20 years, and each is worth celebrating. Congratulations, IMA Tanzania!

Cheers,



Rick Santos  
President & CEO  
IMA World Health



*IMA President & CEO Rick Santos during a visit to Tanzania in 2011.*

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# IMA's History

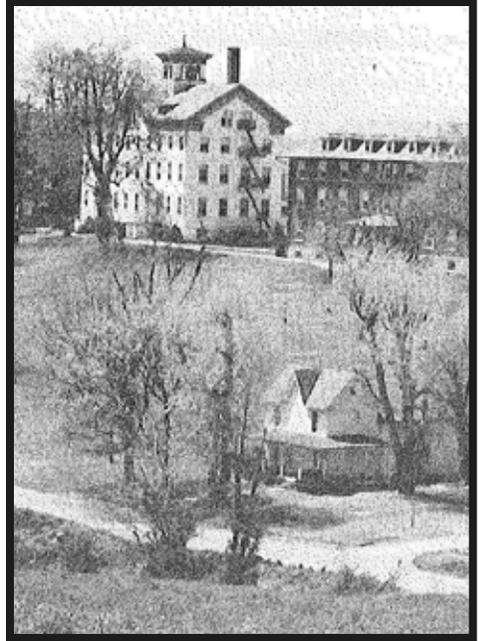
## A SEED OF AN IDEA

The first flicker of inspiration for IMA World Health came from a note received by Mrs. Bertha "Bert" Marker, Supply Secretary of the New Jersey Annual Conference Women's Society and wife of Reverend Charles Marker, pastor of the Princeton Methodist Church. The note, mixed in with supply requests for foreign work, stated, "If you wish to send directly to any missionary or institution under the Woman's Division, you may do so under a contract which our government has with the government of India, without freight, duty or transportation costs. Our hospitals are in great need of these supplies."

Bert knew that pharmaceutical companies often had excess inventory due to the nature of inventory control systems at the time, so she convinced her church's Women's Society of Christian Service to solicit corporate donations to ship to Methodist clinics in India. The first shipment, sent to India in 1953, included nearly a ton of donated vitamins—launching the program that would eventually become IMA World Health.

## IMA IS BORN **1960**

Six years and many shipments later, Bert met with Dr. Harold Brewster, Medical Secretary for the Interdivision Committee for Foreign Work of the Board of Missions of the Methodist Church. Bert wanted to discuss the expansion of the Woman's Society



*An undated photo of the Brethren Service Center. IMA's Maryland office is now located in Old Main, the white building pictured at the top of the image.*

program to meet the massive need in the developing world, within both the Methodist Church and other denominations.

Dr. Brewster proposed the idea to several Protestant mission boards and agencies. In response, six agencies—the United Presbyterian Church, Lutheran World Relief, the United Methodist Church, the Reformed Church in America, the National Council of Churches (Division of Foreign Missions), and the United Church Board for World Ministries—met in New York and drafted a plan for an organization that would centralize the collection and dissemination of medical supplies to developing countries. The organization,

legally incorporated as a nonprofit in New York on October 21, 1960, was called Interchurch Medical Assistance, Inc.

## IMA 1961-2010

IMA's operations officially began in 1961 from its offices at the Inter-Church Center on Riverside Drive, New York City. Arthur Wilde served as the first Executive Director from 1961 to 1979. Dr. Brewster served as the first President of the Board of Directors from 1961 to 1963.

The Church of the Brethren joined as a member organization in September 1961 and offered space at the Brethren Service Center in New Windsor, Maryland, for the storage of medical supplies. IMA established a warehouse in the Center's former school gym—a decision that would eventually determine the future location of IMA's headquarters.

IMA's second Executive Director, Dr. Eugene Grubbs, took the reins in 1980 and served until 1991. A year after Dr. Grubbs' arrival, IMA's headquarters moved from New York to the Brethren Service Center in Maryland to allow for closer contact with the inventory and warehouse staff.

By this point, IMA had begun to receive quite a bit of attention for its support of clinics in the developing world. The 1985 Annual Report even provided a record of a rare meeting between IMA staff and Mother Teresa.

With changes in regulations for international medical donations on the horizon, in the mid-1990s IMA made the bold decision to branch out and begin



*IMA Executive Director Eugene Grubbs and staff meet Mother Teresa in 1985.*

managing health programs in addition to distributing medicines and supplies. This decision would change the course of IMA's future, and the work expanded from neglected tropical disease programs in Tanzania to addressing HIV/AIDS, malaria, and other diseases as well as larger scale integrated health systems strengthening programs in countries throughout the world.

## IMA TODAY

In 2010, Rick Santos became IMA's President & CEO and leads the organization today. IMA currently operates programs in Haiti, South Sudan, Democratic Republic of the Congo and Indonesia keeping a staff of more than 180 people around the world. IMA currently operates two offices in the U.S. and currently keeps its headquarters in Washington D.C.



Children are treated for River Blindness under the supervision of Dr. George Kassiga (right) shortly after the project began in 1994.

## IMA TANZANIA 1994 BEGINS

In 1994, IMA's President Paul Derstine made a key decision in the organization's history. IMA would begin managing programs in addition to delivering medicine and supplies. Under his leadership, IMA partnered with several organizations, including the Tanzanian government, Merck & Co., IMA member organizations and many others to develop a program to treat Onchocerciasis (River Blindness) in Tanzania through the distribution of Mectizan®. This program spurred the establishment of IMA's first field office—in Tanzania—in 1997.

In 1997, Charles Franzén joined the staff as the Resident Representative for IMA to the Tanzania National Onchocerciasis Task Force, becoming IMA's first in-country representative.

By 2006 the program had become more self-sustaining. IMA provided financial, technical, and material assistance for the program in Kilombero, Ulanga, and Kilosa districts. In FY 2006, mass distribution of deworming drugs reached 75% in the three districts, treating a total of 657,175 people.

## BURKITT'S LYMPHOMA PROGRAM BEGINS 2001

Dr. Glen R. Brubaker became the first medical doctor on IMA's staff, and his main role was starting and supporting a program in Tanzania to combat the deadly and disfiguring childhood cancer Burkitt's Lymphoma (BL).

The program was launched in FY 2001 and provided donated medical products and technical assistance and training to the medical staff of identi-



***Nine-year old Veronica sits with her mother and sister before treatment for Burkitt's Lymphoma in 2011.***

fied Tanzanian hospitals for treatment of BL. Seventeen Tanzanian hospitals in the north part of the country participated in the program, which grew to include 38 faith-based and public sector health care facilities.

IMA has a longstanding partnership with Ocean Road Cancer Institute to build capacity of these health care facilities through training of health care providers (clinicians, nurses, laboratory, pharmacy staff, and students) on BL diagnosis and treatment. IMA also provides access to the proper chemotherapy drugs needed to cure the disease. In 2009, IMA also facilitated the development of the Burkitt's Lymphoma National Treatment Guidelines—the first cancer guidelines to be published in the country.

To date, IMA has treated over 4,500 children and trained 2,000 health care



***BL is often misdiagnosed as an abscess or dental issue when it appears as swelling in a child's jaw.***

workers to identify and properly treat the disease.

The founding partners included:

- Shirati Mennonite Hospital
- Pharmacia
- BD (Becton Dickinson)
- Trocaire, Ireland

## BUILDING A PARTNERSHIP

### **An excerpt from IMA's 2005 Annual Report.**

Soon after the CSSC came into being, IMA World Health began operating in Tanzania by assisting the River Blindness program in the Mahenge focus area in Morogoro Region. As IMA's member church agencies are Protestant, it made perfect sense to collaborate with a national ecumenical body which represents Christians of all denominations in Tanzania, and good relations were established with the CSSC and its directorate.

In 1997, when IMA appointed its first overseas staff person to work with the national River Blindness program, it seemed natural that he would be placed within the CSSC building and

that CSSC would be a full-fledged partner within the program.

For eight years this partnership has worked with very good results. Not a single person was treated with Mectizan® in 1993, but by 2004 a total of nearly two million people received their yearly doses. Collaboration with CSSC was so successful that by the year 2000, the Gates Foundation had provided funds to begin attacking the problem of lymphatic filariasis in the country, and CSSC was a partner in this new program as well. More than three million people are now treated annually with Mectizan® and albendazole. In addition, a national Burkitt's Lymphoma program was initiated by IMA and closely involved CSSC and its member institutions.



*IMA President & CEO Rick Santos and Dr. Adeline Kimambo, Executive Director of Christian Social Services Commission, meet to discuss the partnership in 2011.*

# AT A GLANCE IMA IN TANZANIA

## ADDRESSING NON-COMMUNICABLE DISEASES

IMA's Burkitt's Lymphoma program was launched in 2001 to provide donated medical products and technical assistance and training to the medical staff in Tanzanian hospitals for treatment of the disease.

2001

## ORPHANS AND VULNERABLE CHILDREN

AIDS can devastate a family and leave children on their own. IMA's Orphans and Most Vulnerable Children Project helped orphans and vulnerable children in Lushoto District of Tanzania's Tanga region by providing free medical care and clean bedding materials including mattresses, blankets and sheets.

2005

2005

## HOME BASE CARE PROJECT

IMA participated in a community home-based care (HBC) program to improve the health status and overall well being of people living with HIV/AIDS.

## CAPACITY PROJECT

The project created compatible human resources information systems that can be integrated and used to assist with national human resources for health planning and policy development, improve health care service provision and reduce disparities in service delivery between FBOs and public facilities.

2006

2008

## MALARIA PROGRAM

With funding from USAID through RTI International, IMA provided monitoring & evaluation and technical assistance to the Christian Social Services Commission (CSSC) in the effort to distribute malaria nets and increase access to IPT and ACT among children and pregnant women in 160 villages in southern Tanzania.

## HUMAN RESOURCES

Funded by USAID and led by IntraHealth, IMA provided technical assistance to CSSC for implementing the rollout of a nationwide human resource information system (HRIS) that will support all the faith-based and private sector health institutions in Tanzania.

2009

2011

## CERVICAL CANCER

IMA World Health is working to stop cervical cancer in Tanzania through prevention, screening, and treatment for those diagnosed early. IMA selected Tanzania's Mara region to address cervical cancer because HIV was surging there—rising from 3.5% in 2003–2004 to 7.7% in 2007–2008.

2011

2012

## ENVISION NTD

IMA supports mass drug administration (MDA) in 80 districts across 13 regions in Tanzania through school and community based mass drug administration reaching over 15 million individuals. Through this support, the TZNTDCP is on track to reach the WHO goal for lymphatic filariasis elimination by 2020 and control of other NTDs.

2013

## LEAD PROJECT

The project is designed to strengthen and scale up quality HIV care and treatment, TB/HIV and Prevention of Mother to Child Transmission (PMTCT) services in Tanzania to ensure that people living with HIV/AIDS (PLHA) and their families experience improved health and well-being.

## MORBIDITY MANAGEMENT FOR NTDs

IMA is working to address the pain and symptoms for those chronically infected by NTDs by providing LF hydrocele and trachoma trachiasis (TT) surgeries for over 15,000 individuals in Lindi and Mtwara Regions.

## ADDRESSING NTDS

IMA partnered with several organizations, including the Tanzanian government, Merck & Co., IMA member organizations, and many others to develop a program to treat Onchocerciasis (River Blindness) in Tanzania through the distribution of Mectizan®.

1994

## HIV/AIDS PROGRAMMING

As a partner in the AIDSRelief consortium of five U.S. organizations IMA began to build capacity of Tanzania's health care facilities for provision of HIV care and treatment services.

2004



*AIDSRelief in Tanzania has provided HIV care to 140,693 patients.*

## AIDSRelief

2004

**Donors:** PEPFAR

**Partners:**

Ministry of  
Health and Social  
Welfare

Futures Group  
Institute of  
Human Virology

Catholic Relief  
Services (Lead)



*The program has maintained active ART for 36,978 patients.*

A consortium of five U.S. organizations led by Catholic Relief Services, including IMA, was awarded a grant under the US President's Emergency Plan for AIDS Relief (PEPFAR) in 2004 to provide medical care and treatment to people living with HIV/AIDS. IMA played a key role in supporting scale-up of care and treatment services for HIV in Tanzania. Initially, project start-up entailed work through faith-based hospitals and

organizations (FBOs) and expanded to include government hospitals. In 2006 project support was expanded to four regions (Mara, Tanga, Manyara, and Mwanza). As national partner capacity strengthened, the consortium began transitioning the program to local partners for long-term sustainability in 2009. IMA's long-term partner, Christian Social Services Commission (CSSC) of Tanzania, a

national umbrella faith-based organization, was selected as one of the transition local partners.

### **Achievements**

- Transitioned health care and treatment facilities to CSSC beginning with Sengerema district in Mwanza and Rorya district in the Mara region by 2011. By April 2013, all remaining districts in Mwanza transitioned to CSSC.
- Improved infrastructures and furniture
- Provision of hospital equipments and transportation
- Provided HIV care to 140,693 patients
- Initiated 73,213 patients on ART

### **Project Activities**

IMA built capacity of more than 80 public and faith-based local partner treatment facilities. Working in partnership with the GOT and FBOs to support the project's supported facilities, IMA provided capacity building in financial and program management; supportive supervision and on site mentorship; training in US Government grant regulations and compliance; support for work-plan and budget development; and monitoring of technical assistance and commodity needs.

## **CHANGING LIVES: AIDSRelief**

### **Zuhura - 37 years old**

December 2010

"In 2005, I lost my baby at 1 ½ years of age, followed by my husband six months later after a long standing illness.

Eventually, I went to the Voluntary Counseling and Testing (VCT) clinic and on August 3, 2005, I was told that I was HIV positive.

I thought that was the end of my life! I remember I cried for almost two weeks and could not eat anything. I started blaming myself and my husband. I wanted to die.

Luckily, I landed into the hands of a Good Samaritan who took me to Korogwe District Hospital, where I enrolled into the ART Clinic. When they checked my CD4 it was 150. I was started on ARVs. At that time I felt ashamed and did not want anybody to know that I was HIV positive.

Through regular meetings with my friends, I realized that I was not alone. I gained confidence and was able to interact with other people without fear. In 2007, I was the first person in my village (Magoma) to disclose my HIV status publicly on the World AIDS Day. Since then I support and encourage my fellow HIV positive patients not to despair and to continue taking their medicines and not to miss their clinic appointments for follow-up check-ups.



*IMA managed the procurement and distribution of supplies for 27,000 HIV/AIDS patients through the Tutunzane Community Home Based Care program.*

## HIV Home Based Care Program

**Donor:** Centers for Disease Control and Prevention

**Partner:**  
Pathfinder International

**Tutunzane: ('Let us Take Care of Each Other') Community Home-Based Care 2005-2009:**

IMA managed the procurement and distribution of home-based care kits and supplies for 27,000 HIV/AIDS patients, providing services to patients in the comfort of their own homes in 30 districts from 2005 to 2009.

**2005** With funding from the CDC through Pathfinder International, IMA worked to improve the health status and overall well-being of people living with HIV/AIDS in Tanzania. IMA procured and distributed home based care kits and created working partnerships with community and other HIV/AIDS programs. The objective was to establish and strengthen comprehensive Home Based Care (HBC) and OVC activities in Songea and Mbinga Districts, Ruvuma region



*IMA provided training and technical assistance to the CSSC central office.*

## Capacity Project

2006

**Donors:** USAID

**Partner:**  
IntraHealth

### **Capacity Project: Health Facilities & Human Resources Geographic Information System (HF/HR-GIS)**

IMA developed the HR-GIS in collaboration with CSSC. The purpose was to establish a solid basis for recognition of FBO contributions in health care provision, and to support integration of FBO information within the broader global and national information infrastructure. Key activities included collecting facility location and personnel data to support the mapping and database development processes; design of systems and procedures for

maintaining the data; targeted training and technical assistance to the CSSC central office and five zonal secretaries. The information developed through this project provides new insight into the geographic distribution of FBO HR across Tanzania. The HR-GIS contains a relational database with multi-variate information on over 850 FBO health facilities and 15,000 personnel throughout all 21 regions of Tanzania. Overall, the project created compatible human resources information systems that can be integrated and used to assist with national human resources for health planning and policy development, improve health care service provision and reduce disparities in service delivery between FBOs and public facilities. The data was used to inform targeted HRH interventions that followed e.g. the Tanzania Human Resource Capacity Project.

## Distributing Malaria Nets

2008

**Donor:** USAID

**Partner:**

RTI International

### Malaria Communities Program

With funding from USAID through RTI International, IMA provided monitoring & evaluation and technical assistance to the Christian Social Services Commission (CSSC) in the effort to distribute malaria nets and increase access to IPT (intermittent preventive treatment) and ACT (artemisinin-based combination therapy) among children and pregnant women in 160 villages in southern Tanzania.

## HR Information System

2009

**Donor:** USAID

**Partner:**

IntraHealth

### Tanzania Human Resource Capacity Project

Funded by USAID and led by IntraHealth, IMA provided technical assistance to CSSC for implementing the rollout of a nationwide human resource information system (HRIS) that will support all the faith-based and private sector health

institutions in Tanzania. At public and faith-based health facilities in Tanzania and Zanzibar, the project installed an electronic human resources information system, iHRIS Manage, developed by IntraHealth to help health leaders design and manage a comprehensive human resources strategy. Following installation, the project trained local staff to use the software, and local partners to provide technical and management support to ensure the system's sustainability.

## Orphans and Vulnerable Children

2009

**Donor:** Global Fund for HIV/AIDS, TB, and Malaria

**Partner:**

PACT

Funded by the Global Fund and led by Pact, the goal of this project was to reduce the adverse effects of HIV/AIDS, poverty, exploitation and abuse on orphans and children identified as most vulnerable. IMA provided technical assistance for provision of integrated services including health care, educational support, vocational training, psychosocial and nutritional support to OVCs in 76 villages in the Lushoto District. IMA worked closely with the District Social Welfare offi-



***More than 3,300 eligible orphans and vulnerable children enrolled for health services and provision of community health fund (CHF) cards for free medical coverage at public health care facilities.***

cials in addition to ward and village executive officers to strengthen district and community level coordination mechanisms.

Key results of the project include over 3,300 eligible orphans and most vulnerable children enrolled for health services and provision of community health fund (CHF) cards for free medical coverage at public health care facilities; over 400 Most Vulnerable Children Committee

(MVCC) members and village executive officers were trained and oriented on their roles and responsibilities in supporting OVC in their respective villages, which strengthened local capacity for improved management of OVCs in the community.



*The Cervical Cancer Prevention and Control program has treated more than 300 VIA-positive women for cervical cancer the same day they were diagnosed.*

## CERVICAL CANCER

2011

IMA World Health is working to identify and treat cervical cancer in Tanzania by improving access to screening, and treatment for services. Under the LEAD project, IMA selected to work in Mara region at 4 District hospitals (Shirati, Tarime, Bunda and Musoma) to address cervical cancer because of high HIV prevalence rates. In addition, IMA is providing technical support to CSSC at 2 hospitals (Sekature and Magu) and have plans to expand to 2 more hospitals (Geita and Sengerema) in the near future in Mwanza region.

Being HIV positive increases the risk of developing cervical cancer by at least 50% and hastens onset of the disease by as much as 10 years. The Cervical Cancer Prevention and Control program builds on IMA's

### DONORS:

IZUMI Foundation	Week of Compassion
American Baptist Churches (USA)	CDC
	Private Donors

### Partners:

Shirati KMT Hospital	Musoma Regional Hospital
	District Hospitals

In Tanzania, the burden of cervical cancer is already among the world's highest, being 50 percent higher than all East Africa and nine times higher than North America and Europe. Fortunately, cervical cancer is nearly 100 percent curable if caught in its early stages.



*In three years, IMA screened over 5,000 women between 30 and 40 years of age.*

HIV/AIDS work in the same region through Project LEAD.

### **Key Achievements**

In three years, IMA screened over 5,000 women between 30 and 40 years of age.

We have also:

- Trained 21 health care workers in screening techniques using the visual inspection with acetic acid (VIA) approach and providing early diagnosis and cryotherapy treatment.
- Treated more than 300 VIA-positive women for cervical cancer the same day they were diagnosed.
- In collaboration with the Ministry of Health and Social Welfare, developed national information, education, and communication materials to raise community awareness about the importance of screening and early treatment.
- Built a cancer database so health workers can track which women have been screened and treated for cervical cancer at their facilities.
- As we screened for cervical cancer, our program also advocated checking for breast cancer. As a result, we referred 46 women for further breast cancer testing and treatment.

## ENVISION NTD 2011 KEY ACHIEVEMENTS

**Donor:** USAID

**Partners:**

Ministry of Health and Social Welfare      RTI International

The Tanzania NTD Control Program (TZNTDCP) is led by the Ministry of Health and Social Welfare (MOHSW) through the NTD Secretariat in coordination with several national and international partners. IMA has been working with the TZNTDCP with USAID/RTI support since 2010, and with ENVISION funding since 2011.

The TZNTDCP focuses on the five most common NTDs: lymphatic filariasis, onchocerciasis, schistosomiasis, trachoma, and soil-transmitted helminthes. IMA has been working closely with the NTD Secretariat to build capacity, coordinate activities, and provide technical assistance for monitoring and evaluation, and supervision for NTD related activities.

IMA works to build region and district level NTD Teams to implement mass drug administration (MDA) in 80 districts across 13 regions in Tanzania, distributing over 40million treatments to over 15 million individuals annually and training more than 50,000 community drug distributors, frontline health workers, and teachers who provide treatment. Through IMA support, Tanzania is on track to reach the WHO elimination goals for lymphatic filariasis by 2020.

- Conducted Tanzania's first school-based MDA by treating school-aged children with a second round of albendazole and a round of praziquantel where needed.
- In the largest national public health campaign to date in Tanzania, co-implemented a community NTD MDA and Measles and Rubella vaccination campaign in 2014.
- Field tested the new NTD data quality assessment (DQA) tool, which highlighted key gaps in data quality and program improvement needs.
- Carried out pre-transmission assessment surveys (TAS) in 24 districts and 12 midterm lymphatic filariasis assessments; preliminary results show disease transmission has been interrupted in most districts.
- Developed a road map for trachoma elimination through an updated Trachoma Action Plan, and covered gaps in trachoma mapping and impact surveys.



*IMA works with the TZNTDCP to carry out school based and house to house community MDAs.*



*IMA works to build region and district level NTD Teams to implement mass drug administration (MDA) in 80 districts across 13 regions in Tanzania, distributing over 40million treatments to over 15 million individuals annually.*



*LEAD Project is a successor of the AIDSRelief Project, with IMA continuing to work with districts and service delivery points to provide high quality prevention, care, and treatment services for HIV/AIDS.*

## **LEAD PROJECT 2012**

**Donors:** PEPFAR, CDC

**Partners:**

Ministry of Health and Social Welfare

Futures Group  
Institute of Human Virology

Catholic Relief Services (Lead)

The Local Partners Excel in Comprehensive HIV & AIDS Service Delivery (LEAD) Project (2012–2016) is a successor of the AIDSRelief Project, with IMA continuing to work with districts and service delivery points to provide high quality prevention, care, and treatment services for HIV/AIDS.

### **Project Approach**

The LEAD Project is designed to strengthen and scale up quality HIV care and treatment, TB/HIV, and

Prevention of Mother to Child Transmission (PMTCT) services in Tanzania to ensure that people living with HIV/AIDS (PLHA) and their families experience improved health and well-being. IMA provides technical assistance to support rapid scale-up of antiretroviral therapy (ART) in three regions—Mara, Manyara, and Tanga—to more than 60 districts and over 30 public and faith-based local partner treatment facilities.

### **Key Technical Areas include:**

- Capacity building of health workers in HIV prevention, care, and treatment service delivery, including:
- Provider initiated testing and counseling (PITC)
- Prevention of Mother to Child Transmission and Early Infant Diagnosis

- Strengthening laboratory systems and supply chain management systems
- Strengthening health management information systems
- Improving the HIV/AIDS linkages and referral systems in communities and within hospitals and health centers.

### Key Achievements

- Provision of HIV care to more than 80,000 patients and initiation of over 50,000 patients on ART
- Transition of more than 50 sites in the Mwanza region to Christian Social Services Commission (CSSC), IMA's local partner, as a result of successful capacity building approach to strengthen CSSC's organizational and technical capacity.
- Strengthened supply chain system for HIV/AIDS commodities at facility level through the procurement and distribution of laboratory equipment and commodities and drugs to treat HIV and opportunistic infections.

## NTD MORBIDITY MANAGEMENT

### Hydrocelectomy 2012

**Donors:** Presbyterian Churches USA (PCUSA), IZUMI Foundation

With seed funding from Presbyterian Churches USA (PCUSA), in 2012 IMA began the work of addressing the high burden of LF-related hydrocele, a

debilitating condition for men, in the Lindi Region. Trainings are conducted at health facilities covering a) hydrocelectomy by partial excision of Tunica Vaginalis technique, b) use of local anesthesia to perform hydrocelectomy, and c) patient care pre-, intra-, and post-op.

In 2014, IMA received additional funding from the IZUMI Foundation to expand the reach and assist in reducing the backlog of men in need of hydrocelectomy. To date, IMA has carried out over 2000 surgeries.

The projects have increased awareness of the availability of treatment for hydrocele among community members, increased involvement in MDA and they have greatly reduced the different myths and stigma about chronic LF disease.

### Trachoma Surgery

**Donors:** DFID, Sightsavers

#### Partner:

International Coalition for Trachoma Control (ICTC)

In late 2014, in collaboration with the International Coalition for Trachoma Control (ICTC) and funding from DFID and Sightsavers, IMA began working with the TZNTDCP to address the backlog of trichiasis (TT) cases and provide patients with surgical services and other case management to help relieve pain, enable individuals to return to work, and prevent vision loss and blindness. IMA is on track to provide TT surgeries for over 13,700 patients over the next 5 years.



Children are treated for River Blindness under the supervision of Dr. George Kassiga. (right)  
The program brought IMA to Tanzania and began a partnership with the Tanzanian government and people that has lasted two decades.



[www.imaworldhealth.org](http://www.imaworldhealth.org)

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