PROGRAM REPORT

PROGRAM ENDED IN 2019

Mobile Healthcare Field Clinic Services

Daiichi Sankyo

Submitted as part of Access Accelerated

Access Observatory

Contents

The information in this report has been submitted by the company concerned to the Access Observatory as part of its commitment to Access Accelerated. The information will be updated regularly. For more information about the Access Observatory go to www.accessobservatory.org

Program Description

Program Overview

1 Program Name

Mobile Healthcare Field Clinic Services

2 Diseases program aims to address

- Cardiovascular Disease: Hypertension
- Other Non-NCD: Maternal and infants' condition

3 Beneficiary population

- Children under 5 years
- Women

4 Countries

- Tanzania

5 Program start date

July 1, 2016

6 Anticipated program completion date

June 30, 2019

7 Contact person

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8 Program summary

Mobile Healthcare Field Clinic project was commissioned in 2016 to provide health services to people living in remote villages of Tanzania who have limited access to health facilities. This is not a pilot project.

The objectives of the project include:

- To improve immunization ratio among infants less than one year old from a baseline of 42% to a target of 90%.
- To improve the ratio of women who receive antenatal care from a baseline of 21% to a target of 66%.

As part of the project, we provide vaccinations, health examinations including screening women for hypertension, and other basic healthcare services via mobile healthcare field clinics to children under the age of one and mothers in regions lacking sufficient access to healthcare. In addition, the project also trains healthcare professionals and community healthcare workers and conducts immunization and disease prevention awareness raising activities in communities. In this way, Mobile Healthcare Field Clinic project contributes towards achieving the third Sustainable Development Goal set by the United Nations, ensuring healthy lives and promoting the well-being for all at all ages. [1]

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Communication	Conduct awareness meetings and campaigns in communities.
Planning	Hold community engagement and planning meetings.
Technology	Provide information systems and tools used in the communication campaign.

Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Training	Train healthcare professionals and community healthcare workers.

Strategy 3: Health Service Delivery

ACTIVITY	DESCRIPTION
Screening	Conduct antenatal check-ups and screen pregnant mothers for hypertension. Escalate to a health center in case of gestational diabetes if judged necessary.
Treatment	Provide treatment for children and mothers in the mobile clinic.
Diagnosis	Diagnose common illnesses by using patient history telling, physical observation, and so on.
Planning, Prevention	Hold planning meetings for the program Provide children free immunization.

10 Strategy by country

STRATEGY	COUNTRY
Community Awareness and Linkage to Care	Tanzania
Health Service Strengthening	Tanzania
Health Service Delivery	Tanzania

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Daiichi Sankyo	1. Planning, monitoring and evaluating the program with NGO (Plan International). 2. Provision of mobile healthcare van. 3. Funding.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Local Government	To increase the speed and standard of vaccines in the District, in aiming to reach to all children mostly those who live in remote areas and in poor conditon surrounded by poverty. [No URL provided]	Public
Plan International	Plan International's role is the preparation of the project, establishment of the implementation plan and execution of the plan. Plan International has an experience for more than twenty years in Tanzania and already has established a good relationship with local administration and residents in this area. Also, it has provided a mobile healthcare clinic service in Kisarawe district since 2011 and accumulated the operating know-how. https://www.plan-international.jp/english/	Voluntary

13 Funding and implementing partners by country

PARTNER	COUNTRY
Local Government	Tanzania
Plan International	Tanzania

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT
Government	Procurement and arrangement of vaccine, support of mobile healthcare field clinics.
Non-governmental organization (NGO)	Planning, implementing and reporting of the program, coordination with parties concerned.
Healthcare professional and community health workers	Raising awareness about health and hygiene for communities, significance of vaccination, and recording of vaccination.

Local Context, Equity & Sustainability

15 Local health needs addressed by program

We provided mobile healthcare field clinic services in cooperation with NGOs (Plan International), local government, and local communities in Kisarawe district in Tanzania for five years. However, there are still some areas in Tanzania where the infant and maternal mortality rates remain high and the access to healthcare is insufficient.[2] We believe that the implementation of mobile healthcare field clinic service to improve access to healthcare in new areas (Kilombello district) will contribute to achieving Goal 3 of SDGs.

a How needs were assessed

[No response provided]

b Formal needs assessment conducted

[No response provided]

16 Social inequity addressed

Yes, our program addresses inequitable access to healthcare in remote communities in Tanzania.* The target District of our program is an area with limited healthcare access in Tanzania, and our program aims to address high infant and maternal mortality rates in these remote areas.

*See Tanzania DHS 2015-16 pgs 182,211.

17 Local policies, practices, and laws considered during program design

The mobile healthcare field clinics directly deliver services that affect the health and lives of those who do not have access to appropriate healthcare due to poverty or transportation infrastructure. In line with Tanzania's laws, the mobile healthcare clinic uses qualified and certified healthcare workers to provide health services. In addition, the healthcare workers use Tanzania's treatment and immunization guidelines and dispense medicines that are listed in the essential medicines list. Furthermore, all the services we provide including awareness raising of the significance of immunization and implementation of vaccination, the delivery of medical services, management before and after childbirth, and health and sanitation education to community members are in accordance with local practices and regulations.

18 How diversion of resources from other public health priorities is avoided

[No response provided]

Local Context, Equity & Sustainability

19 Program provides health technologies (medical devices, medicines, and vaccines)

[No response provided]

20 Health technology(ies) are part of local standard treatment guidelines

N/A

21 Health technologies are covered by local health insurance schemes

N/A

22 Program provides medicines listed on the National Essential Medicines List

N/A

23 Sustainability plan

Our company will transition the activities to the local government at the end of the program and we are in ongoing discussions with the local government on how to make this transition.

Additional Program Information

24 Additional program information

Issues and improvements discussed among people concerned, and voices obtained from beneficiary on an annual basis

a Potential conflict of interest discussed with government entity

[No response provided]

25 Access Accelerated Initiative participant

Yes

26 International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) membership

Yes

Resources

1. Daiichi-Sankyo. Activities in Tanzania(FY2016-2018). Accessed from http://www.daiichisankyo.com/about_us/responsibility/csr/business/medical/tanzania/report01.html
2. State of the World's Children, UNICEF (Table 1: Basic indicator, P118 & Table 8: Women, P146)

Program Indicators

PROGRAM NAME

Mobile Healthcare Field Clinic Services

27 List of indicator data to be reported into Access Observatory database

	INDICATOR	TYPE	STRATEGY	2016	2017	2018	2019
1	Value of resources	Input	All Program Strategies	---	---	---	131,697 Dollars
2	Population exposed to community communication activities	Output	Community Awareness and Linkage to Care	5,597 people	13,509 people	2,591 people	0 people
3	Knowledge of disease symptoms (vaccinations administered on children)	Outcome	Community Awareness and Linkage to Care	68% of community members	---	---	99.5% of community members
	Knowledge of disease symptoms (Bleeding)	Outcome	Community Awareness and	60% of community members	---	---	71% of community members
	Knowledge of disease symptoms (Fever)	Outcome	Community Awareness and	40% of community members	---	---	48.5% of community members
4	Number of people trained	Output	Health Service Strengthening	115 people	110 people	44 people	0 people
5	Number vaccinated (DPT3)	Output	Health Service Delivery	---	5,934 people	7,025 people	2,088 people
	Number vaccinated (MR1)	Output	Health Service Delivery	---	7,428 people	5,859 people	2,017 people
	Number vaccinated (MR2)	Output	Health Service Delivery	---	7,204 people	2,974 people	1,798 people
	Number vaccinated (Tetanus)	Output	Health Service Delivery	---	4,434 people	2,290 people	934 people

PROGRAM NAME

Mobile Healthcare Field Clinic Services

27 List of indicator data to be reported into Access Observatory database

	INDICATOR	TYPE	STRATEGY	2016	2017	2018	2019
6	Proportion of population on vaccination (DPT3)	Output	Health Service Delivery	42% of children	---	---	94% of children
	Proportion of population on vaccination (Measles)	Output	Health Service Delivery	78% of children	---	---	96% of people
	Proportion of population on vaccination (Tetanus)	Output	Health Service Delivery	51% of mothers	---	---	92% of mothers
7	Number of patients receiving health services (Infants)	Output	Health Service Delivery	---	63,411 people	78,965 people	---
	Number of patients receiving health services (pregnant women within 12 weeks)	Output	Health Service Delivery	---	2,752 people	2,018 people	133 people
	Number of patients receiving health services (pregnant women within 16 weeks)	Output	Health Service Delivery	---	2,782 people	1,797 people	699 people
8	Proportion of patients receiving antenatal care before 16 weeks up (based on baseline survey)	Output	Health Service Delivery	---	---	---	21% of pregnant women
	Proportion of patients receiving antenatal care before 16 weeks up (based on the evaluation survey)	Output	Health Service Delivery	---	---	---	53.4% of pregnant women
9	Number of mobile healthcare field clinic visits	Output	Health Service Delivery	---	521 outreach visits	569 outreach visits	288 outreach visits
10	Proportion of users satisfied with services received	Outcome	Community Awareness and Linkage to Care; Financing	70% of patients	---	---	99% of patients

INDICATOR **Value of resources**

STRATEGY ALL PROGRAM STRATEGIES

1

	ITEM	DESCRIPTION
	Definition	Total expenditure by company to operate program, including all expenditures that can reasonably be defined as necessary to operate the program
	Method of measurement	Program administrative records or accounting or tax records provide details in the expenditures on the program in a defined period of time Calculation: Sum of expenditures (e.g., staff, materials) on program in US $
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partner: Plan International	A member of the local implementing partner (Plan Tanzania) records the expenses data in a timely manner as they occur.	Ongoing
31	Data processing	Implementing partner: Plan International	A member of the local implementing team (Plan Tanzania) reviews all the actual expenditures of the project comparing them with the invoices and budgeted expenditures every 6 months. Any discrepancies between the reported expenses and invoices are reconciled. Plan Tanzania sums up all the verified expenses every 6 months and prepares a financial statement which is sent to Plan Japan.	Every 6 months
32	Data validation		Plan Japan reviews and confirms the financial data submitted by the local implementing partner (Plan Tanzania). After its review, Plan Japan submits the financial statement to Daiichi Sankyo, who also reviews the report and ask for clarifications if necessary.	

33 Challenges in data collection and steps to address challenges

At the present time, we do not have a significant problem.

INDICATOR	2016-2019
1 Value of resources	131,697 Dollars

Comments: This value includes project management cost and local program management cost including local dedicated staff. The costs for activities are not included. We would like to keep this value confidential.

INDICATOR

Population exposed to community communication activities

2

STRATEGY COMMUNITY AWARENESS AND LINKAGE TO CARE

	ITEM	DESCRIPTION
	Definition	Number of population reached through a community awareness campaign
	Method of measurement	Counting of participants that attend campaign meetings or reached by media messaged disseminated Calculation: Number of people/participants in the target audience segment who participated/attended the community awareness campaign recorded in a given period of time
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partners: Plan International; local government	Project staff of the implementing partner counts the number of participants to the awareness campaigns and health days. Awareness campaigns are conducted based on a schedule. And the data are collected at each time.	Ongoing
31	Data processing	Implementing partner: Plan International	A member of the local implementing partner (Plan Tanzania) sums the number of participants to the awareness campaigns every three months and prepares and submits the attendance report to Plan Japan.	Every three months
32	Data validation		Plan Japan reviews and confirms the attendance data submitted by the local implementing partner (Plan Tanzania). After its review, Plan Japan submits the attendance report to Daiichi Sankyo, who also reviews the report and asks for clarifications if necessary.	

33 Challenges in data collection and steps to address challenges

At the present time, we do not have a significant problem.

INDICATOR	2016	2017	2019	2019
2 Population exposed to community communication activities	5,597 people	13,509 people	2,591 people	0 people

Comments: 2016: Number of participants to the awareness campaigns in the preparatory phase. 2017: Number of participants to the awareness campaigns. 2018: The value (2,591) is the number of participants to the awareness for the importance of vaccination. Number of participants to the awareness campaigns has not been calculated since 2018 because the awareness campaign was incorporated into Health Day. Health Day is an activity which outreach visit and community awareness campaign are conducted on the same day. 2019: Number of participants to the awareness campaigns: The awareness-raising activities have two kinds. one is the awareness campaign which had conducted for the first two years of the project. Therefore, the value of this period is 0. Another is a health day event. We could not get the number of the health day event.

INDICATOR **Knowledge of disease symptoms**

STRATEGY COMMUNITY AWARENESS AND LINKAGE TO CARE

3

	ITEM	DESCRIPTION
	Definition	Percentage of population that correctly identified disease symptoms or warning signs out of total target population. Along with the indicator value the target population needs to be described
	Method of measurement	The target population is asked to identify the symptoms or warning signs of the disease or health condition under consideration Calculation: $\frac{\text{Number of survey responders that correctly identified the disease symptoms or warning signs}}{\text{Number of people surveyed}} \times 100$
28	Data source	Nom-routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partner: Plan International	A member of the local team (implementing partner) ask the residents about the knowledge of vaccination, advantages of antenatal check-up and danger signs during pregnancy using a questionnaire. This investigation is conducted at the beginning and the end of the project.	One-time event
31	Data processing	Implementing partner: Plan International	A member of the local implementing partner (Plan Tanzania) processes the data by calculating the proportion of people with knowledge of the pregnancy danger signs at the beginning and end of the project., The change in the proportion with knowledge of symptoms at the beginning and end of the project is also calculated. Plan Tanzania prepares the report and submits it to the implementing partner (Plan Japan).	One-time event
32	Data validation		Plan Japan reviews and confirms the data submitted by the local implementing partner (Plan Tanzania). After its review, Plan Japan submits the report to Daiichi Sankyo, who also reviews the report and asks for clarifications if necessary.	

33 Challenges in data collection and steps to address challenges

At the present time, we do not have a significant problem. We already collected the data in the baseline investigation at the beginning of the project.

INDICATOR **Knowledge of disease symptoms**

STRATEGY COMMUNITY AWARENESS AND LINKAGE TO CARE

3

INDICATOR	2016	2017	2018	2019
3 Knowledge of disease symptoms (On vaccinations administered to children immediately after birth)	68% of community members	---	---	99.5% of community members

Comments:

2016: Percentage of community members with knowledge on vaccinations administered to children immediately after birth. Ratio value is 68. A sample size (Denominator) is 519. Since actual response rate is not obtained, we estimate the Numerator from the obtained Ratio value.

2019: Percentage of community members with knowledge on vaccinations administered to children immediately after birth. Ratio value is 99.5. A sample size (Denominator) is 445. Since actual response rate is not obtained, we estimate the Numerator from the obtained Ratio value.

INDICATOR	2016	2017	2018	2019
3 Knowledge of disease symptoms (Bleeding)	60% of community members	---	---	71% of community members

Comments:

2016: Percentage of pregnant women with knowledge of danger signs (Bleeding). Ratio value is 60. A sample size (Denominator) is 462. Since acutual response rate is not obtained, we estimate the Numerator from the obtained Ratio value.

2019: Percentage of pregnant women with knowledge of danger signs (Bleeding). Ratio value is 71. A sample size (Denominator) is 301. Since acutual response rate is not obtained, we estimate the Numerator from the obtained Ratio value.

INDICATOR	2016	2017	2018	2019
3 Knowledge of disease symptoms (Fever)	40% of community members	---	---	48.5% of community members

Comments:

2016: Percentage of pregnant women with knowledge of danger signs (Fever). Ratio value is 40. A sample size (Denominator) is 462. Since acutual response rate is not obtained, we estimate the Numerator from the obtained Ratio value.

2019: Percentage of pregnant women with knowledge of danger signs (Fever). Ratio value is 48.5. A sample size (Denominator) is 301. Since acutual response rate is not obtained, we estimate the Numerator from the obtained Ratio value.

INDICATOR **Number of people trained**

STRATEGY HEALTH SERVICE STRENGTHENING

4

	ITEM	DESCRIPTION
	Definition	Number of trainees
	Method of measurement	Counting of people who completed all training requirements Calculation: Sum of the number of people trained
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partners: Plan International; local government	A member of the local team (implementing partner) cordinates and arranges the training session for healthcare professionals and community healthcare workers attending a training program. Training programs are conducted based on a schedule. They count the number of participants and record it.	Ongoing
31	Data processing	Implementing partner: Plan International	A member of the local implementing partner (Plan Tanzania) processes the data by summing the number of people who have been trained in the past three months. Plan Tanzania prepares the report and submits it to the implementing partner (Plan Japan).	Every three months
32	Data validation		Plan Japan reviews and confirms the data submitted by the local implementing partner (Plan Tanzania). After its review, Plan Japan submits the report to Daiichi Sankyo, who also reviews the report and asks for clarifications if necessary.	

33 Challenges in data collection and steps to address challenges

At the present time, we do not have a significant problem. However, since examinations are not taken after the training, it is difficult to evaluate the trainees' level of understanding.

INDICATOR	2016	2017	2018	2019
4 Number of people trained	115 people	110 people	44 people	0 people

Comments: 2016: The training session for healthcare professionals and community healthcare workers was conducted during the preparatory phase. Healthcare professionals trained was 43 and community healthcare workers trained was 72. 2017: Number of healthcare professionals who took the training session (42). Number of community healthcare workers who took the training session (68). 2018: Number of healhcare professionals who took the training session (44). Number of community healthcare workers who took the training session (0). 2019: The training for healthcare professionals and community healthcare workers had been finished by the end of December, 2019.

INDICATOR **Number vaccinated**

STRATEGY HEALTH SERVICE DELIVERY

5

	ITEM	DESCRIPTION
	Definition	Number of children and pregnant women who received vaccines.
	Method of measurement	Routine program data on the number of populations receiving the vaccines program.
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partners: Plan International; local government	The health facilities vaccinate pregnant women and children and keep records of the people vaccinated.	Ongoing
31	Data processing	Implementing partner: Plan International	A member of the local team (implementing partner) checks the Tanzania Monthly Health Facility Report and counts the number of children and pregnant women who were vaccinated with the vaccines of interest. Plan Tanzania prepares the report and submits it to Plan Japan.	Every month
32	Data validation		Plan Japan reviews and confirms the data submitted by the local implementing partner (Plan Tanzania). After its review, Plan Japan submits the report to Daiichi Sankyo, who also reviews the report and asks for clarifications if necessary.	

33 Challenges in data collection and steps to address challenges

At the present time, we do not have a significant problem. However, we have to consider the type and the number of vaccination.

INDICATOR	2017	2018	2019
5 Number vaccinated (DPT3)	5,934 people	7,025 people	2,088 people

Comments: Number of children less than one year old who received DPT3.

INDICATOR **Number vaccinated**

STRATEGY HEALTH SERVICE DELIVERY

5

INDICATOR	2017	2018	2019
5 Number vaccinated (MR1)	7,428 people	5,859 people	2,017 people

Comments: Number of children less than one year old who received MR1 vaccine.

INDICATOR	2017	2018	2019
5 Number vaccinated (MR2)	7,204 people	2,974 people	1,798 people

Comments: Number of children less than two year old who received MR2 vaccine.

INDICATOR	2017	2018	2019
5 Number vaccinated (Tetanus)	4,434 people	2,290 people	934 people

Comments: Number of mothers who received Tetanus vaccine.

INDICATOR **Proportion of population on vaccination**

STRATEGY HEALTH SERVICE DELIVERY

6

	ITEM	DESCRIPTION
	Definition	Proportion of children and pregnant women who received vaccine
	Method of measurement	Calculating the proportion of children and pregnant women who received vaccine out of the total number targeted
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partners: Plan International; local government	A member of the local implementing partner (local government) conducts vaccination and record it on the Tanzania Monthly Health Facility Report. A member of the local team (implementing partner) confirms the data from the Report. The target number of pregnant women and children to be vaccinated (denominator) is based on an estimate of the number of pregnant women and children under five years in the program communities.	Ongoing
31	Data processing	Implementing partner: Plan International	A member of the local implementing partner (Plan Tanzania) processes the data by calculating the proportion children and pregnant women who received vaccine out of the total number targeted. Plan Tanzania prepares the report and submits it to the implementing partner (Plan Japan).	Ongoing
32	Data validation		Plan Japan reviews and confirms the data submitted by the local implementing partner (Plan Tanzania). After its review, Plan Japan submits the report to Daiichi Sankyo, who also reviews the report and asks for clarifications if necessary.	

33 Challenges in data collection and steps to address challenges

At the present time, we do not have a significant problem. The proportion of population on vaccination is calculated in the baseline investigation, and target number is set to achieve the national goal.

INDICATOR **Proportion of population on vaccination**

STRATEGY HEALTH SERVICE DELIVERY

6

INDICATOR		2016	2017	2018	2019
6	Proportion of population on vaccination (DPT3)	42% of children	---	---	94%of children

Comments:

2016: Proportion of children less than one year old who received DPT3 based on the baseline survey.

2019: Proportion of children less than one year old who received DPT3 based on evaluation survey

INDICATOR		2016	2017	2018	2019
6	Proportion of population on vaccination (Measles)	78% of children	---	---	96% of people

Comments:

2016: Proportion of children less than one year old who received Measles vaccine based on the baseline survey.

2019: Proportion of children less than one year old who received Measles vaccine based on evaluation survey.

INDICATOR		2016	2017	2018	2019
6	Proportion of population on vaccination (Tetanus)	51% of mothers	---	---	92% of mothers

Comments:

2016: Proportion of mother who received Tetanus vaccine based on the baseline survey.

2019: Proportion of mother who received Tetanus vaccine based on evaluation survey.

INDICATOR **Number of patients receiving health services** 7

STRATEGY HEALTH SERVICE DELIVERY

	ITEM	DESCRIPTION
	Definition	Number of infants checked weight. Number of women who attended antenatal check-up. Number of women diagnosed pregnancy hypertension. Number of women escalated to a health center. Number of population administered medicine
	Method of measurement	Sum of patients receiving health services
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partners: Plan International; local government	A member of the local implementing partner (local government) provides antenatal and infant well visits services and record them in the log. A member of the local team (implementing partner) confirms the data from the log.	Ongoing
31	Data processing	Implementing partner: Plan International	A member of the local implementing partner (Plan Tanzania) processes the data by summing the number of people that received services in the past three months. Plan Tanzania prepares the report and submits it to the implementing partner (Plan Japan).	Every three months
32	Data validation		Plan Japan reviews and confirms the data submitted by the local implementing partner (Plan Tanzania). After its review, Plan Japan submits the report to Daiichi Sankyo, who also reviews the report and asks for clarifications if necessary.	

33 Challenges in data collection and steps to address challenges

It may be challenging to collect, record and monitor the number of women diagnosed with hypertension in pregnancy, number of women escalated to a health center and number of population administered medicine. To do this requires the establishment of a system for recording, and monitoring the data in remote areas.

INDICATOR	2017	2018	2019
7 Number of patients receiving health services (infants)	63,411 people	78,965 people	---

Comments: Number of infants checked weight.

INDICATOR

Number of patients receiving health services

7

STRATEGY HEALTH SERVICE DELIVERY

INDICATOR		2017	2018	2019
7	Number of patients receiving health services (pregnant women within 12 weeks)	2,752 people	2,018 people	133 people

Comments: Number of pregnant women who attended antenatal check-up within 12 weeks of pregnancy.

INDICATOR		2017	2018	2019
7	Number of patients receiving health services (pregnant women within 16 weeks)	2,782 people	1,797 people	699 people

Comments: Number of pregnant women who attended antenatal check-up within 16 weeks of pregnancy.

INDICATOR

Proportion of patients receiving antenatal care before 16 weeks

8

STRATEGY HEALTH SERVICE DELIVERY

	ITEM	DESCRIPTION
	Definition	Proportion of pregnant women who attended antenatal check-up within 16 weeks of pregnancy out of the total number targeted
	Method of measurement	Proportion of pregnant women who attended antenatal calculated from routine program data
28	Data source	Routine program data; external non-public data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partners: Plan International; local government	A member of the local implementing partner (local government) provides antenatal services and record them in the log. A member of the local team (implementing partner) confirms the data from the log.The target number of pregnant women (denominator) is based on an estimate of the number of pregnant women in the program communities.	Ongoing
31	Data processing	Implementing partner: Plan International	A member of the local implementing partner (Plan Tanzania) processes the data by calculating the proportion of pregnant women who received antenatal care out of the total number targeted,. Plan Tanzania prepares the report and submits it to the implementing partner (Plan Japan).	Every three months
32	Data validation		Plan Japan reviews and confirms the data submitted by the local implementing partner (Plan Tanzania). After its review, Plan Japan submits the report to Daiichi Sankyo, who also reviews the report and asks for clarifications if necessary.	

33 Challenges in data collection and steps to address challenges

At the present time, we do not have a significant problem. The proportion of population on check-up is calculated in the baseline investigation, and target number is set to achieve the national goal.

INDICATOR

Proportion of patients receiving antenatal care before 16 weeks

8

STRATEGY HEALTH SERVICE DELIVERY

INDICATOR	2016	2017	2018	2019
8 Proportion of patients receiving antenatal care before 16 weeks (based on the baseline survey)	---	---	---	21% of pregnant women

Comments: Number of infants checked weight.

INDICATOR	2016	2017	2018	2019
8 Proportion of patients receiving antenatal care before 16 weeks (based on evaluation survey)	---	---	---	53.4% of pregnant women

Comments:

2016: Proportion of pregnant women who attended antenatal check-up within 16 weeks of pregnancy based on the baseline survey.

2019: Proportion of pregnant women who attended antenatal check-up within 16 weeks of pregnacy based on the evaluation survey

INDICATOR **Number of mobile healthcare field clinic visits**

STRATEGY HEALTH SERVICE DELIVERY

9

	ITEM	DESCRIPTION
	Definition	Number of outreach visits to outreach point
	Method of measurement	Sum of outreach visits to outreach points
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partners: Plan International; local government	A member of the local implementing partner (local government) conducts mobile healthcare field clinics service and record it in the log. A member of the local team (implementing partner) confirms the data from the report.	Ongoing
31	Data processing	Implementing partner: Plan International	A member of the local implementing partner (Plan Tanzania) processes the data by counting the number of outreach visits in the past three months. Plan Tanzania prepares the report and submits it to the implementing partner (Plan Japan).	Every three months
32	Data validation		Plan Japan reviews and confirms the data submitted by the local implementing partner (Plan Tanzania). After its review, Plan Japan submits the report to Daiichi Sankyo, who also reviews the report and asks for clarifications if necessary.	

33 Challenges in data collection and steps to address challenges

At the present time, we do not have a significant problem.

INDICATOR	2017	2018	2019
9 Number of mobile healthcare field clinics	521 outreach visits	569 outreach visists	288 outreach visits

Comments: Number of outreach visits to outreach point

INDICATOR

Proportion of users satisfied with services received

10

STRATEGY COMMUNITY AWARENESS AND LINKAGE TO CARE

	ITEM	DESCRIPTION
	Definition	Percentage of population that reports carrying out preventive health behavior out of total target population
	Method of measurement	The target population is asked to report on preventive health behaviors related to the program activity. Calculation: Number of survey responders that report carrying out preventive health behaviors/Number of people surveyed
28	Data source	Non-routine program data, External non-public data
29	Frequency of report-	At the beginning and the end of the project

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partner: Plan International	A member of the local team (implementing partner) ask the residents about the satisfaction with the current immunization and health services for under 5	One-time event
31	Data processing	Implementing partner: Plan International	A member of the local implementing partner (Plan Tanzania) processes the data, prepares the report and submits it to the implementing partner (Plan Japan).	One-time event
32	Data validation		A member of the implementing partner (Plan Japan) reviews and confirms the data submitted. Daiichi Sankyo also reviews the report sent by Plan Japan and if we have unknowns, we will ask them.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2016	2017	2018	2019
10 Proportion of users satisfied with services received	70% of patients	---	---	99% of patients

Comments: Proportion of patients satisfied with current immunization and health services for under five children based on the baseline survey conducted by the local implementing partner.

Program Documents

Program Documents

1. Kilombero Mobile Clinic Project (KMC). Activity Report. Available at: https://bit.ly/mobile_healthcare

Appendix

This program report is based on the information gathered from the Access Observatory questionnaire below.

Program Description

PROGRAM OVERVIEW

1 Program Name

2 Diseases program aims to address:

Please identify the disease(s) that your program aims to address (select all that apply).

3 Beneficiary population

Please identify the beneficiary population of this program (select all that apply).

4 Countries

Please select all countries that this program is being implemented in (select all that apply).

5 Program Start Date

6 Anticipated Program Completion Date

7 Contact person

On the public profile for this program, if you would like to display a contact person for this program, please list the name and email address here (i.e. someone from the public could email with questions about this program profile and data).

8 Program summary

Please provide a brief summary of your program including program objectives (e.g., the intended purposes and expected results of the program; if a pilot program, please note this). Please provide a URL, if available. Please limit replies to 750 words.

PROGRAM STRATEGIES & ACTIVITIES

9 Strategies and activities

Based on the BUSPH Taxonomy of Strategies, which strategy or strategies apply to your program (please select all that apply)?

10 Strategy by country

If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g. some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable. For each portion you have you selected from above (program strategies), please identify which country/countries these apply.

COMPANIES, PARTNERS AND STAKEHOLDERS

11 Company roles

Please identify all pharmaceutical companies, including yours, who are collaborating on this program:

What role does each company play in the implementation of your program?

12 Funding and implementing partners

Please identify all funding and implementing partners who are supporting the implementation of this program (Implementing partners is defined as either an associate government or non-government entity or agency that supplements the works of a larger organization or agency by helping to carry out institutional arrangements in line with the larger organization's goals and objectives.)

a. What role does each partner play in the implementation of your program? Please give background on the organization and describe the nature of the relationship between the organization and your company. Describe the local team's responsibilities for the program, with reference to the program strategies and activities. (response required for each partner selected).

b. For each partner, please categorize them as either a Public Sector, Private Sector, or Voluntary Sector partner. (Public Sector is defined as government; Private Sector is defined

as A business unit established, owned, and operated by private individuals for profit, instead of by or for any government or its agencies. Generation and return of profit to its owners or shareholders is emphasized; Voluntary Sector is defined as Organizations whose purpose is to benefit and enrich society, often without profit as a motive and with little or no government intervention. Unlike the private sector where the generation and return of profit to its owners is emphasized, money raised or earned by an organization in the voluntary sector is usually invested back into the community or the organization itself (ex. Charities, foundations, advocacy groups etc.))

c. Please provide the URL to the partner organizations' webpages

13 Funding and implementing partners by country

If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g., some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable. For each portion you have you selected from above (funding and implementing partners), please identify which country/countries these apply.

14 Stakeholders

Please describe how you have engaged with any of these local stakeholders in the planning and/or implementation of this program. (Stakeholders defined as individuals or entities who are involved in or affected by the execution or outcome of a project and may have influence and authority to dictate whether a project is a success or not (ex. Ministry of Health, NGO, Faith-based organization, etc.). Select all that apply.

- Government, please explain
- Non-Government Organization (NGO), please explain
- Faith-based organization, please explain
- Commercial sector, please explain
- Local hospitals/health facilities, please explain
- Local universities, please explain
- Other, please explain

LOCAL CONTEXT, EQUITY & SUSTAINABILITY

15 Local health needs addressed by program

Please describe how your program is responsive to local health needs and challenges (e.g., how you decided and worked together with local partners to determine that this program was appropriate for this context)?

a How were needs assessed

b Was a formal need assessment conducted

(Yes/No) If yes, please upload file or provide URL.

16 Social inequity addressed

Does your program aim to address social inequity in any way (if yes, please explain). (Inequity is defined as lack of fairness or justice. Sometime 'social disparities,' 'structural barriers' and 'oppression and discrimination' are used to describe the same phenomenon. In social sciences and public health social inequities refer to the systematic lack of fairness or justice related to gender, ethnicity, geographical location and religion. These unequal social relations and structures of power operate to produce experiences of inequitable health outcomes, treatment and access to care. Health and social programs are often designed with the aim to address the lack of fairness and adjust for these systematic failures of systems or policies.*)

*Reference: The definition was adapted from Ingram R et al. Social Inequities and Mental Health: A Scoping Review. Vancouver: Study for Gender Inequities and Mental Health, 2013.

17 Local policies, practices, and laws considered during program design

How have local policies, practices, and laws (e.g., infrastructure development regulations, education requirements, etc.) been taken into consideration when designing the program?

18 How diversion of resources from other public health priorities is avoided

Please explain how the program avoids diverting resources away from other public health priorities? (e.g. local human resources involved in program implementation diverted from other programs or activities).

19 Program provides health technologies

Does your program include health technologies (health technologies include medical devices, medicines, and vaccines developed to solve a health problem and improve quality of lives)? (Yes/No)

20 Health technology(ies) are part of local standard treatment guidelines

Are the health technology(ies) which are part of your program part of local standard treatment guidelines? (Yes/No) If not, what was the local need for these technologies?

21 Health technologies are covered by local health insurance schemes

Does your program include health technologies that are covered by local health insurance schemes? (Yes/No) If not, what are the local needs for these technologies?

22 Program provides medicines listed on the National Essential Medicines List

Does your program include medicines that are listed on the National Essential Medicines List? (Yes/No) If not, what was the local need for these technologies?

23 Sustainability plan

If applicable, please describe how you have planned for sustainability of the implementation of your program (ex. Creating a transition plan from your company to the local government during the development of the program).

ADDITIONAL PROGRAM INFORMATION

24 Additional program information

Is there any additional information that you would like to add about your program that has not been collected in other sections of the form?

a Potential conflict of interest discussed with government entity

Have you discussed with governmental entity potential conflicts of interest between the social aims of your program and your business activities? (Yes/No) If yes, please provide more details and the name of the government entity.

25 Access Accelerated Initiative participant

Is this program part of the Access Accelerated Initiative? (Yes/No)

26 International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) membership

Is your company a member of the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)? (Yes/No)

Program Indicators

INDICATOR DESCRIPTION

27 List of indicator data to be reported into Access Observatory database

For this program, activities, please select all inputs and impacts for which you plan to collect and report data into this database.

28 Data source

For this indicator, please select the data source(s) you will rely on.

29 Frequency of reporting

Indicate the frequency with which data for this indicator can be submitted to the Observatory.

30 Data collection

a. Responsible party: For this indicator, please indicate the party/parties responsible for data collection.

b. Data collection — Description: Please briefly describe the data source and collection procedure in detail.

c. Data collection — Frequency: For this indicator, please indicate the frequency of data collection.

31 Data processing

a. Responsible party: Please indicate all parties that conduct any processing of this data.

b. Data processing— Description: Please briefly describe all processing procedures the data go through. Be explicit in describing the procedures, who enacts them, and the frequency of processing.

c. Data processing — Frequency: What is the frequency with which this data is processed?

32 Data validation

Description: Describe the process (if any) your company uses to validate the quality of the data sent from the local team.

33 Challenges in data collection and steps to address challenges

Please indicate any challenges that you have in collecting data for this indicator and what you are doing to address those challenges.