

**QUARTERLY REPORT 32
(AMCC 11)
April - June 2012**

**Achievement and Maintenance of
Comprehensive Coverage with Long
Lasting Insecticidal Nets in
Tanzania (AMCC)**

CA 621-A-00-10-00005-00



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LIST OF ACRONYMS

AMCC	Achievement and Maintenance of Comprehensive Coverage
ANC	Antenatal Care
A-Z	A-Z Textile Mills Limited
BCC	Behaviour Change Communication
CDC	Centre for Disease Control
CIDA	Canadian International Development Agency
COMMIT	Communication and Malaria Initiative in Tanzania
AOTR	Agreement Officer Technical Representative
DFID	Department For International Development
DMO	District Medical Officer
GF	Global Fund
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GPS	Global Positioning System
HP	Hati Punguzo
IHI	Ifakara Health Institute
ITN	Insecticidal Treated Net
IV	Infant Voucher
JHU	Johns Hopkins University
KPI	Key Performance Indicator
LLIN	Long Lasting Insecticidal Net
M&E	Monitoring & Evaluation
MEDA	MEDA Economic Development Associates
MOH	Ministry of Health
MoHSW	Ministry of Health and Social Welfare
MSS	Most Significant Story
NMCP	National Malaria Control Programme
ODK	Open Data Kit
PMI	President's Malaria Initiative
PSI	Population Services International
PT	Power Track
PWV	Pregnant Woman Voucher
RCH	Reproductive and Child Health
RM	Regional Manager
RMO	Regional Medical Officer
RSR	Regional Sales Representative (A to Z)
SDC	Swedish Development Cooperation
SMT	Senior Management Team

TNVS	Tanzania National Voucher Scheme
UCC	Universal Coverage Campaign
USAID	United States Agency for International Development
USG	United States Government
VTS	Voucher Tracking System
WV	World Vision

QUARTERLY REPORT 32

April 2012 - June 2012

OVERVIEW

This report is meant to showcase MEDA's progress on the Tanzania National Voucher Scheme's (called Hati Punguzo in Kiswahili) work in the distribution of Long Lasting Insecticide-treated Nets (LLINs) in Tanzania. It is a mechanism to provide the Main Stakeholders, Donors and Government with the visibility of successes, progress and challenges of the program. Below is a high-level summary of how the report is structured for quick navigation:

1. **Background and Rationale of the Program:** This section gives you the history of the program and also explains why this program is important.
2. **Executive Summary:** This is a section providing a quick summary and highlights of the report's contents.
3. **Strategies:** This is a section that outlines the frameworks which were set in order to achieve pre-determined goals.
4. **Appendices:** Detailed points of reference.

The following are the strategies upon which the Program was formed and was aimed at achieving:

Strategy 1: To contribute to efficient and effective LLIN distribution campaigns: This specifically refers to the logistics of registration and LLIN issuing for Universal Coverage Campaign (UCC).

Strategy 2: To contribute to efficient and effective initiatives that ensures on-going and more sustainable distribution of LLINs: The TNVS implementation, which includes information on Pregnant Woman Vouchers (PWV), Infant Vouchers (IV), and the voucher distribution and redemption channels.

Strategy 3: To provide support and development of improved systems for management, training and monitoring & evaluation: Addresses cross-cutting systems such as Human Resources, Information Technology (IT), Fraud Control, and Monitoring & Evaluation.

EXECUTIVE SUMMARY

The key highlights for this quarter are as follows:

More than 2.8 million infants vouchers redeemed in the TNVS program

Since the TNVS programme's inception, a total of 8,485,005 vouchers have been redeemed. Of these, 2,874,867 were from infant voucher beneficiaries. An increase of 16,914 was seen from last quarter's 164,688 IV redemption to this quarter's 181,602, among which 35,838 had been redeemed via the eVoucher channel. The quarterly redemption rate IV LLIN vouchers stand at 71%.

Over 3 million nets sold to pregnant women and infants since LLIN voucher introduction

A total of 5,768 private-sector retailers have been confirmed as TNVS participants with their contracts having been entered and verified in the MEDA retailer database. This marks an increase of 157 retailers recruited this quarter. Recorded net sales since the LLIN voucher was introduced in October 2009 is over 3.1 million.

eVoucher redeems over 70,000 vouchers and now operational in 7 regions

eVoucher issuances and redemptions for the quarter stood at 138,314 and 72,952 respectively. This was a commendable improvement from last quarter's issuance and redemption figures of 51,439 and 23,899 respectively. The eVoucher channel attained 76% of its internal targets during the month of May and went further to surpass its targets during the months of April and June by 118% and 132% respectively. The channel is well on its way to achieving its donor targets of 20% of monthly redemptions by the end of the year, as it currently stands at 18.8% redemption of all vouchers. Training was completed in Mwanza, Arusha and Shinyanga Regions and roll-out continued to the new regions of Mara, Mbeya and Morogoro during the month of June. This brings number of regions in which eVoucher is operational to seven.

Further sections in this report provide an in-depth recount of the TNVS programs achievements, challenges and ways forward in achieving the above mentioned strategies for the period covering April to June 2012.

BACKGROUND AND RATIONALE

It is a documented fact that pregnant women and children under the age of five years are most vulnerable to malaria which forms the basis of a strategic public health approach for the program. Pregnancy reduces woman's immunity to malaria, making her more susceptible to infection and increasing the risk of illness, severe anaemia and death. For the unborn child, maternal malaria increases the risk of spontaneous abortion, stillbirth, premature delivery and low birth weight - a leading cause of child mortality. According to Roll Back Malaria (www.rollbackmalaria.org), malaria kills one child in the world every 30 seconds, where Africa bears the biggest disease burden.

It is also a documented fact that Malaria is both preventable and treatable. To date, effective preventive and curative measures have been developed; however, sleeping under ITNs remains one of the best and most important strategies for protecting pregnant women and their new-borns from malaria-carrying mosquitoes. Research shows that ITNs reduce placental malaria, low birth weight, abortions and stillbirths in women living in the malaria affected regions of Africa. Sleeping under ITNs also reduce overall child mortality by 20 per cent. TNVS is an effort to boost coverage rates among pregnant women and infants in Tanzania.

In October 2004, MEDA and the donor community, under the auspices of the Tanzania Ministry of Health and Social Welfare (MoHSW), launched a collaborative effort to increase the availability of Insecticide Treated Nets (ITNs) to pregnant women and infants in Tanzania through the Tanzania National Voucher Scheme (TNVS).

MEDA is responsible for the logistical coordination of the TNVS programme and for ensuring availability, accessibility and affordability of vouchers and nets across the country through a contracted supplier. The supplier is contracted to manufacture, distribute and recruit retailers. MEDA has assigned staff members in every region to assist the supplier to recruit additional retailers, register and share information on the unfolding TNVS and monitor voucher activity at health clinics and retail shops on a continuous basis. To accomplish this, MEDA works closely with programme stakeholders, including local government officials, local organizations, clinic staff and the private sector.

TNVS makes ITNs widely available to pregnant women and infants in Tanzania through vouchers that subsidize the cost of nets. This takes place at appointed TNVS retailer outlets throughout the country. The voucher system targets sustainability and accessibility by facilitating the distribution of ITNs through a public-private partnership between clinics, retailers and the LLIN supplier.

MEDA and its partners have rolled out an upgraded Hati Punguzo (HP) voucher, which extends and enhances the current TNVS programme. The purposes of the upgraded voucher are to: 1) Increase the quality of bed nets by switching from an ITN that consists of polyester net bundled with an insecticide re-treatment kit, to a Long Lasting Insecticidal Net (LLIN) that comes pre-treated, lasts longer, and does not require retreatment. 2) Increase the affordability of treated bed nets by reducing the top-up amount to be paid by the recipient to a low fixed amount of TZS 500. 3) Put a 60 day time limit from the time of issue to increase redemption rates.

MEDA through the guidance of the Ministry and Donors is also rolling out the reintroduction of Choice and Competition in the TNVS supply chain. This initiative has commenced in earnest during in this quarter and will be fully operational in the following quarter.

Strategy 1: To Contribute to Efficient and Effective LLIN Mass Campaigns

This specifically refers to the logistics of registration and LLIN issuing for Universal Coverage Campaign (UCC); this component is currently complete as of the end of 2011.

Strategy 2: To Contribute to Effective and Efficient Initiatives That Ensures Ongoing and More Sustainable Distribution of LLINs.

PWV and IV Voucher books are continually replenished at district levels and subsequently to RCH clinics through orders placed centrally with MEDA. MEDA processes all orders and distributes the vouchers to each district depending on availability of committed donor funding. In response to each order placed for three months' worth of inventory, vouchers are sent by MEDA to the District Medical Officers (DMOs) where they are securely stored and managed by the district staff. Clinic staff members then collect or are supplied with new books by the DMOs through regular health product deliveries, and during supervision or reporting visits. New voucher books are then exchanged for the voucher book stubs from those already issued vouchers. DMOs are required by the programme design to perform this exchange to clinics when the clinic stocks reach 50% and also place their next order with MEDA concurrently. While the above scenario applies to paper vouchers, with eVouchers, requests are made and approved through mobile SMS technology between RCH staff and the system.

Below you will find detailed summaries in line with this strategy as follows. Thus:

- ⇒ Section 2.1: Infant Vouchers
- ⇒ Section 2.2: Voucher Distribution Support Services
- ⇒ Section 2.3: Expanding and Strengthening the Commercial Supply Chain
- ⇒ Section 2.4: eVoucher Program Update

2.1 Infant Voucher (IV)

The Infant Voucher (IV) is a voucher issued to infants through the clinics at the postnatal visit. The caretaker or parent then takes the voucher to the nearest retail location to be redeemed in exchange for a net after paying a top up of TZ Sh. 500 (approx. \$0.32 cents). Refer to Appendix A for a summary of the IV indicators, targets and achievements. In addition to this, IV paper voucher distribution was halted in late June following voucher liability as insufficient funding was available to continue the distribution of infant paper vouchers.

2.1.1 Infant Voucher Activity Summary

Table 1 summarizes cumulative and quarterly IV procurement, distributions and redemptions. Refer to Appendix A for IV indicators, targets and achievements for USAID under AMCC cooperative agreement.

Table 1: IV Activity Summary

		Procured	Distributed	Redeemed
Q 32	IV-LLIN Paper Vouchers	800,000	251,475	145,764
	IV-LLIN e-Vouchers	N/A	67,535	35,838
	All IVs	800,000	319,010	181,602
Cumulative	IV-ITNs	2,475,000	2,759,800	1,327,586
	IV-LLIN Paper Voucher	3,300,000	3,218,975	1,498,081
	IV-LLIN e-Vouchers	N/A	96,929	49,200
	All IVs	6,775,000	6,075,704	2,874,867

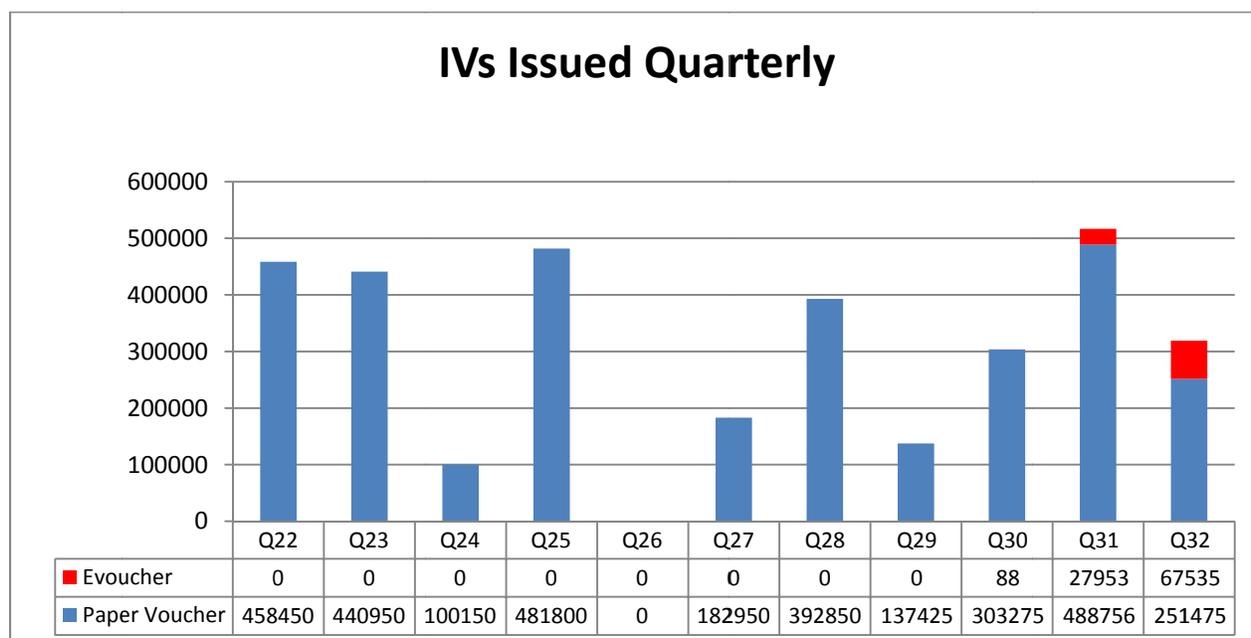
2.1.2 IVs Procured

A consignment of 800,000 IV-LLIN paper vouchers was ordered last quarter and delivered to MEDA this quarter from our current printing company, Tall Security Printers-UK. The cumulative number of paper-based Infant Vouchers procured totals 6,775,000.

2.1.3 IVs Distributed to Districts

Distribution of infant vouchers (both paper based and eVoucher) through the support of USAID/PMI and EKN funding continued this quarter where a total of 319,010 LLIN IVs (of which 67,535 were eVouchers) were distributed. Since the dispatch of LLIN vouchers begun in September 2009, a total of 3,315,904 LLIN IVs have been dispatched (including 10,000 LLIN IVs distributed under Malaria No More funds and 96,929 eVouchers) with a cumulative total of 6,075,704 IVs (including ITN IVs). MEDA was forced to temporarily halt the issuing of paper IVs in the second half of June due to voucher liability as insufficient funding was available to continue the distribution of paper IVs. The stoppage of voucher issuing is partly the cause of the low paper voucher issuances during the quarter as some districts only received their PWV requests. eVoucher issuing of IV in all region's continued as it allowed for minimal voucher liability and is thus not affected by the advanced funding requirements. *Chart 1* illustrates the actual number of IVs (both paper and eVouchers) distributed per quarter since the introduction of LLIN IVs into the TNVS in October 2009 to June 2012.

Chart 1: IVs Distributed to District Medical Officers Quarterly from Q22

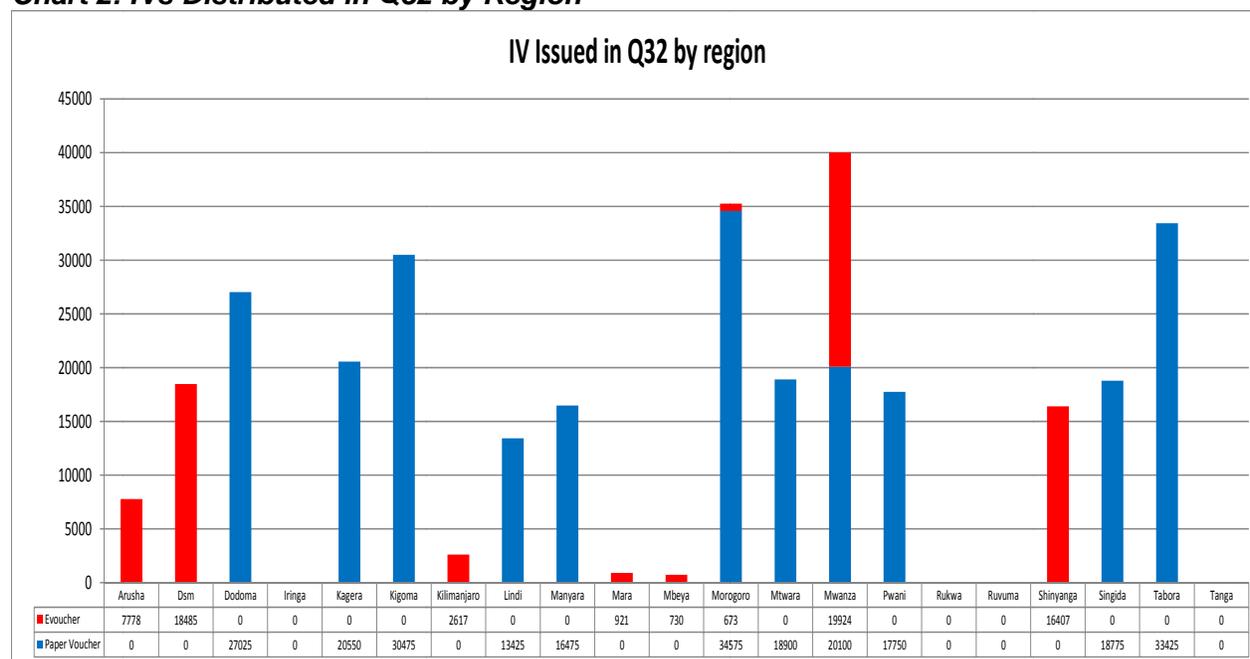


Key: Q22=Oct-Dec 2009, Q23=Jan-March 2010, Q24=April-June 2010, Q25=July-Sept 2010, Q26=Oct-Dec 2010, Q27=Jan-March 2011, Q28=April-June 2011, Q29=July-Sept 2011, Q30=Oct-Dec 2011, Jan-March 2012=Q31 and Q32= April-June 2012

Chart 2 illustrates the number of IVs distributed within the past quarter. Mara, Morogoro, Mbeya, and Kilimanjaro began the launch of eVoucher during this quarter; however they will also be provided with the delivery of paper vouchers during the course of the next quarter. Under PMI/USAID funding, all regions with the exceptions of Iringa, Rukwa, Ruvuma and Tanga received either or both paper and/or eVouchers this quarter. The outstanding IV requests as of June 30th 2012 were in total 99,950 from Iringa, Arusha, Tanga, Rukwa, Ruvuma and Mbeya. These requests will be filled over the course of the coming quarter as MEDA is soliciting ways of

off-setting the extended liability of infant vouchers over the currently USAID committed funds up to the end of AMCC Year 3.

Chart 2: IVs Distributed in Q32 by Region

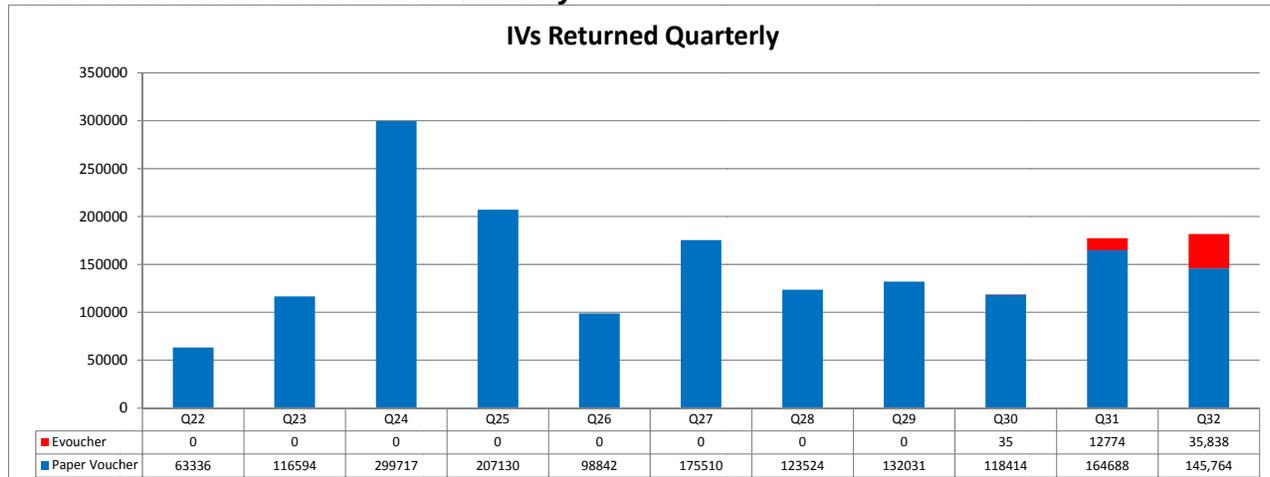


2.1.4 IVs Redeemed

Redeemed paper vouchers are those exchanged by parents/guardians or care takers of infants at retail outlets in exchange for an LLIN, then collected by LLIN supplier and returned to MEDA for payment. For every paper voucher returned and scanned into the MEDA database, payment is made to the supplier for the value of the LLIN based on the contractual agreement. Note: While the above scenario applies to paper vouchers, with the eVoucher channel, vouchers are redeemed and validated through the retailer's registered mobile phone. The A to Z RSR then exchanges the retailer's account balance of eVouchers for new LLINs and all transactions are recorded in real-time in the system database.

A total of 181,602 IVs (of which 35,838 were eVouchers) were redeemed this quarter. Cumulatively, 2,874,867 IVs have been redeemed since the IV programme launch in 2006. *Chart 3* shows the total IV redemptions quarterly since October 2009 to June 2012 (Q22 [IV LLIN launch] – Q32). Q32 saw a slight increase in the overall number of vouchers redeemed through the program, the majority of the increase resulting from eVoucher channel.

Chart 3: IVs Returned to MEDA Quarterly

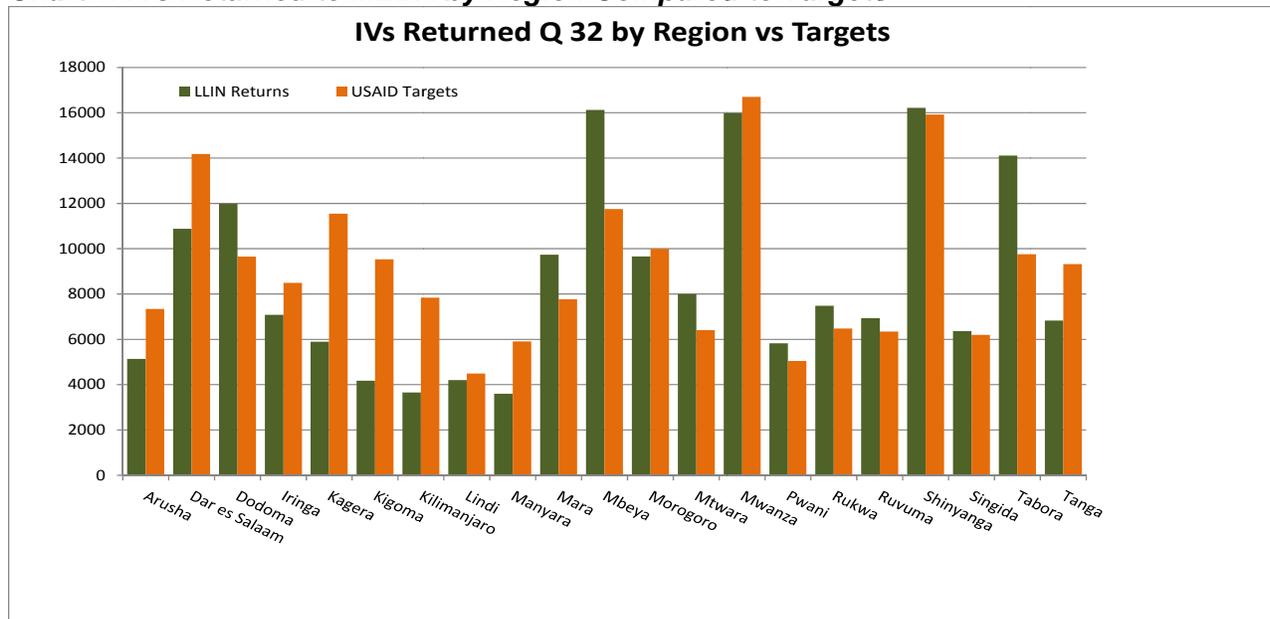


Key: Q22=Oct-Dec 2009, Q23=Jan-March 2010, Q24=April-June 2010, Q25=July-Sept 2010, Q26=Oct-Dec 2010, Q27=Jan-March 2011, Q28=April-June 2011, Q29=July-Sept 2011, Q30=Oct-Dec 2011, Q31=Jan-March 2012 and Q32= April-June 2012

Chart 4, below, illustrates all IVs redeemed this quarter compared to set quarterly targets. These targets are an internally developed measurement obtained by calculating the proportion of annual estimated ANC attendants of each region multiplied by the total targeted annual vouchers redeemed (a contractual calculation made in agreement with USAID). MEDA continues to update these targets based on updated pregnant women attendance and refines them as needed.

It is observed that Mbeya, Dodoma, Shinyanga, Tabora and Mara IV redemptions for Q32 are significantly performing above their targets. The poorest performing IV regions compared to their targets were Arusha, Dar es Salaam, Kagera, Kigoma, Kilimanjaro, Manyara, and Tanga. These results were due to the timing of IV voucher book distribution causing the large variation in regional performance.

Chart 4: IVs Returned to MEDA by Region Compared to Targets

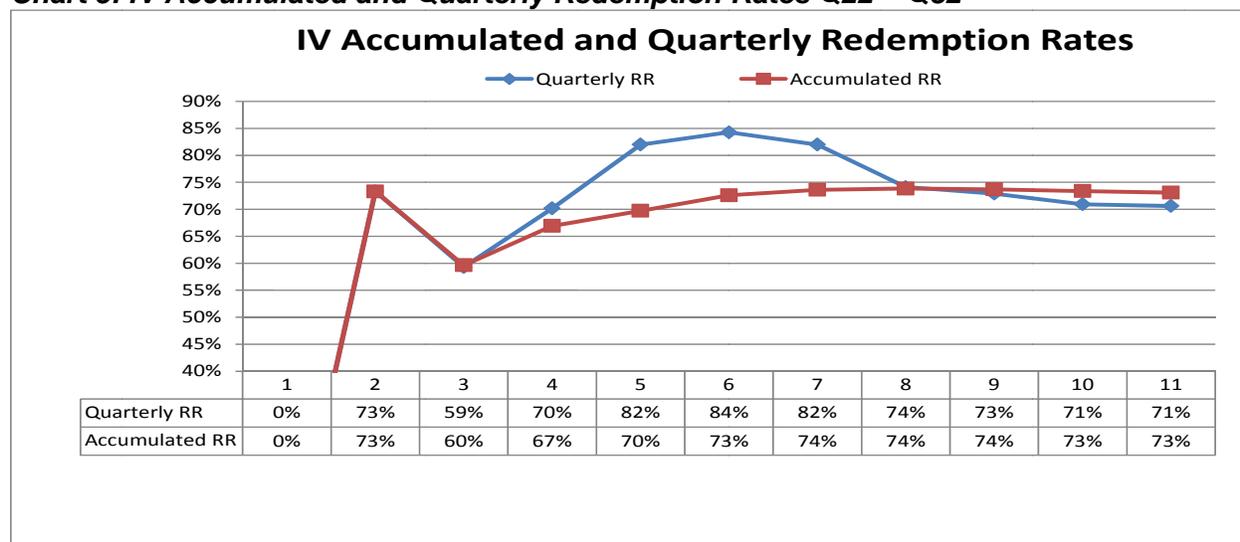


Key: Q22=Oct-Dec 2009, Q23=Jan-March 2010, Q24=April-June 2010, Q25=July-Sept 2010, Q26=Oct-Dec 2010, Q27=Jan-March 2011, Q28=April-June 2011, Q29=July-Sept 2011, Q30=Oct-Dec 2011, Q31=Jan-March 2012 and Q32= April-June 2012

2.1.5 IV Redemption Rates

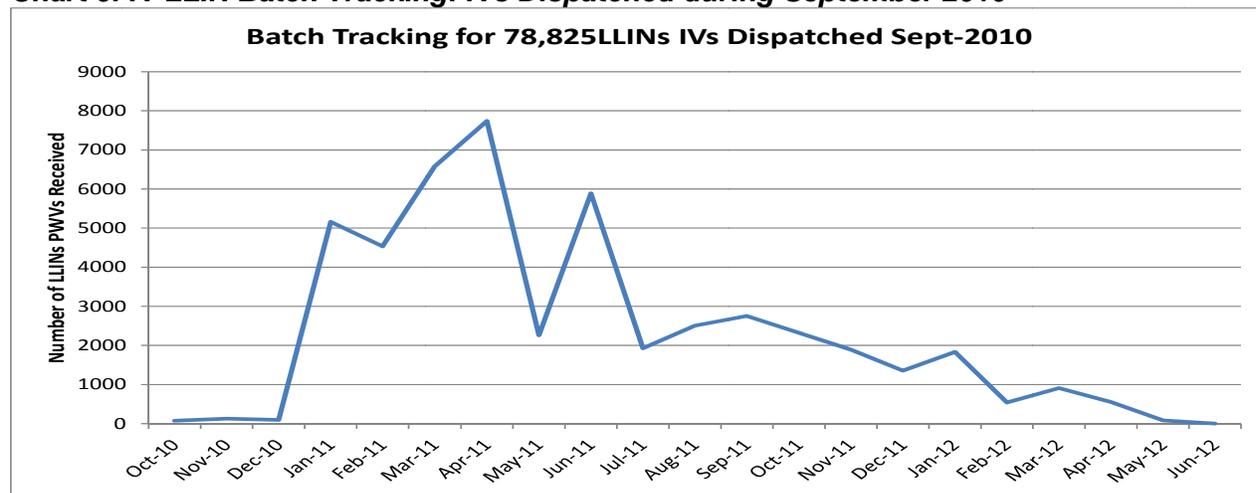
Chart 5 shows redemption rates since the launch of LLINs in September 2009. Quarterly and accumulated redemption rates stand at 71% and 73% respectively. The shown decrease in quarterly redemption rates in the 32nd quarter was a result of a logistical change where during the last month of the quarter, stubs were not returned to MEDA, as we changed the number of field days from 3 to 6 weeks. This reduced the ability to match the returned vouchers with corresponding stub books.

Chart 5: IV Accumulated and Quarterly Redemption Rates Q22 – Q32



The total number of IV stub books collected this quarter was 4,667, which is equivalent to 116,675 vouchers. Of these 116,675 IV vouchers, 82,250 were matched with their corresponding stubs, resulting in a quarterly redemption rate of 70%. By the end of the cumulative reporting period (June 30th 2012), 13,759 stub books representing a total of 3,093,963 IVs were received from the DMOs. In total, 1,968,409 of the total 3,093,963 returned IVs have been matched with their corresponding stubs at MEDA, resulting in an effective accumulated redemption rate of 73%.

Chart 6: IV LLIN Batch Tracking: IVs Dispatched during September 2010



As with PWVs, MEDA conducts batch tracking analysis on a batch of LLIN infant paper vouchers distributed within a specific period. Batch tracking helps to understand the length of time it takes a voucher to return to MEDA.

Chart 6 above shows the tracking of voucher returns from a batch of vouchers distributed in September 2010. Similar to PWV batch tracking, MEDA gauges the time taken by the paper vouchers to flow between DMO, RCH and retailers, as well as the likelihood of the voucher to cover infants during their infancy. Initial trend analysis of prior batches showed voucher returns reaching maximum levels after 6 months and then decreasing to minimal amounts after more than 12 months from the date of issuance. In this batch of 78,825 IVs, a total of 46,173 (59% of the total) were returned to MEDA by the end of March 2012. This will be the last tracking of this batch since this batch consisted of December 2010 expiring vouchers, which have been recalled and the returns are now zero as 30th June 2012.

2.2 Voucher Distribution Support Services

2.2.1 World Vision

World Vision worked on the training tools and materials that were then submitted to MEDA for review and input. The materials focused on three major areas with the aim of addressing the new challenges and priorities in the current TNVS context, these areas are;

- No stock outs of vouchers at clinics and of LLINs at the retailers;
- Increased redemption rates across the board;
- Support for eVoucher targets in all areas where eVouchers are being introduced.

The designed training materials included RCH staff training manual and leaflets. World Vision also reviewed the applicability of some of existing voucher training materials including the RCH staff training curriculum.

2.2.2 Field Officers Distribution and MEDA Call Centre Initiative

April and May saw the MEDA Field Officers finish an expedited voucher distribution initiative (which was detailed in the previous quarterly report) in each region of the country. This initiative was measured a significant success. It was commendable that the resources dedicated to the direct-to-clinic voucher distribution allowed MEDA to overcome the significant bottlenecks in the distribution chain experienced between the District Office and some RCH Clinics. MEDA began to see the fruits of this labour as increased volumes of paper vouchers began to be returned in the month of June. Regions began to receive their subsequent three month batch of paper vouchers in this quarter and these vouchers were distributed to the District offices by the Field Officers as per the program design.

A significant challenge for the Infant Voucher this quarter was the recurrent issue of voucher liability. MEDA found itself with insufficient funding distributed in Year 3 to meet the demand for paper IVs (which will be redeemed in Year 4). As such, MEDA was forced to temporarily halt the issuing of paper IVs in the second half of June until a solution was found. Both parties met in the past quarter and exchanged a number of communications in order to move towards a resolution which will allow the paper IV issuing to resume. eVoucher issuing of IVs has continued as this channel allows for an enforceable 60 day expiry which greatly limits and controls the outstanding liability.

MEDA continued the call centre initiative this quarter in order to gain the sample measurement of the voucher availability at clinics nationwide. Approximately 500 RCH clinics are called each week and brief surveys are conducted using approximately 50% of the clinics which are reached each week. The weekly data is then compiled and analysed by the M&E department which is then able to provide this information along to the Field Officers who are expected to follow-up on the lists of clinics claiming no voucher stocks. If a clinic confirms their no stock status with the FO, the FO facilitates communication between the clinic and DMO to ensure knowledge of that clinic's stock-out is attained and the clinic is re-filled by the DMO. The MEDA FO can re-allocate additional voucher books to the clinic in future orders to meet growing demand and at certain times a new voucher request for that district is submitted to MEDA HQ for processing.

The expiry process for the 'December 31st, 2010" vouchers was finalized and closed out in this quarter. After giving a notice 6 weeks' prior to the deadline, MEDA stopped receiving and paying for all expired vouchers through the regular submissions from A to Z on May 11th, 2012. At this time MEDA was able to remove the outstanding voucher liability associated with these previous batches from the financial record-keeping and therefore issue additional new vouchers. Going forward, MEDA and A to Z have jointly documented all retailers who still claim to hold expired vouchers and a process has been set in place for the collection of these outstanding cases where valid.

2.3 Expanding and Strengthening the Commercial Supply Chain

2.3.1 New Retailer Recruitment

The TNVS program relies on the private-sector retail shops and businesspeople for the redemption of the vouchers in exchange for a bed net. Generally these retailers are expected to use their own capital to purchase an initial supply of LLINs and re-stock their inventory of nets through the exchange of vouchers with the supplier. As such, the retail shops are a very crucial component of the TNVS cycle and MEDA pays close attention to the well-being of the private-sector and encourages its participation and growth of the program.

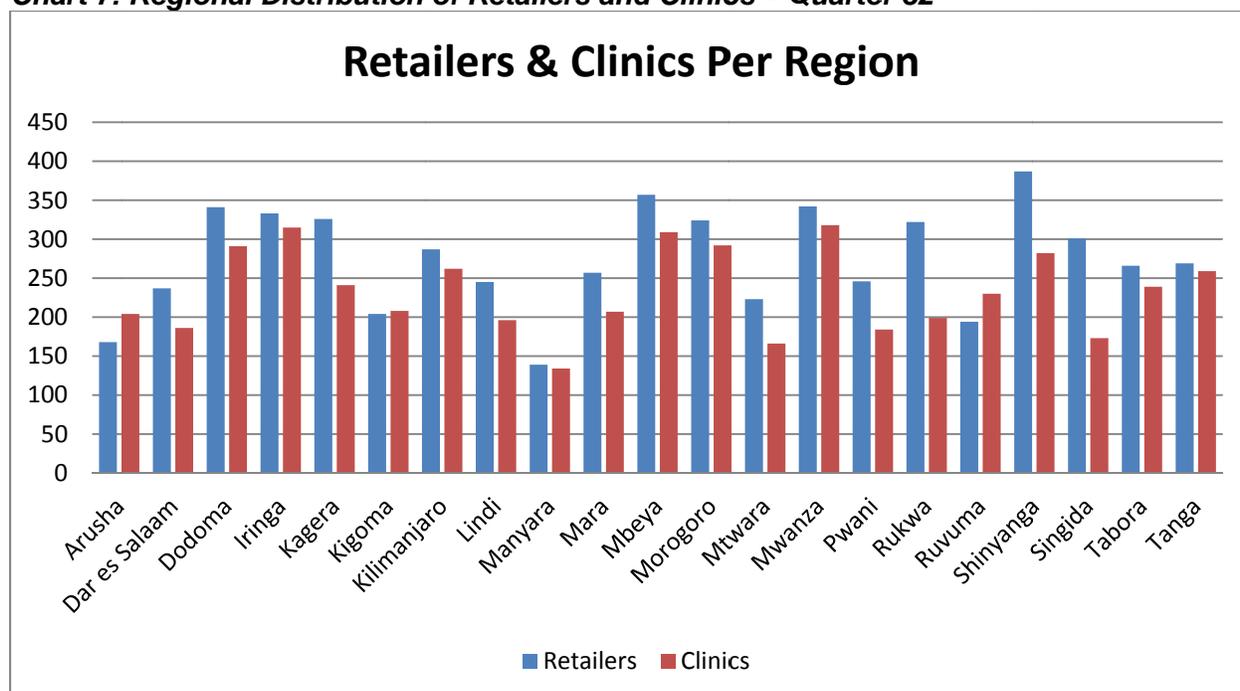
Recruitment and contracting of new retailers is currently being handled by the sub-contracted LLIN Supplier, A to Z. MEDA maintains the overall ownership and strategic direction. Once a retailer has signed the contract to participate in the program and purchased LLINs, the contract is returned to MEDA offices where it is verified and entered into the central TNVS database. As of the end of Quarter 32, the number of verified retail shops in the database stood at 5,768 which marked a strong increase of 157 from the previous quarter. In addition, MEDA Field Officers focused on verifying the current list of retailers and ensuring that all were actively participating in the program. While the quarter's increase in retailers was a much improved growth rate, we remain behind the required pace to meet the year's target of 6,400 retailers.

The primary challenges in increasing the private-sector participation remain the high level of financial investment required by retailers to purchase a sufficient stock of LLINs. Low profit margins, small return on investments, free bed net distribution campaigns which lowered demand and the irregularity of vouchers at clinics are other additional challenges that were also faced. Recent findings from the field have showed that some retailers have stopped selling bed nets since signing the contracts due to some of the reasons listed above and also that many had physically moved locations. Thus, urgent attention was required to recruiting new retailers for clinics without active retailer presence. MEDA and A to Z have since launched a re-focused effort on retailer recruitment in the past 2 months. Individual staffs at both organizations have been given specific targets for retailer recruitment within each district which will be tracked monthly.

MEDA believes that these initiatives along with a new focus for field staff to drive the recruitment of new retailers will result in a more significant increase in the following quarter.

The total number of verified LLIN retailers distributed by region compared to the number of participating RCH clinics per region is shown in *Chart 7* below.

Chart 7: Regional Distribution of Retailers and Clinics – Quarter 32



2.3.2 Clinic to Retailer Ratio

In order to ascertain the level of coverage provided by the retail outlets to the participating clinics, MEDA uses the ratio between the two stakeholders in each geographic area. While this is certainly not a perfect measure taking all factors into account, it does allow insight into particular areas in low coverage and areas for further action. In Quarter 32, the number of clinics now participating in TNVS was recorded as 4,895 and with the previously noted LLIN retail outlets totalling 5,768, the ratio of retailers to clinics on a national level is currently 1.18:1.

The above ratio marks a slight increase from the previous quarters' 1.16:1; however, we remain below the targeted ratio of at least 1.2 retailers for each clinic. As noted in the previous section, MEDA Field Officers and A to Z sales staff were assigned the task of ensuring that each active clinic is properly served with 1 to 2 nearby retailers depending on localized circumstances. Regions in particular need for additional private-sector participation are Arusha, Ruvuma, Kigoma, Iringa, and Tanga.

Table 2 shows the number of active clinics, the number of retailers recruited to accept LLIN vouchers and the respective ratio of LLIN retailers to clinics as of June 30th, 2011.

Table 2: Clinic to Retailer Ratio per Region

Region	Retailers	Clinics	Ratio
Arusha	168	204	0.82
Dar es salaam	237	186	1.27
Dodoma	341	291	1.17
Iringa	333	315	1.06
Kagera	326	241	1.35
Kigoma	204	208	0.98
Kilimanjaro	287	262	1.10
Lindi	245	196	1.25
Manyara	139	134	1.04
Mara	257	207	1.24
Mbeya	357	309	1.16
Morogoro	324	292	1.11
Mtwara	223	166	1.34
Mwanza	342	318	1.08
Pwani	246	184	1.34
Rukwa	322	199	1.62
Ruvuma	194	230	0.84
Shinyanga	387	282	1.37
Singida	301	173	1.74
Tabora	266	239	1.11
Tanga	269	259	1.04
Grand Total	5768	4895	1.18

2.3.3 Retailer Inventory Strengthening

Two major challenges in the private-sector have been the high cost of the LLIN bed nets and low levels of capital held by the retailers. The high cost of the nets has made it difficult for most except the largest retailers to purchase sufficiently high inventory of LLINs to meet the monthly clinic demand. In 2010, in response to these challenges and to help retailers afford the cost of transitioning to the new LLINs, the program initiated the provision of a one-time retailer stabilization stock. This has been provided to existing retailers in the form of an initial stock of ten free LLINs (5 funded by PMI and 5 through A to Z) when the retailer purchases 5 additional nets with his/her own capital.

By the end of Quarter 32, A to Z reported having signed 3,959 retailer stabilization agreements which represents 68.6% coverage of the retailers in the database. The signing of new retailer stabilization stocks has slowed in recent quarters due to the overall slow retailer recruitment and almost all of the most active retailers having already signed the contract. The initiative continues to be used as a very effective tool for convincing new retailers to join the program and in increasing the stocks of existing retailers with low inventory.

2.3.4 Tracking LLIN Sales to Retail Outlets

Each month A to Z provides the program with data on the number of nets sold to retailers under the TNVS program. This is useful in ascertaining geographic LLIN availability. Monthly sales of TNVS LLINs this quarter were in 110,649 in April, 136,610 in May, and 102,430 in June. In order

to meet the TNVS programmatic targets of approximately 134,000 vouchers redeemed per month, A to Z will need to sell approximately 130,000-150,000 LLINs per month to retailers. This quarter's total of 349,689 LLINs sales, as reported by A to Z, marked a significant increase over last quarters LLIN sales of 251,933 and indicates improved LLIN availability and turnover with retailers. Since the LLIN voucher introduction in October 2009, A to Z has reported net sales totalling 3,168,936. These sales are broken down by month in *Chart 8*. The overall increasing trend in LLINs sold each month is the direct result of the high number of vouchers sent to clinics when voucher dispatching resumed in the previous quarter.

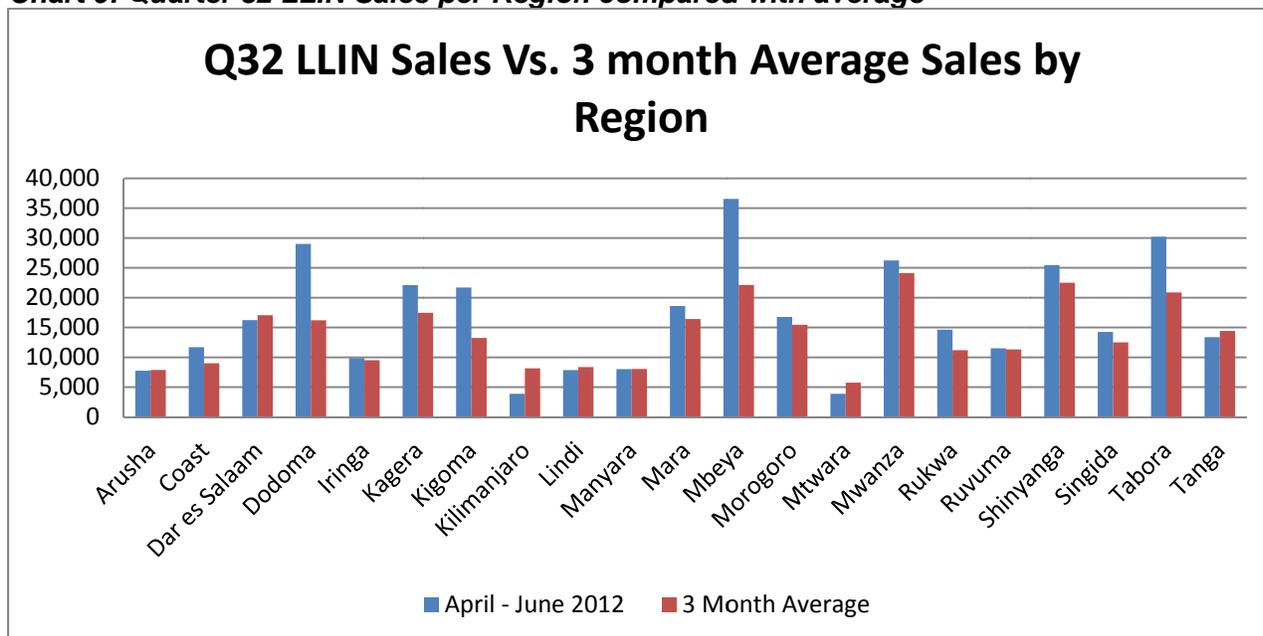
Chart 8: LLIN Sales to TNVS Retailers Monthly



MEDA receives monthly LLIN sales data broken down to regional and district level. This allows for further detailed analysis of the net availability in each geographic area. Comparing the current period's LLIN sales within a region to their historical levels permits MEDA to take action in areas of concern which are trending towards low net availability. Strong LLIN sales in the past quarter saw most regions outperforming their past two year's average with the exception of Kilimanjaro, Mtwara, and Tanga. All other regions, most notably Dodoma, Mbeya, Tabora, Kigoma, and Kagera, outperformed their historical averages indicating that net availability may be high in these regions.

The regional distribution of the cumulative TNVS net sales made in Q32 compared with their three month average from the previous 24 months is provided in *Chart 9* below.

Chart 9: Quarter 32 LLIN Sales per Region compared with average



2.3.5 Supply Chain Challenges and Actions Taken

Overall, this past quarter saw a significant improvement in the LLIN supply chain activity due to the increased number of paper vouchers distributed in the last two quarters. An increase in sales representatives by A to Z to better serve a number of the low performing districts has also been instrumental in providing more regular bed net access to retailers. MEDA increased the level of collaboration between Field Officers and A to Z sales staff which led to more retailers joining the program in needed areas, better route planning, and higher collaboration with local government officials.

MEDA has focused collaboration with the LLIN Supplier in four main areas to help to address the primary supply chain and net availability issues:

- 1) Additional RSRs to serve areas with highest time between LLIN deliveries
- 2) Increased retailer inventory levels through retailer stock stabilization, inventory loans to retailers, and encouraging increased investment in LLINs.
- 3) Recruitment of new retailers in areas where they were currently not existing or had insufficient inventory levels to meet local clinic's voucher issuing levels
- 4) Route planning to ensure efficient and regular visitation to retailers and implementation of zonal warehousing to minimize return trips to Arusha for re-stocking

It is believed that a joint focus in these four strategic areas will provide the best opportunity to address the existing challenges and ensure net availability increases nationwide.

The full expiry of the 'December 31st, 2010' vouchers occurred this quarter with MEDA setting a final submission deadline for all expired vouchers on May 11th, 2012. In order to ensure that any retailers whom did not receive the chance to redeem expired vouchers before the deadline are processed, MEDA and A to Z have jointly documented all cases of retailers holding expired vouchers and the reasons they were not submitted on time. In the quarter ahead, MEDA will process these individual cases to allow the collection and submission of vouchers however this holds only for valid cases.

Last quarter MEDA launched a call centre initiative to monitor and track LLIN stocks at the retailer level. This was to better inform us and act on any regional stock-out issues. The data was compiled weekly by geographic area and distributed to A to Z and MEDA Field Officers for their follow-up action. In the most recent results, the average weekly stock-out figure had fallen just below 30% which is a positive trend especially given the large amounts of vouchers in circulation. Another interesting piece of data that gleaned from this initiative was that the retailers who most frequently faced LLIN stock-outs in the last quarter were those with the highest inventory levels of 40+ LLINs. This had been a result of the most active retailers in the program who were situated in the proximity of high-volume clinics not having sufficient stock to last between A to Z visits.

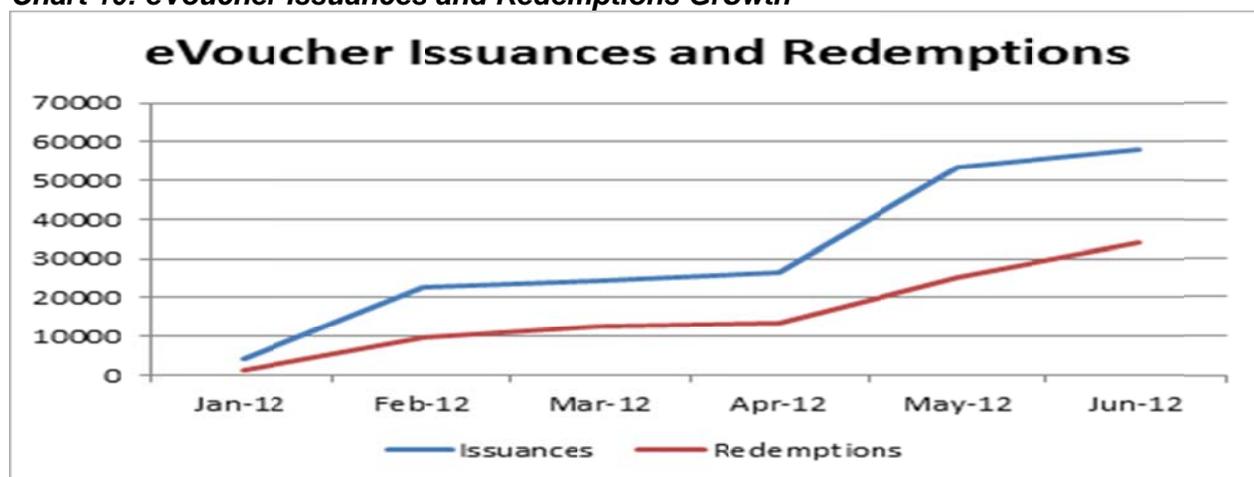
2.4 eVoucher Program Update

2.4.1 eVoucher Performance Progress

The eVoucher program has improved significantly in the past quarter due to the improvements made and an ongoing expansion of the program's field activities along with technical updates to increase system stability. The eVoucher program achieved 76% of the internal April eVoucher redemptions target and surpassed the May and June internal goals by 118 % and 132% respectively. The number of vouchers redeemed in this quarter increased from 23,899 to 72,952 and the number of issuances increased from 51,439 to 138,313. The utilization rate (i.e. the number of eVouchers redeemed of the total eVouchers issued) for the quarter is 52.7%. It should be noted that the calculation for the eVoucher utilization rate is not similar to the redemption rate figure for paper vouchers. The latter calculates number of vouchers returned to MEDA with matching returned stubs divided by the number of stubs returned to MEDA. The MEDA team is aiming to continue to increase LLIN availability to further raise this utilization rate. Of all vouchers redeemed in the past quarter from both channels, 18.8% were eVouchers up from 8.3% last quarter.

While many clinics have been trained in eVoucher, some clinics were noted having high redemption rates over 90% and others with very low redemptions below 15%. The primary driver for eVoucher redemptions is the same as the paper voucher channel however the retailer's LLIN inventory and regular re-stocking allowed for high redemption rates at the associated clinics. Low retailer inventories and insufficiently frequent re-stocking visits by the LLIN supplier are the primary challenges of the eVoucher program; however it is noted that the real-time data provided in the eVoucher channel allows new insight into this challenge and opportunities to address it. Research and field supervision was performed to identify other factors causing low redemption rates over and beyond net availability. Through interviews with clinic staff, beneficiaries and retailers, the data analyzed showed that clinics and retailers within a close proximity and a strong working relationship produced significantly higher redemption rates. For example, one clinic in Dar es Salaam with redemption of 93% had the retailer bringing nets to the clinic and selling them at the clinic site on voucher issuing days. Another very low performing clinic was unaware who the corresponding retailer was and thus beneficiaries were unlikely to visit him/her to redeem their eVoucher. Equipped with this information, field officers were trained to identify and mitigate these challenges earlier in their occurrence.

Chart 10: eVoucher Issuances and Redemptions Growth



As shown in Chart 10 above, every month saw an increase in voucher issuances and redemptions much larger than the increases from each month of the previous quarter (i.e. January – March). The number of redemptions grew steadily where a difference was maintained between the numbers of vouchers issued versus the number of vouchers redeemed.

2.4.2 eVoucher Messaging Updates

MEDA continued to receive real-time data on LLIN deliveries made by RSRs (A to Z employees) through their SMS messages upon each delivery. This data was most relevant and complete within eVoucher areas as the delivery message was a required part of the eVoucher confirmation process. The LLIN delivery data was used by MEDA and A to Z to see the LLIN sales activity within each region and district and to call attention to underserved areas where LLIN stock-outs may be developing.

This quarter a number of communications were sent regularly to these market actors highlighting program changes and new initiatives in addition to regularly scheduled messages sent to underperforming clinics & retailers. For example, bi-weekly SMS messages were sent to: the lowest performing clinics, clinics that had not issued vouchers within a period of 4 weeks and the highest performing clinics. The mass messaging functionality was also used to send SMS communications to the paper voucher channel market actors giving them the contact numbers of MEDA and A to Z staffs operating in their area, announcing voucher expiry timelines general program updates.

2.4.3 Recognition and Lottery Incentives

In order to encourage increased voucher activity, eVoucher Lottery and Recognition programs were initialized in May. Through this lottery, clinics received one contest entry for every voucher issued by a clinic staff. At the end of the quarter, one voucher was randomly selected from each district and the clinic where that voucher was issued received 5000 TSH airtime for each clinic worker. The announcement and promotion of this initiative stimulated a sharp increase in clinic voucher issuing activity. Additionally, certificates of recognition were issued to the top performing clinics within a district for their strong performance in adopting eVoucher. The feedback received from both of these initiatives was very positive with some districts holding award ceremonies.

2.4.4 eVoucher Roll-out

MEDA targets RCH clinics for training on the eVoucher according to telecom network signal strength, clinic attendance, past voucher redemptions, proximity to urban areas, and general need. This quarter, the first phase of training clinics in Mwanza, Kilimanjaro, Shinyanga and Arusha were completed and the final figures are shown in *Table 3* below:

Table 3: Clinics trained in the new eVoucher regions

Region	Clinics trained	%Clinics trained
Arusha	79/204	39%
Kilimanjaro	82/262	31%
Mwanza	198/318	62%
Shinyanga	154/282	55%

Upon completion of these trainings, the eVoucher rollout continued to the additional regions of Morogoro, Mbeya and Mara in the month of June. A new approach to MEDA's field activities implemented in June re-assigned eVoucher training teams to the full oversight of both channels in their regions. This allowed for the eVoucher launch to begin in new regions at a slower pace but also maintained field officers full-time in the previously trained regions (i.e. Arusha, Kilimanjaro, Mwanza and Shinyanga). The field officers operating in previously trained eVoucher regions conducted follow up training and visits to low performing market actors and those having difficulties with the program. Additionally, the field program was also updated to focus on problem solving; therefore, clinics achieving less than 30% in redemptions and less than 30% in issuances of their estimated monthly beneficiary attendance were identified and visited.

Going forward into the next quarter, training and follow up will continue in the named eVoucher regions. eVoucher launch and training for Dodoma, Tabora and Rukwa is tentatively scheduled to begin in August. The addition of these 3 regions will bring the total number of regions where eVoucher is operational to 11.

Strategy 3: To Support the Development of Improved Systems For Management, Training and Monitoring and Evaluation.

Below you will find detailed summaries in line with this strategy as follows. Thus:

- ⇒ Section 3.1: Human Resources
- ⇒ Section 3.2: Risk Management for Minimizing Fraud
- ⇒ Section 3.3: Operations, Monitoring and Evaluation
- ⇒ Section 3.4: Information Technology
- ⇒ Section 3.5: Fleet Management

3.1 Human Resources

During this quarter, the HR department began assessing staff duties, responsibilities and outputs by adopting an active approach based on performance-based management. All staff worked with their respective supervisors to align themselves to this and its relation to the four MEDA pillars.

3.1.1 Training

This quarter two MEDA Finance Department employees' attended training conferences where skills were shared and new ideas acquired. John Mwanambeya (Accountant) attended training on

USG compliance, and Tumaini Lawrence (Assistant Accountant) attended the Training conference for USAID's Implementing Partners in Tanzania on Efficient Managing, Accounting and Reporting.

3.1.2 Staffing and Employee Recruitment

MEDA recruited two temporary call centre data verification officers this quarter. Among the two initial recruits, the exit of one was replaced by another in mid-May. As well, the M&E Impact Assessment Intern, Kara Klassen, was granted a three-month extension beginning in April 2012.

Two vacancies opened up during the quarter; positions for a Data Analyst and eVoucher Manager as well as a Finance and Compliance Team Leader. The recruitment for the Data Analyst and eVoucher Manager was initiated in May and an anticipated start date for the potential hire is scheduled for August, 2012. Finance and Compliance Team Leader, Redempta Mushi, resigned in early June and recruitment to fill this vacant position was immediately put in place.

3.1.3 Special Meetings

During this quarter MEDA facilitated target based performance meetings held by all line managers and their corresponding departments to set the tone for the new work mode. Field staff were trained on this new mode of operations through meetings to inform them on new reporting mechanisms and field operations expected. Additionally, as of the end of May, 2012, it was agreed that the last Friday of every month a meeting with all HQ staff and the Country Manager would be held to debrief and inform staff on ongoing and new issues occurring within the month.

3.1.4 External Visitors

Numerous guests visited MEDA Tanzania during the course of the quarter. They are summarized in *Table 4* below:

Table 4: List of visitors between April and June

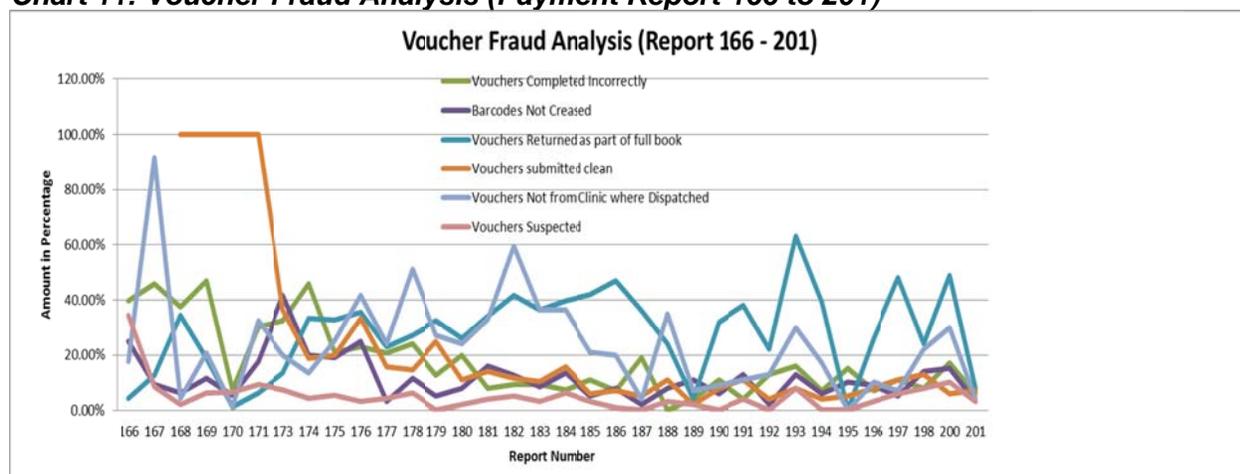
<i>DATE YEAR 2012</i>	<i>VISITOR'S NAME</i>	<i>NAME OF ORGANIZATION</i>	<i>PURPOSE</i>
26 April - 5 April 2012	Lauren Good	Meda Waterloo	E- voucher
10 April - 22 April 2012	Ann Gordon	Meda Waterloo	Strategic Management
23 April - 28 April 2012	Gerald & Veronika	Meda Waterloo	Auditing
13 May - 18 May 2012	Jerry Quigley	Meda Waterloo	Presentation of choice and Competition Concept Paper

3.2 Risk Management for Minimizing Fraud

As reported in previous quarters, the principal five key strategies to minimize fraud continued to be employed this quarter.

During the period between April and June 2012, MEDA continued with the voucher tracking system that used a database to identify suspect vouchers for further analysis. For each batch of vouchers submitted by the manufacturer, the database identified vouchers which were redeemed entirely as a complete book stub. In the previous quarter, MEDA had undertaken extensive analysis to identify which clinics were regularly returning complete books of vouchers and following up in these areas. Initial investigation by field officers and the M&E team at these clinics indicated that these redemptions were the result of irregular LLIN deliveries by A to Z – most often directly to RCH clinics. This was immediately reported to A to Z senior management and MEDA is now glad to report that incidents of this delivery method have declined, as seen in Chart 11.

Chart 11: Voucher Fraud Analysis (Payment Report 166 to 201)



During the quarter two voucher misuse incidents were detected by voucher analysis process at the MEDA office:

(A). eVoucher: In May 2012, monitoring of eVoucher data assisted by physical field monitoring identified a case of potential misuse in Shinyanga Urban district. In this particular investigation, an RCH Clinic staff who issued the majority of vouchers redeemed by one Mbasha Medics shop (ID #1767) admitted that the vouchers were fraudulently created for non-existent beneficiaries. The RCH staff claimed they had been influenced to issue fraudulent vouchers by Mr. Mbasha Matatu (owner of Mbasha Medics Shop) so that he could redeem the eVouchers and therefore increase his inventory of nets without actually purchasing the LLINs. MEDA found that Mbasha Medics had also been redeeming eVouchers that had been issued in other regions (i.e. Mwanza and Dar es Salaam) within minutes of the vouchers issuance which was a clear sign of fraud. An in-depth investigation also found that Mbasha Medics had purchased a total of only 40 LLINs from A to Z supplier and received 15 additional LLINs through the Buy 5, Get 10 Free program – giving him a total inventory of 55 nets. As well, only one exchange of 40 nets occurred between the shop and the A to Z supplier on March 9, 2012 yet the system showed the shop having exchanged well over 700 eVouchers. Recordkeeping at the shop and clinics also did not match the issuing and redemption activities. MEDA Tanzania then took the following actions;

- MEDA terminated Mr. Mbasha Matatu contract in the HP program following his involvement in these highly fraudulent activities.
- MEDA deleted the entire remaining balance of 756 nets that Mr. Mbasha still held in his retailer account, with no further compensation granted. It was believed that the vast majority of these nets were fraudulently obtained where no nets exchanged.
- The DMO Office at Shinyanga Urban was notified of the clinic staff involvement.
- The incident was passed on to judicial state organisation for further investigation.

(B). Paper Voucher: The database and physical analysis detected 4,784 Infant LLIN vouchers and 9,182 Pregnant Women LLIN vouchers from two wholesalers in *Nkasi district* (Rukwa Region) were misused. The paper vouchers were returned to MEDA in a clean state and held the marks of fake clinics, retailers, and beneficiary names. The two wholesalers were attempting to return the vouchers directly to MEDA in exchange for cash as they indicated they wished to downgrade their investment level in the TNVS vouchers. Payment for these fraudulent vouchers has not occurred and further investigation into this case is on-going.

Also during this quarter, MEDA staff continued to receive summons to appear as witnesses in the hearing for the criminal case number 15 of 2012 (currently this case has been postponed for hearing, now set for August 2nd 2012). A public mentions of this type of cases alerts people and sends messages to the public that TNVS voucher theft is taken seriously and is punishable by law. It should also be noted that disciplinary actions have been taken by some DMOs and DEDs, against staff confirmed to have stolen or forged vouchers. In some instances staff members' contracts were immediately terminated instead of employing judicial measures as these are known for taking a long time.

3.3 Operations, Monitoring and Evaluation

The M&E team, in collaboration with the Operations, Logistics, and Support Services departments instituted a new form of field operations that sought to move away from regular routine monitoring to active monitoring where issues are identified and solved immediately. It was agreed that this transition would better align organizational assets with program goals and allow field teams to focus on problem-solving and on-the-ground presence within the regions. The change also aims to simplify reporting parameters and ensure the relevance of actions taken to current needs and realities of each area.

To optimize operations and maximize capabilities, all Field Staff underwent training in May and June to handle both the paper and eVoucher training and supervision channels concurrently. Tanzania's original 21 regions were then divided into 11 clusters (a cluster consisting of two adjacent regions) with Dar es Salaam deemed its own cluster given its proximity to the MEDA offices. Each FO was then given responsibility over a cluster of two regions for a six month time period; the first six-months beginning in June 2012 till November 2012. It was also agreed that field officers would rotate to new clusters every six months to discourage levels of 'comfort' with the status quo performance in a region. By early June, 11 FOs were deployed to the 11 new clusters where an accentuated active monitoring strategy was initiated, consisting of voucher distribution, net stock out monitoring, retailer recruitment, and fraud monitoring and mitigation. This new form of operations has already proved beneficial as MEDA has seen improved volumes of retailer recruitment, increased collaboration time with A to Z RSRs, and problem-solving occurring more regularly than the previous model.

The M&E team continued with the call centre initiative this quarter. This initiative involves weekly telephone calls to a random selection of 10% of all clinics and 10% of all retailers participating in TNVS program. This is done to establish their voucher and LLIN stock levels respectively. With the implementation of the optimized operations and active monitoring piece, the call lists were modified and grouped into the 11 clusters described earlier. Weekly summaries of clinic and retailer stock levels continue to be shared with A to Z and the FOs for follow-up and immediate action.

3.4 Information Technology

3.4.1 Voucher Tracking System (VTS)

All paper voucher tracking activities continued as scheduled. MEDA's plan to use the staging database and the eVoucher views to create a consolidated reporting platform are still underway and expected to be completed in the next quarter. The VTS department continued with the consolidation and integration of paper and electronic voucher data during this quarter so that the two systems better interacted.

In this quarter, MEDA discovered that the most recent orders of paper vouchers from the contracted printer had minor errors where the same book number was printed across all the vouchers. As a remedy, MEDA hired a software consultant to write a code and database patch that temporarily fixed the error within the VTS system and no further disruptions were experienced resulting from this error.

3.4.2 GPS/GIS Data

A to Z Regional Sales Representatives (RSRs) who are equipped with GPS units intermittently continued to map remaining TNVS retailers via the TNVS mobile reporting system using the applications installed on their Blackberry smartphones. MEDA will continue the mapping of new clinics whenever necessary using the tablet computers issued to each Field Officer.

3.4.3 eVoucher System IT

This quarter, MEDA began the process of updating the RCH Clinic records within the TNVS database so that the contact number of each RCH Nurse In-Charge is recorded in the system. This data was previously gathered by MEDA FOs and is currently available to the team only in spread sheet format. It is expected that a full RCH Clinic database with contact numbers will be of great help to the TNVS program as it will allow MEDA to send mass SMS communications to all clinics for announcements, program updates and performance reminders. MEDA also introduced the use of ODK forms on the tablet computers for eVoucher training to gather clinic and retailer information. The ODK forms use increase the efficiency of eVoucher trainers and allows MEDA to receive the information seamlessly.

MEDA has extended the Ordering Pilot (which allows retailers to send an SMS with the number of nets desired) to the entire district of Temeke. 10 retailers were trained in person and the remaining 50 were notified about this function via SMS.

Technical updates were made in this quarter to reduce and quickly identify periods of time when problems occur with the mobile networks. Network outages continued to occur infrequently throughout the quarter lasting from 30 minutes up to 3 hours. Outages occurred both at the level of the mobile network operator and also on MEDA's internal systems. While outages at the mobile network operators cannot be controlled, internal technical challenges included the inability for the hosting partner to connect with the SMS gateway and ISP outages at the gateway which resulted in occasional system downtime.

3.4.4 Challenges and Actions Taken

In order to identify slow performance or network outages, an end-to-end system tester was developed that sends an SMS to the eVoucher every 10 minutes during business hours and every hour on non-business hours. The goal of the end-to-end system is to easily identify when the network is operating slowly and when it is not functioning as expected. The end-to-end system also helps to isolate messaging problems that occur. MEDA also developed a Response Team strategy during which a dedicated group of MEDA staff would make phone calls to the top performing clinics and retailers for each district after a major outage of more than 8 hours occurs.

MEDA continued to work diligently to contact the technology partners immediately whenever challenges identified. MEDA also sent reminder SMS messages to the retailers involved in the Ordering Pilot and collected feedback to understand the realized value of the function. Going forward, the hosting partner will update their off-hours support program which will increase the level of off-hours support.

3.5 Fleet Management

MEDA Tanzania's vehicle fleet currently consists of 16 vehicle units to serve the TNVS project. This quarter, ten vehicle units were deployed to the field leaving the remainder at HQ and available for on-going HQ activities and responsibilities.

3.5.1 Procurement of Goods and Services

During this quarter, Nduvini Auto Works LTD garage continued to conduct vehicle servicing and maintenance upkeep of all MEDA vehicles. Nduvini Auto Works LTD emerged as a winner in the previous quarter's tender and has since then been MEDA's primary garage for all vehicle upkeep requirements. Gajjar Auto Works remained as MEDA's second primary garage. All other primary garages throughout the regions remained the same for when M&E and TNVS activities are field bound and vehicles require maintenance and upkeep.

3.5.2 Power Track Reporting

During the quarter, Power Track (PT), the vehicle-based computer that monitors operations of the vehicle and driver behaviour, continued operations for fifteen MEDA vehicle units. Data from the on-board computer continued to be transmitted via a mobile link to HQ every two hours.

A reviewed contract for the power tracking services (between MEDA and Warrior Security) has been developed based on fifteen MEDA vehicle units and new costing is now in use.

During the entire quarter, vehicle units installed with Power Track were fully operational with regards to all functionalities. PT accomplishments for this quarter remained consistent with last quarter's, and they include the following:

- ⇒ Creation of a Weekly PT Report that identifies places vehicles visit and re-fuelling stations, as well as if drivers over-speed (note: currently over-speeding is any speed greater than 110km/hr.);
- ⇒ Generated monthly driver performance reports to identify the best MEDA drivers;
- ⇒ PT continued to be a tool for the collection of GPS data for the TNVS;
- ⇒ Automatic PT reports generated by the PT Software continued to be used as a benchmark for field officers physical retirement reports;
- ⇒ Various reports required for operational purposes such as (i) vehicle fuel profiles, (ii) mileage and (iii) time sheets etc. were compiled.

Appendix A: USAID/AMCC Indicators, Targets and Achievements

PMI Quarterly Report - data collection table – MAINLAND									
Insecticide-Treated Nets: USING PMI FUNDS Implementing Partners:									
Indicator	Annual Target						Annual Target	Assumptions on targets (Comments)	
	FY11	Jan-Mar 2011	April-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	April-June 2012	FY 12	
Number of vouchers procured:									
<i>Infant vouchers procured</i>	1,000,000	500,000	-	-	-	500,000	800,000	1,300,000	Attained 100% of FY 2012 target by the end of this quarter
Number of vouchers distributed:									
<i>(a) To health facilities (RCH)</i>	1,000,000	182,950	392,850	137,425	304,776	487,553	319,010	1,300,000	Attained 85% of the FY 2012 target at the end of this quarter
<i>(b) Voucher issued to target group (infant)</i>	1,000,000	182,950	392,850	137,425	304,776	487,553	319,010	1,300,000	Attained 85% of the FY 2012 target at the end of this quarter
Number of ITNs procured:									
<i>(a) TNVS (Voucher redeemed)</i>	765,000	175,510	123,524	132,031	118,493	164,688	181,602	762,712	Currently at 61% towards achieving FY 2012 target
Number of ITNs distributed:									
<i>(a) private /commercial sector through retail shops (TNVS)</i>	765,000	175,510	123,524	132,031	118,493	164,688	181,602	762,712	Attained 110% of FY 2012 target by the end of this quarter. This figure include 375,880 UCC-LLINs re-distributed with USG funds
eVoucher Distributions and Redemptions									
<i>Proportion of IVs that are distributed through SMS via mobile phones</i>					1,585 (0.5%)	27,903 (5.7%)	67,535 (21.1%)		Achieved 21.1% of total distributions.
<i>Proportion of IVs that are redeemed through SMS via mobile phones</i>					664 (6.1%)	12,774 (7.8%)	35,838 (19.7%)	20%	Achieved 19.7% of total. On positive trajectory to achieve FY 2012 targets.

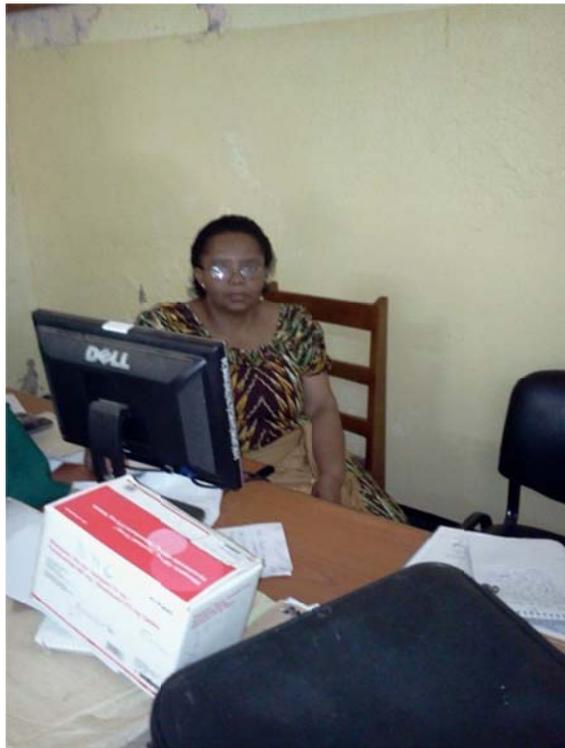
Appendix B: HPFP Impact Story

The Hati Punguzo Focal Person (HPFP) for Mkinga District in Tanga region is Joyce Magembe. She is 52 years of age and has three children, all of whom are girls.

She narrates her joy of being elected for the post of HPFP in the year 2008, due to personal experiences that she herself had gone through. Earlier on during that same year, because her grandson didn't sleep under a net, he caught malaria.

She also narrates that during her tenure, in a supervisory visit to the clinics, she witnessed a pregnant woman's death due to malaria.

These two incidences magnified her devotion towards her job and the need to safeguard the lives of pregnant women and children from the harm of malaria. In addition to this, she saw the valuable importance of educating her neighbors, friends and the society as a whole about the importance of Long Lasting Insecticidal Nets (LLINs). She has also enrolled the assistance of the village workers to assist in the encouragement of the use of LLINs for pregnant women and children.



Joyce Magembe at her office

Story by,
Pauline Maokola, MEDA Field Officer.

Appendix C: Beneficiary Impact Story

My name is Bi Zuhura Francis, from Mburu District in the North-eastern region of Manyara. The daughter you see before you is my 14 month old daughter; Natasha and I'm also currently pregnant with a male child, whom I hope to call Samuel.



I am a business woman who sells second – hand clothes at auction houses and have been in this line of work since 1999.

Due to my nature of work which requires me to travel regularly, the health of my child and my pregnancy are my top priority.

Anna Munende and Zuhura Francis with their children

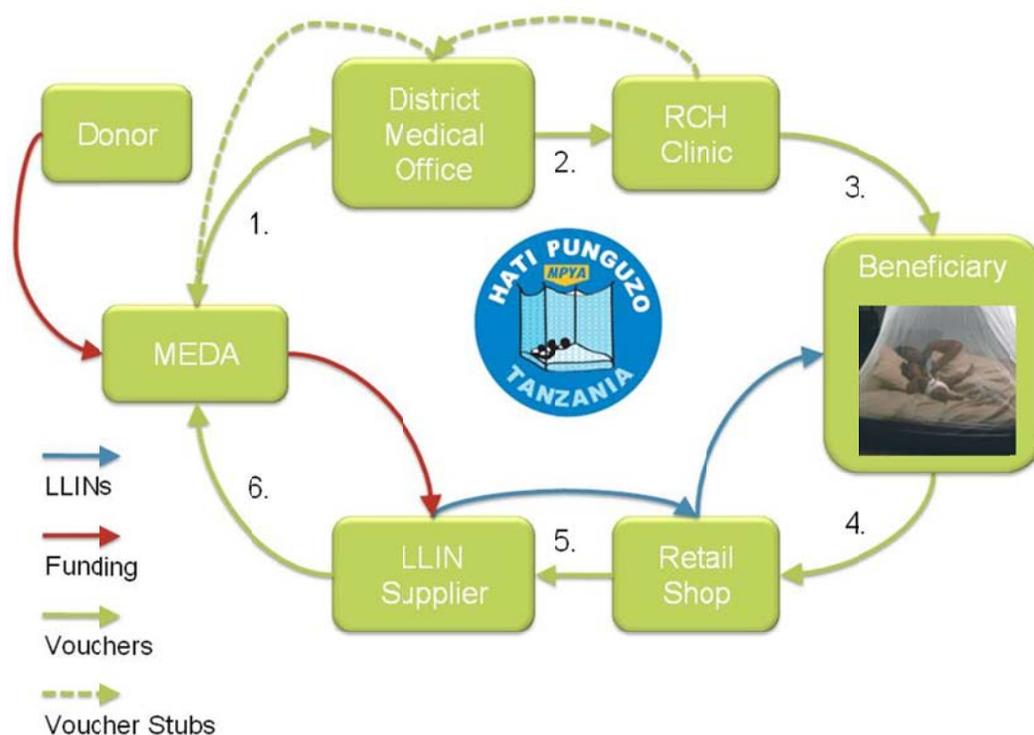
To safeguard myself and my daughter against malaria, I not only make sure we sleep under a mosquito net at night, but I also ensure I travel with it wherever I go. These long lasting insecticidal nets are very essential to me. You will find that when you go on business trips, the only place you will obtain accommodation is in motels. Usually there will be no bed nets available or the ones present are worn out and dirty.

I now have three mosquito nets to speak of at my home. The first I obtained from a mass campaign in 2010. My husband and I shared that one. The second one was provided to me when I went for my prenatal appointment at the clinic. Each of us, (my husband and I) now had our own. I got this third one today, as I was here at the clinic for second pregnancy, and this one will keep the new born safe from malaria. I am proud to say since I began using the mosquito nets, I have no malaria incident to narrate. My family has been protected and I look forward delivering a healthy baby whom I shall raise free from malaria.

Story By
Evans Kaijage, MEDA Field Officer

Appendix D: TNVS Terms and Definitions

1. **Dispatched voucher**= Voucher that left MEDA office and was sent to the DMO Office(1.)
2. **Sent out voucher** = Voucher that left the DMO Office and was sent to the RCH (2.)
3. **Issued voucher** = Voucher that was given to the beneficiary by RCH staff (3.)
4. **Exchanged voucher** = Voucher that was given to a retailer by the beneficiary in exchange for a LLIN (4.)
5. **Swapped voucher** = Voucher that was given to the LLIN supplier by the retailer in exchange for an LLIN (5.)
6. **Returned voucher** = Voucher that was sent back to MEDA (6.)



Redeemed voucher = returned voucher that has been matched with its corresponding voucher stub that also has been returned

Redemption rate = # of redeemed vouchers/ # of voucher stubs returned (in a given time period)

Utilization rate = the number of eVouchers redeemed of the total eVouchers issued (4/3).

Exchange Pending = eVoucher redeemed at a participating HP retailer that has been replaced with a net by A to Z and the retailer has not yet confirmed the delivery of the replacement net

Net re-supplied = eVoucher redeemed at a participating HP retailer that has been replaced with a net by A to Z and the retailer has confirmed the delivery of the replacement net

Appendix E: Evoucher Promotional Materials

Vocha kuptia ujumbe mfupi wa simu

MEDA Tanzania ni mdau katika mapambano dhidi ya ugonjwa wa malaria, anayesimamia utekelezaji wa mpango wa Hati Punguzo chini ya Wizara ya Afya na Ustawi wa Jami. Kupitia mpango huu, wafanyakazi wa sekta ya afya wanaofanya kazi katika vituo zaidi ya 4500 nchini, wanatoa vocha ya Hati Punguzo kwa kinamama wawazito na watoto, zinazowawezesha kupata chandaru kutoka kwa muuza-duka aliyeteuliwa kupokea Hati Punguzo kwa shilingi mia tano tu. Tangu kuanzishwa kwa mpango huu, Hati Punguzo imetoa vyandarua 7,918,896 kwa kinamama wawazito na watoto, ili kuwalinda na maambukizi dhidi ya ugonjwa wa malaria.

Katika juhudi za kuboresha huduma kwa kinamama wawazito na watoto katika vita dhidi ya malaria, MEDA imeanzisha mfumo mpya wa elektroniki wa kutoa Hati Punguzo kupitia ujumbe mfupi wa maneno kwenye simu. Teknolojia hii ina faida nyingi. Kliniki haitahitaji kuwa na vitabu vya Hati Punguzo (Vocha) za karatasi ambao ilikuwa ni tatizo huko nyuma. Hivi sasa Ujumbe mfupi wa simu utatumwa kupitia namba ya msimbo inayoruhusu kufanyika kwa mawasiliano ya haraka na bila gharama kwa wafanyakazi wa kituo cha afya.

Pamoja na kuongezeka kwa kasi ya upatikanaji wa vocha, mpango huu pia unawezesha MEDA, wauzaji wa rejareja wa vyandarua, watengenezaji vyandarua na wasambazaji kupata muda unaostahili kufanya tathimini ya uhakika ya mahitaji ya kila Mkoa na Wilaya. Kwa kufanya kazi kwa ukaribu na watengenezaji na wasambazaji wa vyandarua, lengo la MEDA la kuondoa ukosefu wa vyandarua ambao umekuwapo siku za nyuma litakamilika.

Tunatoa shukrani zetu kwa wafanyakazi wa kliniki na wauzaji wa rejareja waliopo pamoja nasi katika mpango huu. Pamoja, tunaamini mfumo huu mpya wa kutoa Hati Punguzo utaongeza upatikanaji wa vocha na vyandarua kwa kinamama wawazito na watoto.



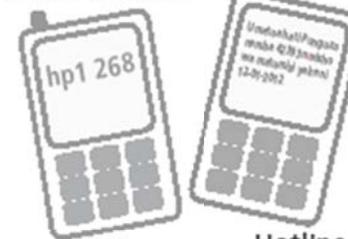
Hatapungukiwa na vocha

- Kutuma ujumbe ni bure.
- Namba za msimbo ni haraka na rahisi.
- Hii inaondoa matumizi ya Hati Punguzo za karatasi.
- Usitumie vocha za karatasi isipokuwa pale ambapo mtandao wa simu haupatikani.
- Tafadhali wasisitize kinamama wawazito wakomboe Hati Punguzo zao ndani ya muda mfupi, kupitia kwa muuzaji wa rejareja aliye karibu.
- Mtandao utakapotumia namba ya Hati Punguzo ambayo pia itakuwa na tarehe ya mwisho wa matumizi yake. Andika namba ya vocha na tarehe ya mwisho wa matumizi kwenye kadi ya kliniki ya mama mjamzito upande wa juu.



Ujumbe wa haraka na wa bure kupitia simu yako.

- Ili kupata huduma hii, simu za wafanyakazi wa kliniki zinahitajika kuwa zimesajiliwa na MEDA.
- Kama mfanyakazi wa kliniki ataacha kazi katika kliniki hiyo, mganga wa kituo/kliniki anatakiwa kuwajulisha MEDA. (0753631492/0786418103)
- Ushiriki wako utasaidia kufuatilia upatikanaji wa vyandarua kwa wauzaji wa rejareja
- Hati Punguzo ya elektroniki inawezesha kuwa na vocha wakati wote – hatapungukiwa na vocha
- Iwapo mtoaji wa huduma za afya katika kituo /kliniki ataacha kazi, tafadhali wajulishe MEDA mara moja. (0753631492/0786418103)
- Endelea kuweka kumbukumbu za vocha zote zilizotolewa zilizolewa.



MEDA

Hotline

0753 631 492
0786 418 103



*Vocha kuptia ujumbe
mfupi wa simu.*



Hotline
0753 631 492
0786 418 103



