

QUARTERLY REPORT 36

April - June, 2013

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

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QUARTERLY REPORT 36 (AMCC 15)

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LIST OF ACRONYMS

AMCC	Achievement and Maintenance of Comprehensive Coverage
ANC	Antenatal Care
AOR	Agreement Officer Representative
APR	Annual Review Program
A-Z	A-Z Textile Mills Limited
BCC	Behaviour Change Communication
CDC	Centre for Disease Control
CIDA	Canadian International Development Agency
CMFP	City Malaria Focal Person
COMMIT	Communication and Malaria Initiative in Tanzania
DED	District Executive Director
DFID	Department for International Development
DMO	District Medical Officer
EMS	Expedited Mail Service
FO	Field Officer
FY	Financial Year
GF	Global Fund
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GPS	Global Positioning System
HP	Hati Punguzo
HPFP	Hati Punguzo Focal Person
IHI	Ifakara Health Institute
ITN	Insecticidal Treated Net
IV	Infant Voucher
JHU	Johns Hopkins University
KAP	Knowledge, Attitudes and Practices
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

PWC	Pricewaterhouse Coopers
PWV	Pregnant Woman Voucher
RCH	Reproductive and Child Health
RM	Regional Manager
RMFP	Regional Malaria Focal Person
RMO	Regional Medical Officer
RSR	Regional Sales Representative (A to Z)
SDC	Swiss 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 36 (AMCC FY 15)

April 2013 - June 2013

OVERVIEW

This report is meant to showcase MEDA's progress in the Tanzania National Voucher Scheme's (also called Hati Punguzo in Kiswahili) work in the distribution of Long Lasting Insecticidal-treated Nets (LLINs) in mainland Tanzania. It is a mechanism to provide Donors, Government and other stakeholders 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. **Strategies:** This is a section that outlines the frameworks which were set in order to achieve pre-determined goals.
2. **Background and Rationale of the Program:** This section gives you the history of the program and also explains why this program is important.
3. **Executive Summary:** This is a section providing a quick summary and highlights of the report's contents.
4. **Appendices:** Detailed points of reference that include Donor Indicators, Retailer Impact Stories and TNVS Terms & Definitions.

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). The activities under this strategy are complete and were reported in Quarter report 30.

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. This strategy is currently in progress.

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

EXECUTIVE SUMMARY

The key highlights for this quarter are as follows:

PWV and IV Voucher Distributions and Redemptions in Q36

- 513,466 vouchers were distributed to Pregnant Women, of which 143,816 of these were distributed via the eVoucher channel. This brought the cumulative number of PWVs distributed up till June 30th 2013 to 10,932,017.
- 285,207 vouchers were redeemed by pregnant women, of which 102,549 (36%) of these were via the eVoucher channel. This brought the cumulative number of PWVs redeemed up till 30th June 2013 to 6,565,319.
- 372,300 vouchers were distributed to Infants, of which 140,825 of these were distributed via the eVoucher channel. This brought the cumulative number of IVs distributed up till June 30th 2013 to 7,562,947.
- 267,360 vouchers were redeemed for infants, of which 93,914 (35%) of these were via the eVoucher channel. This brought the cumulative number of IVs redeemed up to 30th June 2013 to 3,753,821.

eVoucher Coverage Continues to Grow

The number of regions operating in the eVoucher system increased from thirteen to twenty in the last quarter. These are namely Dar es Salaam, Mwanza, Arusha, Kilimanjaro, Morogoro, Rukwa, Mbeya, Shinyanga, Mwanza, Mara, Dodoma, Kigoma, Kagera, Iringa, Ruvuma, Njombe, Katavi, Geita, Simiyu and Lindi. eVoucher issuances increased by 74,074 from last quarter's 210,567 to this quarter's 284,641. Redemptions also saw a rise from the previous quarter's 146,924, to this quarter's 196,463. Key coverage data is as follows:

- 1427 number of clinics are now on eVoucher out of 5115
- 36% of all vouchers redeemed are now transacted through eVoucher

Choice and Competition Fully Operational

This quarter saw choice and competition fully operational with the new suppliers (BestNet) LLINs introduced into the TNVS Supply Chain. The call centre initiative that performed weekly random calls on 10%percent of all clinics and retailers verified retailers holding stock of BestNet LLINs. With the retailers' freedom to hold stock from either supplier or both, we expect significant reduction in net stock-outs throughout all regions within the foreseeable future.

MEDA anticipates the following benefits as Choice and Competition gains further currency within the TNVS Supply Chain. Thus:

1. More choice on color, shape and size of LLINs. Both suppliers have applied through the Ministry for approval to introduce choice on LLINs.
2. TNVS LLINs are accessed commercially at full retail price
3. Growth in the retailer network thus improving access to LLINs
4. Availability of LLINs from two suppliers i.e. A to Z and BestNet

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 newborns 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 contracted suppliers. The suppliers are contracted to manufacture, distribute and recruit retailers. MEDA has assigned staff members in every region to assist the suppliers 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, private sector and the community at large.

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. 4) Introduced Choice and Competition within the TNVS Supply Chain. This is an evolution to make the program more efficient and responsive to the needs of the target population.

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 commenced in earnest in

October 2012 and the new supplier (Best Net) became fully operational the following quarter January – March 2013.

1.0 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 and reported in Quarterly Report 30.

2.0 STRATEGY 2: TO CONTRIBUTE TO EFFECTIVE AND EFFICIENT INITIATIVES THAT ENSURES ONGOING AND MORE SUSTAINABLE DISTRIBUTION OF LLINS.

PWV and IV paper Voucher books are continually replenished at district levels and subsequently to Reproductive and Child Health (RCH) clinics through orders placed centrally with MEDA. MEDA has an onsite warehouse that has significantly improved the distribution and reduced voucher stock outs. 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, during supervision and on 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 when the DMO stock reaches 50% during normal supervision..

eVoucher is always available thus cutting out all the distribution logistics associated with paper vouchers.

Below are detailed summaries in line with this strategy as follows.

- ⇒ Section 2.1: Pregnant Women Vouchers
- ⇒ Section 2.2: Infant Vouchers
- ⇒ Section 2.3: Voucher Distribution Support Services
- ⇒ Section 2.4: Expanding and Strengthening the Commercial Supply Chain
- ⇒ Section 2.5: eVoucher Program Update

2.1

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. It is to be noted that this is a close out year for PMI (USAID) funding of IV program. The plan is to transition a good performing IV program to DFID funding.

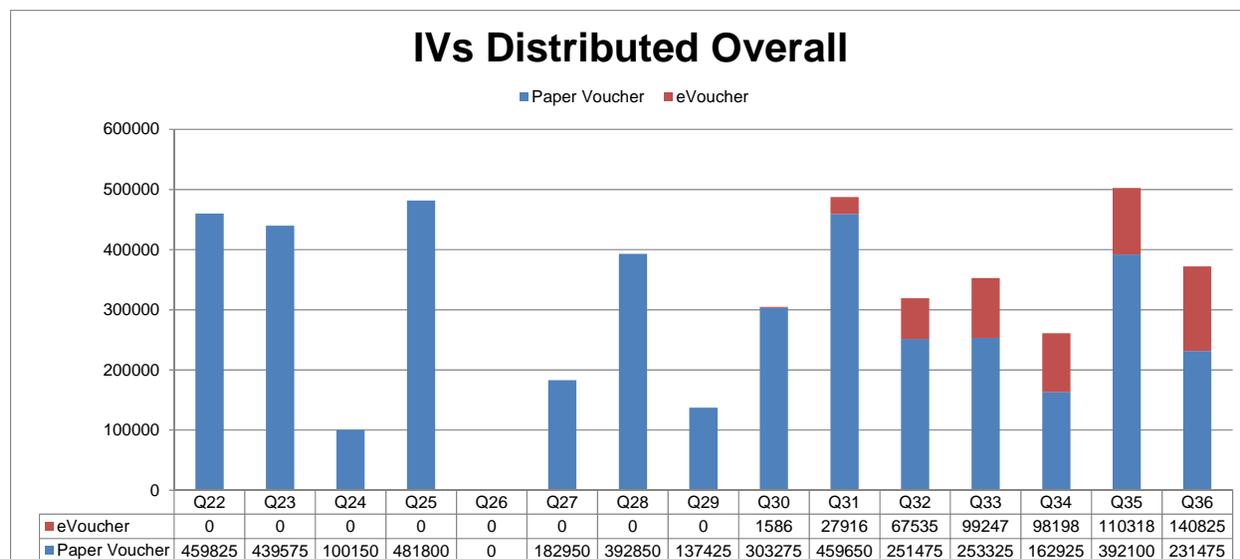
2.1.1 IVs Procured

An order of 500,000 LLIN IVs placed last quarter were delivered to MEDA warehouse early this quarter. The cumulative number of paper-based Infant Vouchers procured totals 7,775,000. This order was placed as part of the plan meant to guarantee distributions beyond March 1, 2013 and redemptions beyond July 31, 2013 until when funding transitions to another donor.

2.1.2 IVs Distributed to Districts

Final distributions of infant vouchers (both paper based and eVoucher) through the support of USAID/PMI funding continued till last quarter. Through the transitioning plan a total of 372,300 infant vouchers were distributed this quarter. Of these, 140,825 were eVoucher. *Chart 1* illustrates the actual number of IVs (both paper and eVouchers) distributed per quarter since the introduction of LLIN IVs into TNVS in October 2009. The gap in Q26 was in response to voucher liability issues thus no distributions were done between October and December 2010. Another major feature in the chart is the falling numbers in distribution as we sort out transitioning to new donor but the eVoucher channel is increasing as more regions are added up.

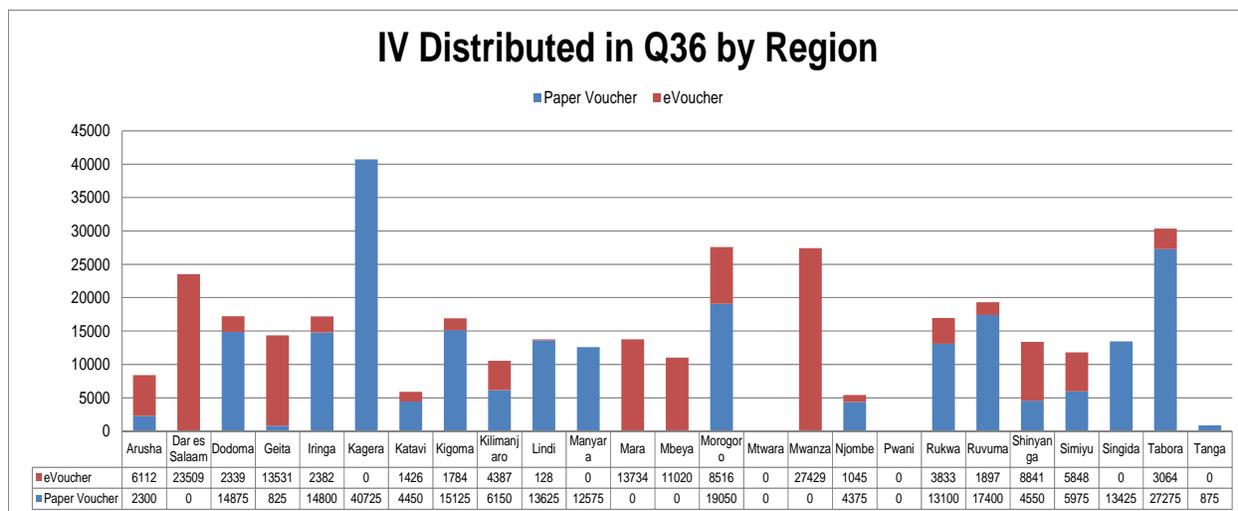
Chart 1:IVs Distributed to District Medical Officers Quarterly from Q22



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, Q31=Jan-March 2012, Q32= April-June 2012 and Q33= July-Sept 2012, Q34=Oct-Dec 2012, Q35= Jan-March 2013 and Q36= April-June 2013. .

Chart 2 illustrates the number of IVs distributed to regions within the past quarter. Under current donor funding, all regions received vouchers with exception of Pwani and Mtwara regions as these regions still had stock.

Chart 2:IVs Distributed in Q36 by Region

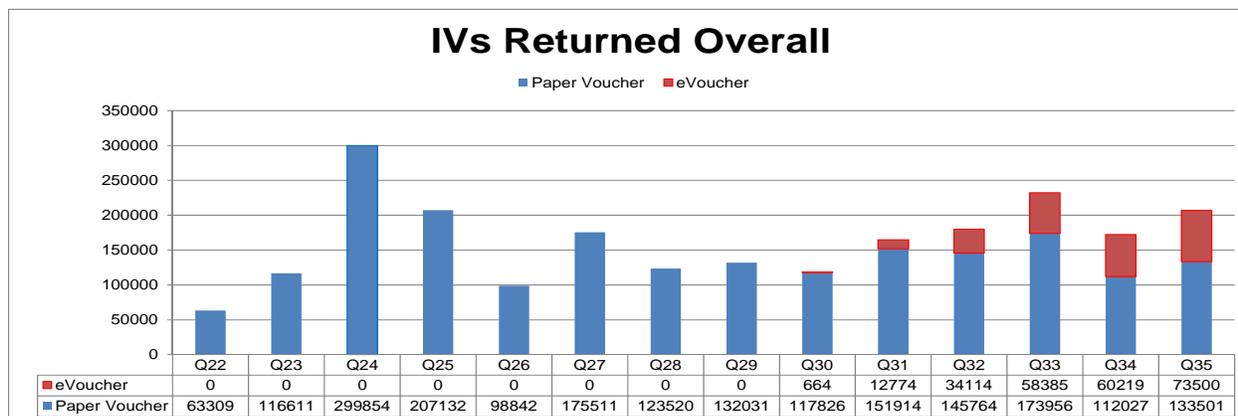


2.1.3 IVs Redeemed

Redeemed paper vouchers are those vouchers exchanged by parents/guardians or care takers of infants at retail outlets in exchange for an LLIN. These are then collected by the 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 LLIN supplier's sales representative 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 267,360 IVs (of which 93,914 (35%) were eVouchers) were redeemed this quarter. Cumulatively, 3,753,821 IVs have been redeemed since the IV programme launch in 2006. *Chart 3* shows the total IV redemptions quarterly since October 2009 to June 2013 (Q22 [IV LLIN launch] – Q36).

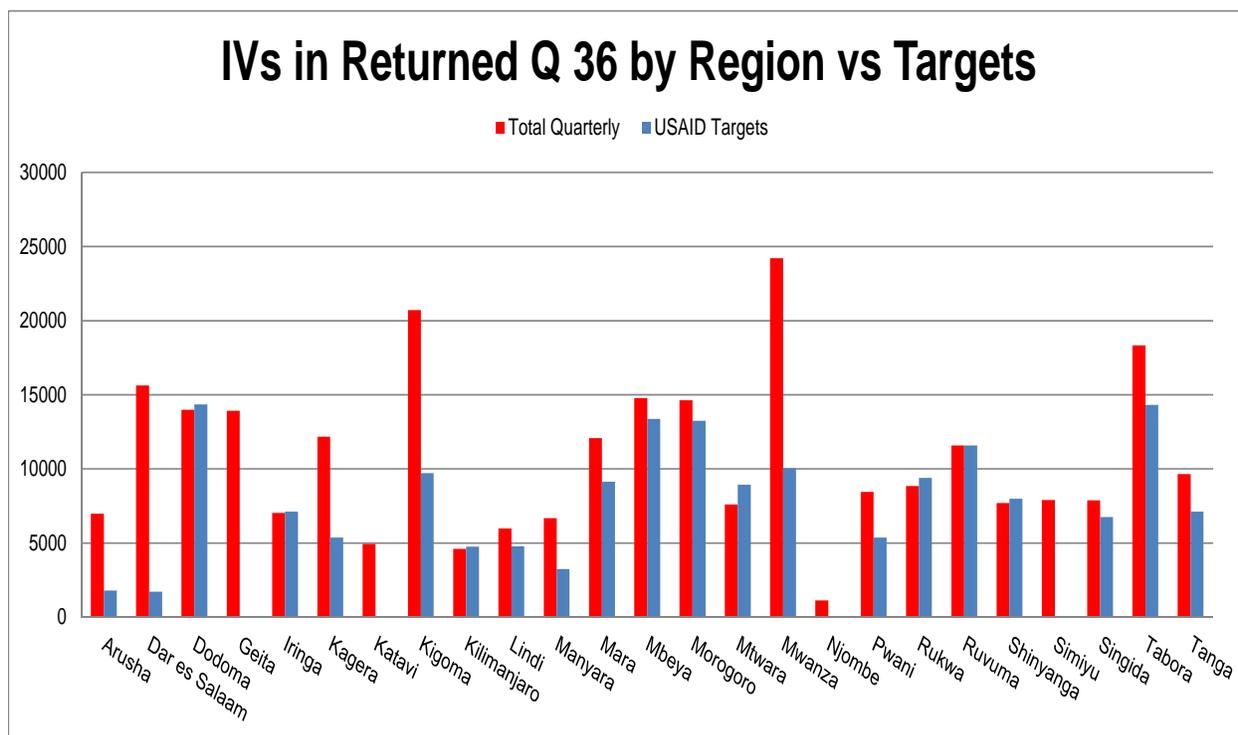
Chart 3:IVs Returned to MEDA Quarterly



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, Q32= April-June 2012 and Q33= July-Sept 2012, Q34=Oct-Dec 2012, Q35= Jan-March 2013 and Q36= April-June 2013.

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). It is observed that all regions are either on or above their targets, justifying the effectiveness of the strategies deployed by MEDA to bring all regions on target or above the targets.

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

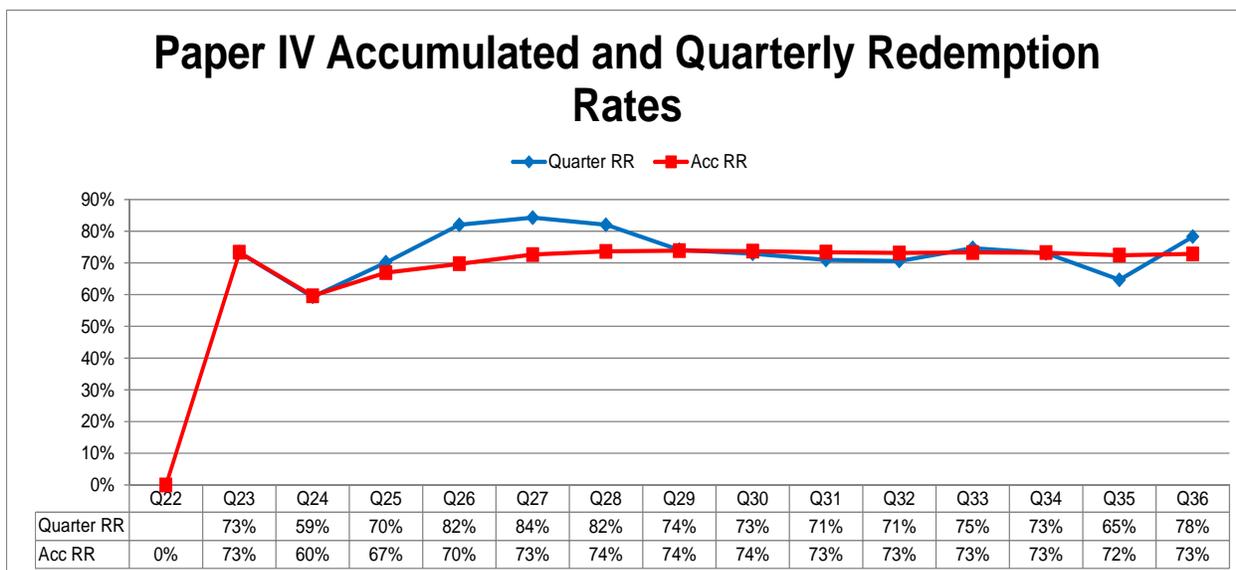


Note that Katavi, Njombe, Geita and Simiyu are new regions, which have been derived from other regions. Thus there were no targets for these areas in the past quarter.

2.1.4 IV Redemption Rates

Chart 5 shows redemption rates since the launch of LLINs in September 2009. Quarterly and accumulated redemption rates stand at 78% and 73% respectively. The total number of IV stub books collected this quarter was 67,984, which is equivalent to 1,699,612 vouchers, out of which, 1,237,815 IV vouchers were matched with their corresponding stubs, resulting in a quarterly redemption rate of 78 %.

Chart 5: IV Accumulated and Quarterly Redemption Rates Q22 – Q36



2.2 Expanding and Strengthening the Commercial Supply Chain

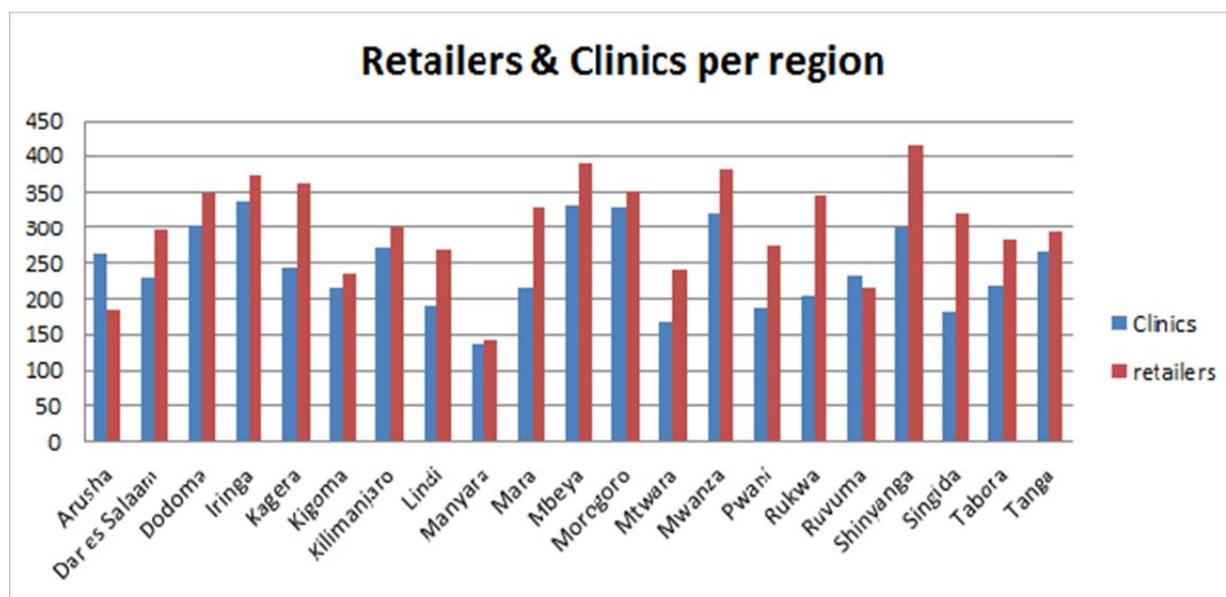
2.2.1 Suppliers and New Retailer Recruitment

The commercial supply chain is managed by two suppliers, A to Z and BestNet Ltd. The intent is to offer more choice to program beneficiaries in terms of size, shape and colours, moreover to open up the “net program” to commercial sales at full retail price. TNVS relies on private-sector retail shops and business people for the redemption of the vouchers in exchange for a bed net. The retail shops are a very crucial component of the TNVS cycle. Normally retailers purchase an initial supply of LLIN and re-stock their inventory through the exchange of vouchers with the supplier. MEDA pays close attention to the well-being of the private-sector and encourages its participation and growth in the program.

Recruitment and contracting of new retailers is currently being handled by the sub-contracted LLIN suppliers, A to Z and Best Net. Once a retailer has signed the contract to participate in the program, the contract is returned to MEDA offices where it is verified and entered into the central TNVS database. At the end of Q36, total number of verified retail outlets in the database stood at 6,624 which show an increase of 280 retailers from the previous quarter.

By the end of this quarter, the total number of verified LLIN retailer distributed by region as compared to the number of participating RCH clinics per region is shown in *Chart 6* following:

Chart 6: Retailers and Clinics per Region



2.2.2 Clinic to Retailer Ratio

In quarter 36, the number of RCH clinics participating in TNVS stood at 5,108 this figure is low compare to previous quarter by 35 because of being identified as duplicate on the data cleaning exercise. LLIN retail outlets totalled 6,624, this brought the ratio of 1.3 retailers to clinics on a national level to which it describe a 65% achievement to reach a targeting ratio of two retailers per clinic (1:2).

Table 1: Number of active clinics and retailers recruited to accept LLIN vouchers and the respective ratio of LLIN retailers to clinics as of June 30th, 2013

Region	Clinic	Retailers	Ratio
Arusha	234	184	0.8
Dar es Salaam	234	327	1.4
Dodoma	295	362	1.2
Geita	102	115	1.1
Iringa	175	173	1.0
Kagera	218	331	1.5
Katavi	60	107	1.8
Kigoma	219	279	1.3
Kilimanjaro	270	301	1.1
Lindi	190	270	1.4
Manyara	137	141	1.0
Mara	224	349	1.6
Mbeya	329	414	1.3
Morogoro	325	361	1.1
Mtwara	167	240	1.4
Mwanza	267	373	1.4
Njombe	155	220	1.4
Pwani	184	274	1.5
Rukwa	152	269	1.8

Ruvuma	233	224	1.0
Shinyanga	140	228	1.6
Simiyu	136	162	1.2
Singida	181	321	1.8
Tabora	220	307	1.4
Tanga	262	292	1.1
Grand Total	5109	6624	1.3

2.2.3 Supply Chain Challenges and Action Taken

MEDA increased the level of collaboration between field Officers and sales staff of both A-Z and BestNet. This steered an increase in retailers joining the program in most needy areas, better route planning and higher collaboration with local government officials.

Though an increase in the volume of retailers was observed in the last quarter, other areas within the supply chain experienced various challenges which are continually being addressed;

1. Pattern of distribution. It was observed that some RSRs of A to Z concentrated in re-stocking only those clinics in accessible and easy to reach areas, avoiding interior villages.
2. Network connection difficulties.
3. Frequent change of shopkeepers among the retailers. This leads to difficulties in eVoucher service delivery and LLIN sales record keeping.
4. BestNet has been slow in entering the market. They are faced with a high staff turnover rate and also have not adequately invested in transportation for their sales representatives.

2.3 eVoucher Program Update

2.3.1 eVoucher Performance Progress

The eVoucher channel has shown significant improvement in the last quarter where voucher issuances were 284,641 in comparison to the past quarter issuances of 210,567. The issuances include 140,825 IVs and 143,816 PWVs.

eVouchers redeemed were 196,463 which included 93,914 IVs and 102,549 PWVs. The quarter's redemption rates were 67% in April, 68% in May and 72% in June marking the quarter redemption rate as 69%. In the past quarter, of all the vouchers redeemed, eVouchers contributed 36% of all the redemptions. Chart 7 depicts the channels growth since launch. The number of regions operating in the eVoucher system in the last quarter increased to twenty namely Dar es Salaam, Mwanza, Arusha, Kilimanjaro, Morogoro, Rukwa, Mbeya, Shinyanga, Mwanza ,Mara, Dodoma, Kigoma, Kagera ,Iringa, Ruvuma, Njombe, Katavi, Geita, Simiyu and Lindi. The number of active clinics participating in the channel for the past quarter was 1338 out of 3425 clinics in the said area and its active retailers were 1224 out of 3401 in the area. Chart 8 shows the eVoucher activity by region in the past quarter.

The eVoucher channel still faces a number of challenges including network outage in some areas of the country and lack of timely replenishment of nets. In the past quarter, mobile network was stable in most areas and MEDA has been consistently liaising with the getaway provider on any signal of network outage. In response to stock out, MEDA has been constantly following up stock levels through random telephone inquiries at retailer shops a. Further, MEDA

has been sharing a weekly report on the eVoucher clinic activity indicating areas with high outstanding vouchers which indicate potential areas of stock out.

Chart 7:eVoucher Issuances and Redemptions Growth

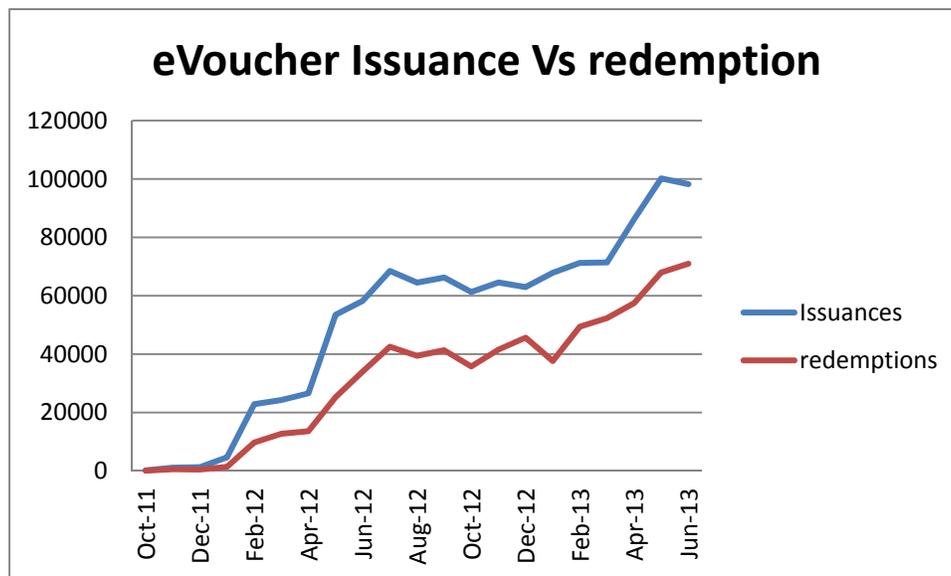
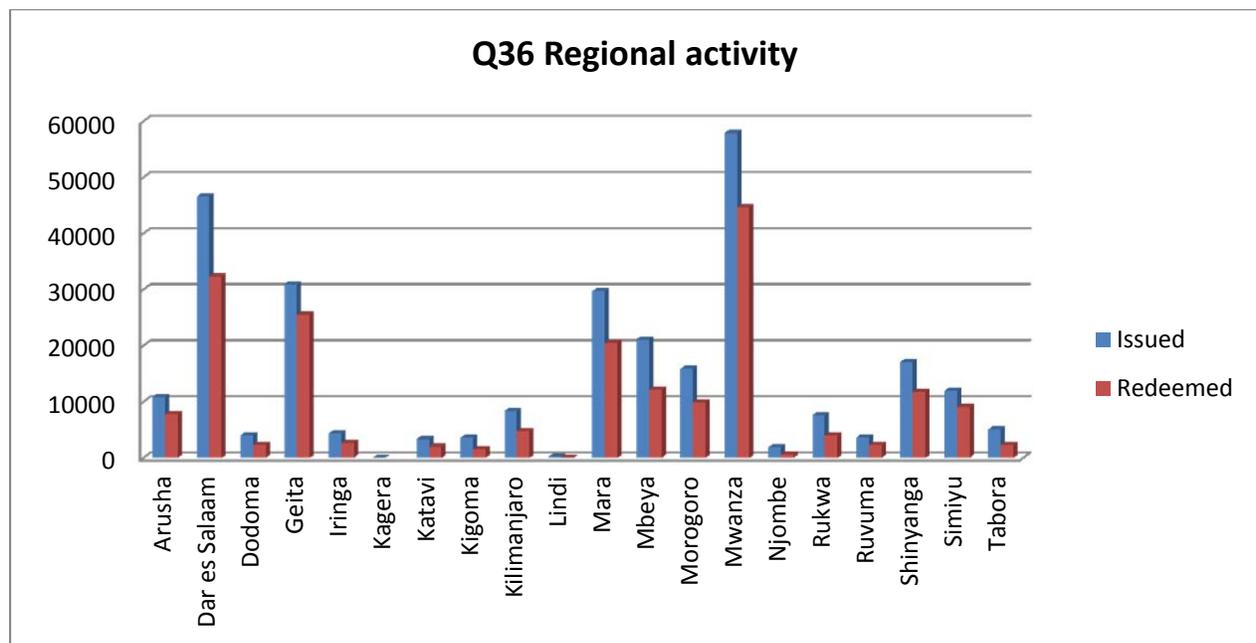


Chart 8:eVoucher activity by region in Q36



2.3.2 eVoucher Messaging Updates

MEDA continued to receive real-time data on LLIN deliveries made by Regional Sales Representatives (RSRs) 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 the suppliers 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. Furthermore, MEDA continued sending weekly reports on eVoucher issuances by clinic and areas with outstanding vouchers, to the supplier, and this tremendously assisted the supplier to plan their deliveries according to demand.

In the last quarter, a number of communications were sent regularly to the market actors to encourage them to participate in the channel. These messages are normally sent to; the low performing clinics and congratulating the best performing clinics.

3.0 STRATEGY 3: TO SUPPORT THE DEVELOPMENT OF IMPROVED SYSTEMS FOR MANAGEMENT, TRAINING, MONITORING AND EVALUATION.

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

- ⇒ 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

The performance-based management system remained active and is to be sustained in the forthcoming year.

3.1.1 Training

Two major trainings were attended during this quarter. The finance team joined by a few other staff attended a Microsoft Office that lasted two weeks. The finance team also attended a PWC briefing on the introduction of the new Tax Card and its general applications.

3.1.2 Staffing and Employee Recruitment

Four staffing changes were seen during this quarter. During the month of April, former temporary staff Deogratius Mroki was assigned a contracted position as a Call Centre Associate. Also, a new intern, Moses Damian Manyakuwulawo joined MEDA Tanzania for a six month internship at the Call Centre Desk. In June, the position of IT officer occupied by Dennis Christian phased out after June 30th. Also, an Assistant IT/VT Manager Peter Lubambi joined the organization to scale up the position of the previous IT Officer as well as to accommodate both IT/VT; eVoucher and data analysis needs as they emerged.

3.2 Risk Management for Minimizing Fraud

MEDA uses a number of strategies to minimize fraud namely. Thus:

- Physical analyses of vouchers returned for payment,
- eVoucher system controls e.g. working hours
- Sequential issuances and redemptions
- Reports from the district medical offices (DMO).
- Reports from the suppliers on stolen barcodes

3.2.1 Paper Voucher Fraud Analysis

During the quarter April to June 2013, MEDA continued with the voucher tracking system that identifies vouchers suspected to have been misused and processes them for further follow up

investigation in the field. MEDA uses database analysis through scanning and also physical analysis to detect fraudulent or suspected vouchers. Thus:

The database analysis includes:

- Scanning vouchers to flag any voided vouchers or barcodes that have been reported stolen
- Vouchers redeemed as a full book
- Vouchers returned not from clinic dispatched

The physical analysis includes:

- Vouchers submitted clean
- Barcodes not creased from baling
- Vouchers filled incorrectly

Through the use of the database in detecting fraud as well as with physical analyses, it was detected that 938 infant vouchers and 688 pregnant woman vouchers received were excluded from payment because they were confirmed to be fraudulent hence voided from payments.

Chart 9: Voucher Fraud Analysis (Payment Report 243 to 268A Inclusive)

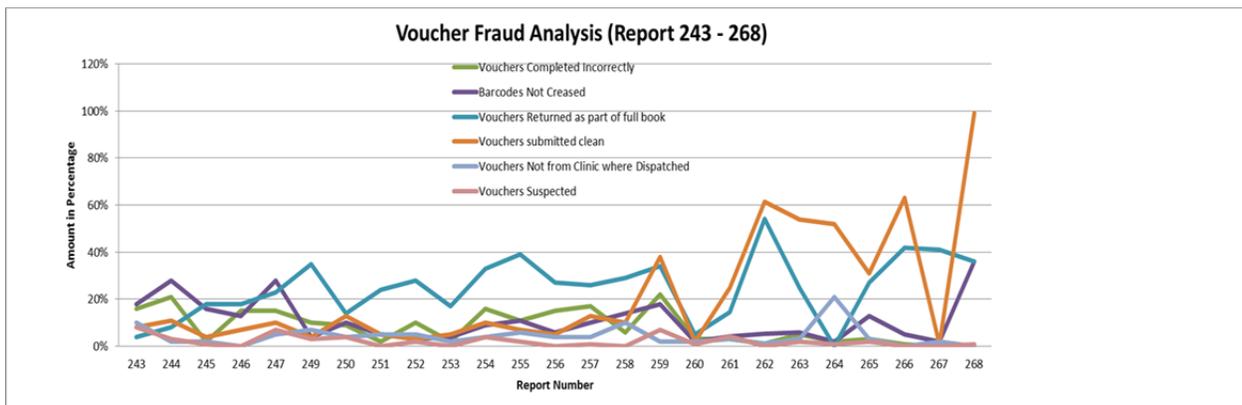


Chart 9 depicts the trend of results for paper voucher analysis from payment report number 243 to date. Payment report numbers 243 payment report number 268A were done in this quarter (*i.e. April to June 2013*). The percentage of vouchers suspected continued to be below 10%. Voucher availability, net availability coupled with field teams' efforts have contributed to an increased number of vouchers that are returned as part of a full book.

3.3 Operations, Monitoring and Evaluation

In this quarter, the M&E team focus was on the implementation of a performance matrix tool designed to track regional targets on a weekly basis. The M&E Manager and Support Service Manager alternately provided supportive monitoring and evaluation activities in the field to ensure execution of program objectives. They additionally attended to emerging challenges strategically and enforced priorities to improve redemption targets that reflect donor goals. The Support Services Manager supervised the southern regions while the M&E Manager took charge of monitoring all northern regions.

Furthermore, the M&E team developed a performance baseline for voucher redemptions which tracks regional redemptions from October 2012. The purpose of this tool was to identify regions

whose performance was lower as compared to its targets set. Such regions were given more attention by Zonal Team leaders in collaboration with field officers.

The M&E team continued to work with both e-Voucher and paper voucher units on supply and demand forecasts. A template of Supply and demand was developed to track regional demand against supply of LLIN (long lasting Insecticide treated Nets) which measure issuance and redemptions and also classify areas with outstanding vouchers. The function of this template was firstly, to direct supplier's attention to areas where net demand was high, secondly, to monitor retailer's inventory and lastly, to measure the length of net delivery from supplier to retailers.

3.4 Information Technology

3.4.1 Voucher Tracking System (VTS)

All paper voucher tracking activities continued as scheduled. As part of a strategy to optimize IT resources, the VTS database system was virtualised to allow ease of backups and restores. A pilot to test a barcode scanner for fraud detection was successful and plans to deploy the device in our field operations with cost sharing support from suppliers are underway.

3.4.2 GPS/GIS Data

MEDA has thus far cleaned up, verified and consolidated the GPS into the eVoucher database up to which 52% of our active clinics and 33% of retail outlets have been accurately mapped. MEDA teams are currently continuing with the data collection for clinics while plans are underway to loan handheld geo units to suppliers for retail outlet mapping. Going forward, the geo mapping exercise will be on going.

3.4.3 eVoucher System IT

Most of the development work has been finalised with only a few changes to be integrated. The eVoucher system is now used to keep track of retail outlet recruitments as a means of centralising market actors' information.

3.4.4 Challenges and Actions Taken

Intermittent telecom network downtimes or black outs have continued to impact the issuances and redemptions. Internet blackouts caused by SEACOM submarine fibre cable outage have also negatively impacted issuances and redemptions as our gateway relies on the internet to route messages across. However, with the assistance of the end to end alert system, major downtimes were communicated to the team, followed up and timely alleviated.

3.5 Fleet Management and Procurement

MEDA Tanzania maintains sixteen vehicle units for the TNVS project of which 11 units are solely used by our FO teams in the outspread of the Tanzania mainland and 5 are use at the Dar es Salaam officer.

3.5.1 Procurement

During this quarter vehicles underwent general service and parts replacement hence no major procurement was necessary. Additionally, during the quarter two auto garages were selected after undergoing competitive tender process; these are (i) Motor Centre Auto Garage LTD as a primary garage and (ii) Royal Motors Auto Garage LTD as a primary garage. Both garages are located in Dar-es-Salaam.

Also, during the quarter, server rack from UK for MEDA Tz servers in VTS department was cleared from Dar port and has been installed.

MEDA is grateful for the vehicle donation from USAID/PMI to continue supporting the implementation of TNVS program.

3.5.2 Power Track Reporting

During this quarter, all 15 vehicle units installed with Power Track were fully operational with regards to all functionalities. Other PT tasks accomplished successfully during the quarter included:

- Creation of a Weekly PT Report such as the identification of locations where vehicle units visits and re-fuelling stations, as well as driver's over-speeding were successfully created (*note that allowed speed should be less than 110km/hr*);
- Generated monthly drivers' performance reports to identify the best MEDA drivers;
- GPS data collection were done successfully for un-mapped RCH clinics.

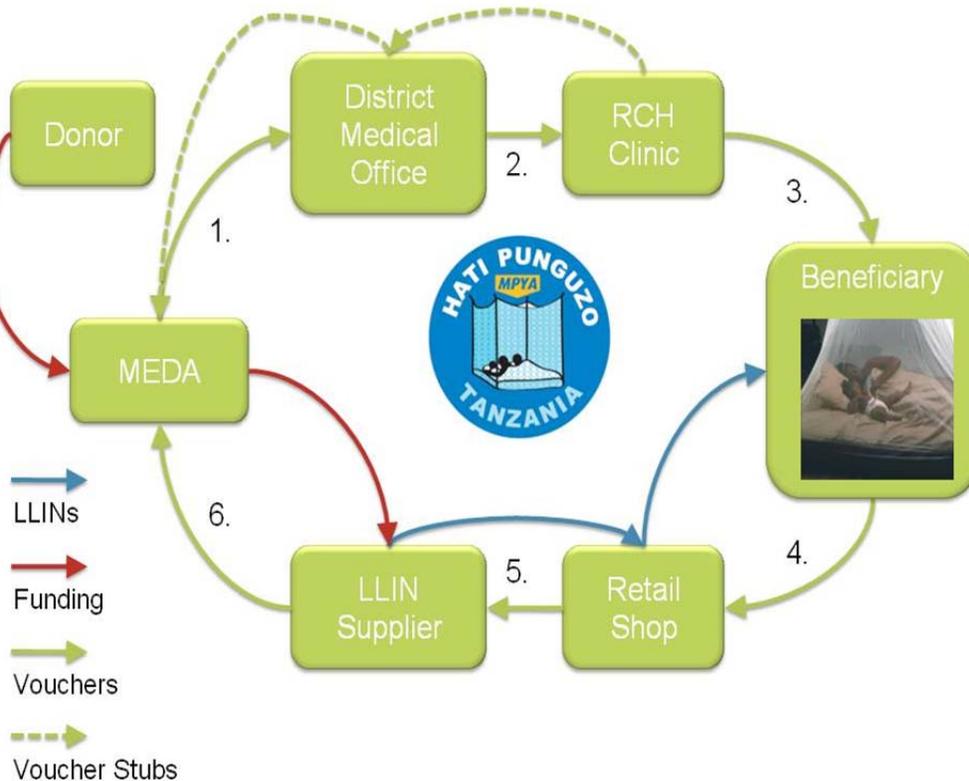
APPENDICES

Appendix A: USAID/AMCC Indicators, Targets and Achievements

PMI Quarterly Report - data collection table – MAINLAND																
Insecticide-Treated Nets: USING PMI FUNDS Implementing Partners: MEDA																
Indicator	Annual Target									Annual Target	Annual Actual	Annual Target	Oct - Dec 2012	Jan - Mar 2013	Assumptions on targets	
	FY11	Jan-Mar 2011	Apr-Jun 2011	Jul-Sep 2011	Total FY 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-Jun 2012	Jul-Sep 2012							FY 12
Number of vouchers procured:																
Infant vouchers procured	1,000,000	500,000	-	-		-	500,000	800,000	-	1,300,000	1,300,000	1,000,000	1,000,000	500,000	-	LLIN IV only AMCC target
Number of vouchers distributed:																
(a) To health facilities (RCH)	1,000,000	182,950	392,850	137,425		304,776	487,553	319,010	351,447	1,300,000	1,462,786	1,000,000	261,978	502,418	372,300*	*Distributed under up-coming donor funding.
(b) Voucher issued to target group (infant)	1,000,000	182,950	392,850	137,425		304,776	487,553	319,010	351,447	1,300,000						Assuming not all vouchers distributed will be redeemed.
Number of ITNs procured through:																
(a) TNVS (Voucher redeemed)	765,000	175,510	123,524	132,031	529,908	118,569	164,688	181,602	232,342	762,712	697,201	680,000	172,251	207,001	267,360	Infant vouchers only, AMCC target.
(b) U5CC	-	-	-	-												U5CC completed
(c) Universal coverage	250,000	-	-	-						-						UCC completed
Number of ITNs distributed:																
(a) campaigns – U5CC	-	-	-	-												U5CC completed
(b) campaigns – Universal coverage	250,000	-		615,010		375,880	N/A			-						UCC completed
(d) private /commercial sector through retail shops (TNVS)	765,000	175,510	123,524	132,031		118,569	164,688	181,602	232,342	762,712	697,201	680,000	172,251	207,001	267,360	Infant vouchers only, AMCC target.

Appendix B: 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 D:



Ms. Adelina Sulanje is a nurse at the Katumba Songwe Dispensary, in the Kyela District. Adelina Sulanje prides in her work and is always seen organizing her tools ready for the trip at Mpunguti village for outreach services. Jovial and energetic, she was eager to tell her story of how TNVS has made her life purposeful in serving her community and those around her. Picture: Ms. Angelina Sulanje and her bicycle.

In an interview with Adelina done by Changwa Shoni, the MEDA Tanzania Field Officer, Adeline, an RCH clinic nurse, shed an insight into her life and personal experiences; “ I have been employed as a nurse for 33 years now. I enjoy my job very much although this work is very hard in the sense that we are working in challenging environments but I thank God for all his blessings. One may ask, what motivates me to serve the people for so many years? The answer is simple; in my clinic malaria cases have dropped in numbers as a result of various interventions conducted by the Government, the Hati Punguzo program and myself included. “At our clinic,” she added, “we normally make sure that every pregnant woman during her first visit got a voucher. At the same time we issue vouchers to all infants during clinic attendances. We normally conduct community sensitization meetings where we provide health education and the importance of sleeping under the mosquito nets. Now our work is a bit easier because the community is now aware of the importance of mosquito nets”



Story by Changwa Shoni (MEDA Tanzania Field Officer)

Appendix E: Retailer Success Story (Choice and Competition)

Hussein (pictured on the right) is the shop keeper for the Amanzi shop owned by Mohamed Amanzi. The shop is located at Kilwa Masoko town, within the Lindi region. Hussein has been a good record keeper within the one year with which he has been a participant in the TNVS program. He has built a name for himself by having a short sales turnover period and frequently requesting more nets from the LLINs suppliers. Hussein told us that, within the last few months, the newly contracted LLINs Company known as BestNet Ltd approached him and he agreed to sign a contract with them and sell their nets.



Story by Johnson Minja (MEDA FIELD OFFICER)

Hussein went on to say, “Since the introduction of a new competing supplier (BestNet Ltd), I have experienced a higher demand for LLINs from beneficiaries compared to previous times. The communities have been sensitized and understand that sleeping under a net treated with insecticide, (Long-lasting Insecticidal Nets) is highly effective in preventing malaria.” The arrival of BestNet has created a wider range of options for. To add to this, it is also advantageous to the retailer as the two companies are competing to supply nets to the retailer enabling the retailer to always be in possession of LLIN stock.

With the new market actor, he has observed that the LLINs now supplied were more standard in terms of size, insecticidal treatment, mesh size and durability. His average increased to 6 beneficiaries per day in comparison to 2 beneficiaries per day in the previous months. Hussein’s records showed that, most beneficiaries who redeemed vouchers to Amanzi shop appreciated the retailer’s increase in variety. “All in all,” he concluded, “the choice and competition will make adequate availability of LLINs to the retailers so long as the supply companies are competing to supply LLINs. Also the beneficiaries will have option to choose LLINs sufficient to their sleeping space; hence the TNVs will be more successful and effective in preventing malaria.