

QUARTERLY REPORT 37 AND YEAR END REPORT FY13

July – September 2013

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

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QUARTERLY REPORT 37 (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 Program Review
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 37 (AMCC 15) AND YEAR END REPORT FY13 July 2013 – September 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 section outlines the frameworks which were set in the programme design in order to achieve pre-determined goals.
2. **Background and Rationale of the Program:** This section gives the history of the program and also explains why this program is important.
3. **Executive Summary:** This section provides 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 Quarterly 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 and the AMMC year end for (FY) 2013 are as follows:

FY13 PWV and IV Voucher Distributions target surpassed

During this quarter 196,749 vouchers were distributed to Pregnant Women, of which 147,049 of these were distributed via the eVoucher channel. PWVs distributed between October 2012 and September 2013 was 1,568,691. This brings the cumulative distribution total for pregnant women vouchers country wide to be 11,223,678.

For Infant vouchers, in this quarter, a total of 318,819 vouchers were distributed where 133,519 of these were from electronic transactions. For FY13 (October 2012-September 2013), total IVs distributed amounted to 1,546,120 bringing the cumulative total of IVs distributed since launch to 7, 973, 21.

TNVS marked the redemption of 10th Million Voucher

The AMCC year FY13 marked the 10th million voucher redemption. A total of 10,319,140 vouchers have accessed LLINs since the program inception. This includes 6,565,319 pregnant woman vouchers and 3,753,821 infant Vouchers. In this quarter a total of 203,701 pregnant women vouchers were redeemed of which 88,242 of these were electronic vouchers. Further, 161,155 infant vouchers were redeemed where 80,387 of these were electronic vouchers. For the FY13, a total of 975,861 pregnant vouchers and 866,904 Infant vouchers were redeemed respectively.

Electronic Voucher Coverage Continues to Grow

The number of regions operating the electronic voucher system increased from twenty to all the 25 regions in mainland Tanzania A total of 1830 clinics have been have been trained and are using electronic vouchers. EVoucher issuances in this quarter were 280,568 and redemptions were 168,629. In the quarter eVoucher contributed to 46% of all redemptions. For the previous year FY13, electronic channel contributed to 41% of all redemptions.

Choice and Competition Fully Operational

This quarter saw both suppliers apply through the Ministry of Health & Social Welfare to introduce LLIN choice based on color, shape and size of LLIN into the TNVS supply chain. MEDA anticipates that the two suppliers will introduce the choice of LLINs in Q39 (January to March) due to production lead times and other logistics.

TNVS Faces LLIN Stock outs

The program was faced with acute levels of LLIN stock outs during the months of July, August and part of September. The LLIN stock outs were experienced from both suppliers where BestNet completely ran out of LLINs and the next expected delivery date for their LLINs is October 17, 2013. A to Z has started to ramp up distribution in the last two weeks of September. MEDA is currently closely monitoring the stock out problem and has extended the field stay for staff to ensure that distribution reaches normal and peak levels to adequately attain the set targets.

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) in conjunction with other interventions.

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 the regions 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.

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 that commenced in October 2009, 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 in October, 2012. 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 of Health and Donors is also rolling out the reintroduction of Choice and Competition in the TNVS supply chain. This initiative commenced in early October 2012 and the new supplier (BestNet) became fully operational in the Quarter # 35(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: 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 B for a summary of the IV indicators, targets and achievements. It is to be noted that this quarter marked the close out period for PMI (USAID) funding of IV programme and DFID funding began from August 15th, 2013.

2.1.1 IVs Procured

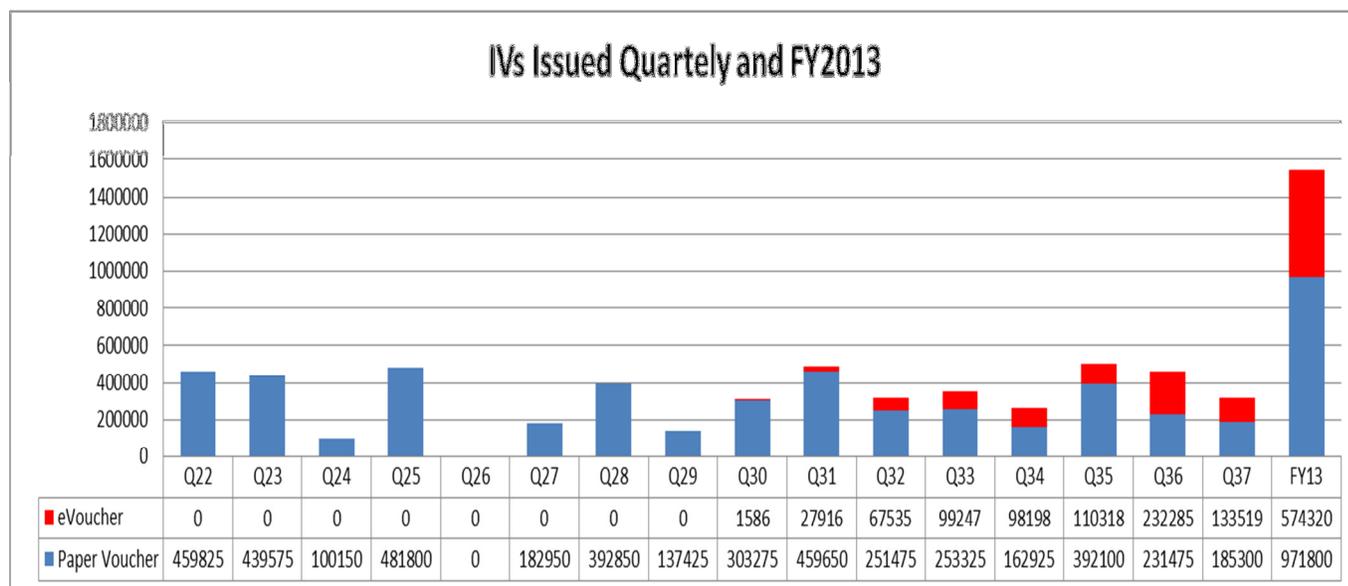
There was no LLINs IV procured this quarter. The cumulative number of paper-based Infant Vouchers procured totals 7,775,000.

2.1.2 IVs Distributed to Districts

A total of 318,819 infant vouchers were distributed this quarter, of these, 133,519 (42%) 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 1 below is the falling numbers in distribution in Q37 as compared to the past quarters, as we are sorting out transitioning to new donor. However, the eVoucher channel is steadily increasing as more regions are added.

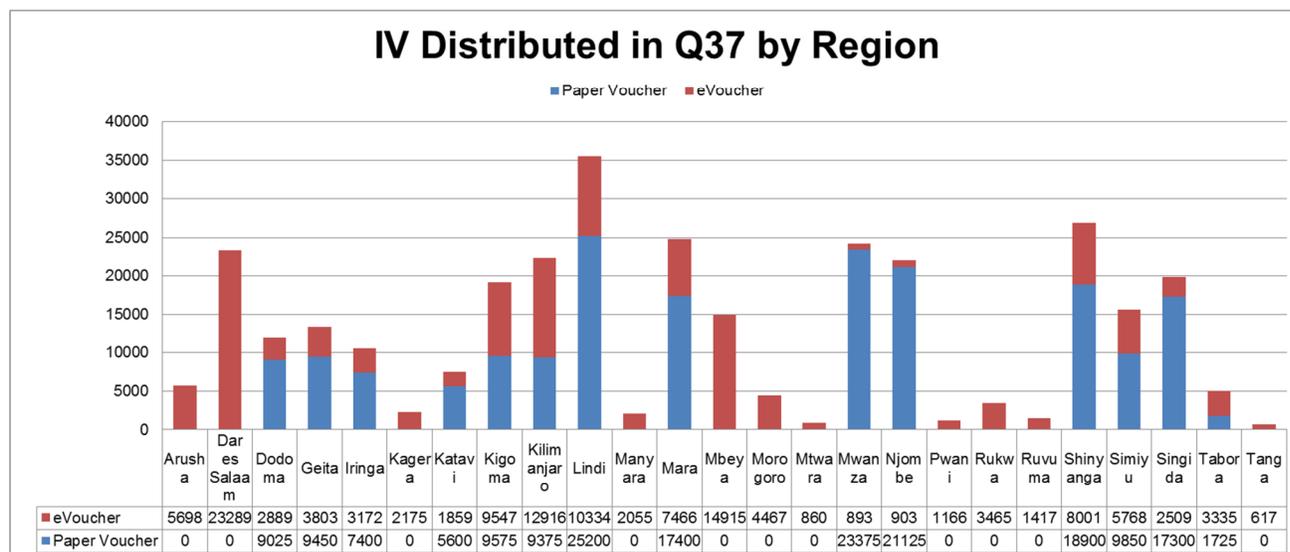
Chart 1: IVs Distributed to District Medical Officers Quarterly from Q22 and in FY 13



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 1 illustrates the number of IVs distributed to regions within the past quarters. It can be noted some regions didn't receive paper vouchers due to their active participation in eVoucher (Arusha, Dar es Salaam, Rukwa, Ruvuma) or being in the e-voucher roll out plan (Tanga, Manyara and Pwani) or being in eVoucher roll out phase as was the case in Kagera, Mbeya, Morogoro and Mtwara.

Chart 2: IVs Distributed in Q37 by Region

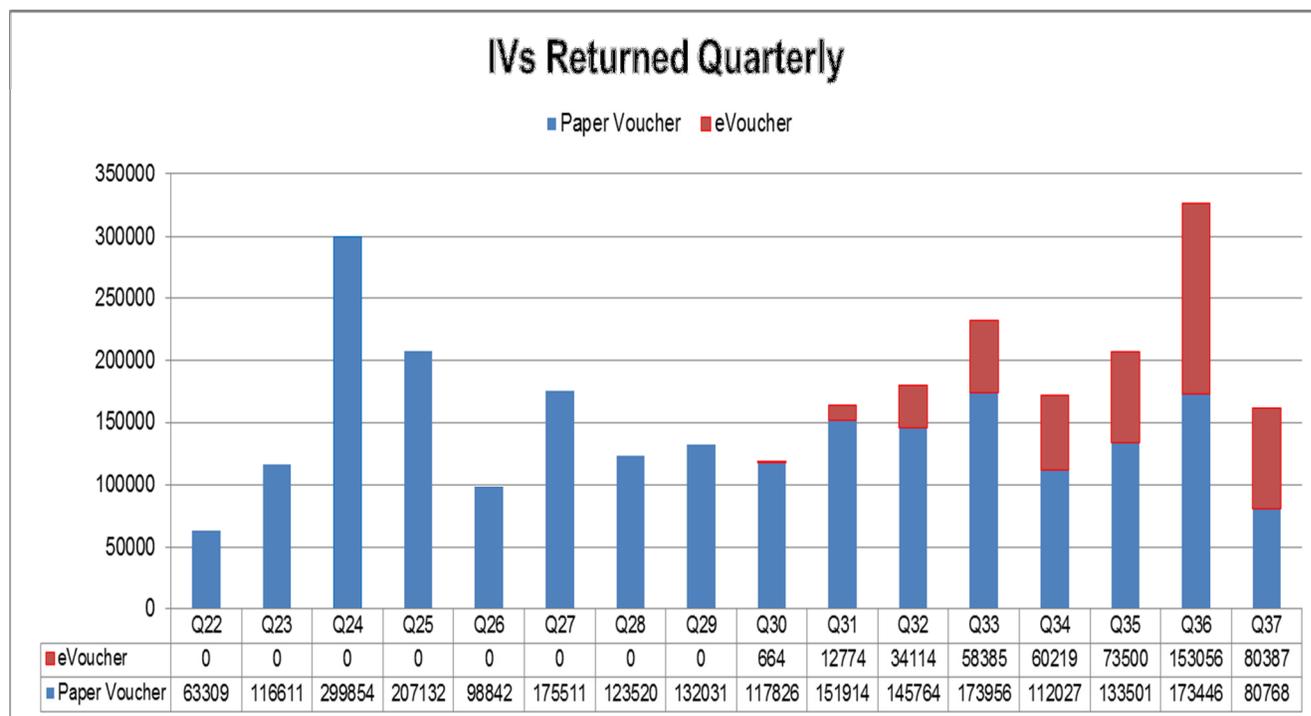


2.1.3 IVs Redeemed

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 161,155 IVs (of which 80387 (50%) were eVouchers) were redeemed this quarter. Cumulatively, 3,753,821 IVs have been redeemed since the IV programme launch in 2006. *Chart 3* below shows the total IV redemptions quarterly since October 2009 to September 2013 (Q22 [IV LLIN launch] – Q37). The drop in the returned infant vouchers during the quarter is due to the LLIN stock outs and the late resumption of IV paper voucher issuances to the field after DFID took over IV funding in August, 2013.

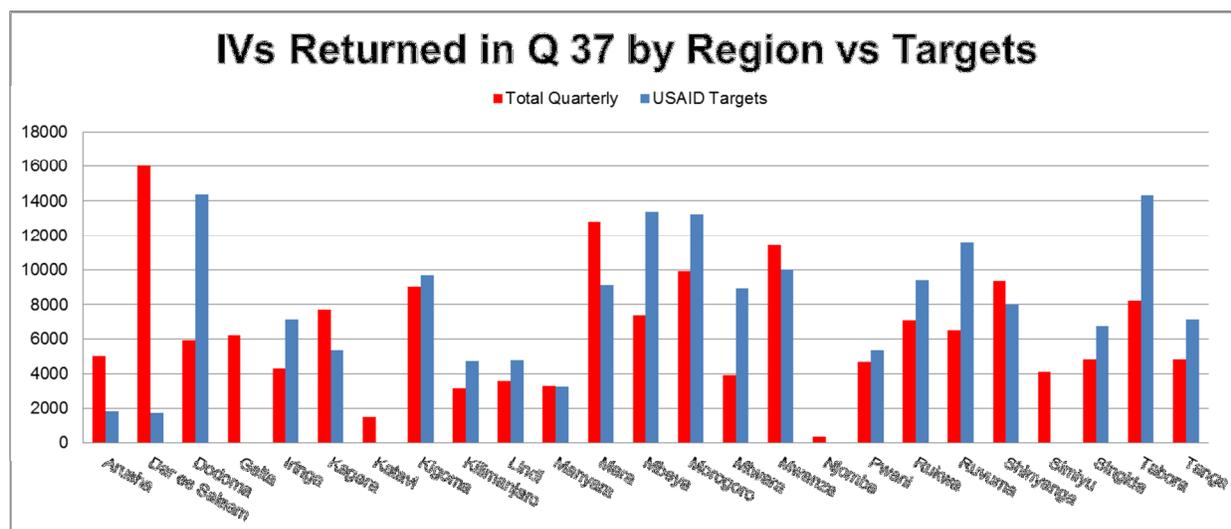
Chart 3: IVs Returned to MEDA Quarterly



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., Q37= July-Sept 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).

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

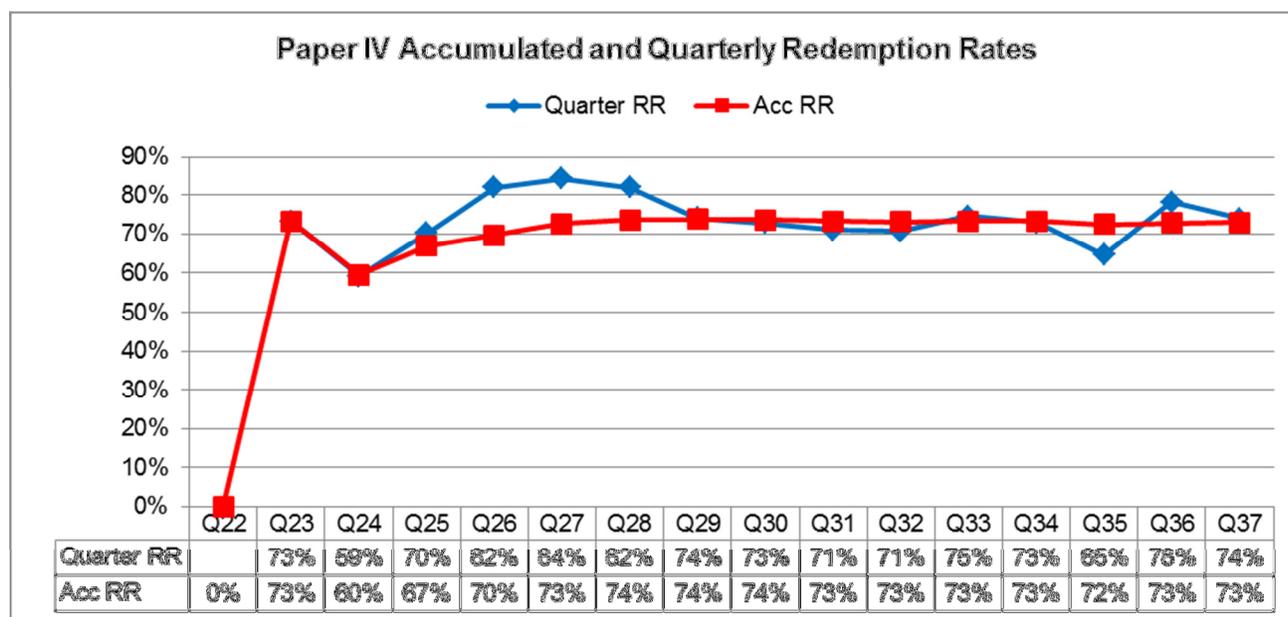


Note that Katavi, Njombe, Geita and Simiyu are new regions, which have been derived from other regions. Thus there were no targets for these areas in the past quarters.

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 74% and 73% respectively. The total number of IV stub books collected this quarter was 73,764 which is equivalent to 1,844,112 vouchers, out of which, 1,344,797 vouchers were matched with their corresponding stubs, resulting in a quarterly redemption rate of 74 %.

Chart 5: IV Accumulated and Quarterly Redemption Rates Q22 – Q37



2.2 Expanding and Strengthening the Commercial Supply Chain

2.2.1 Suppliers and New Retailer Recruitment

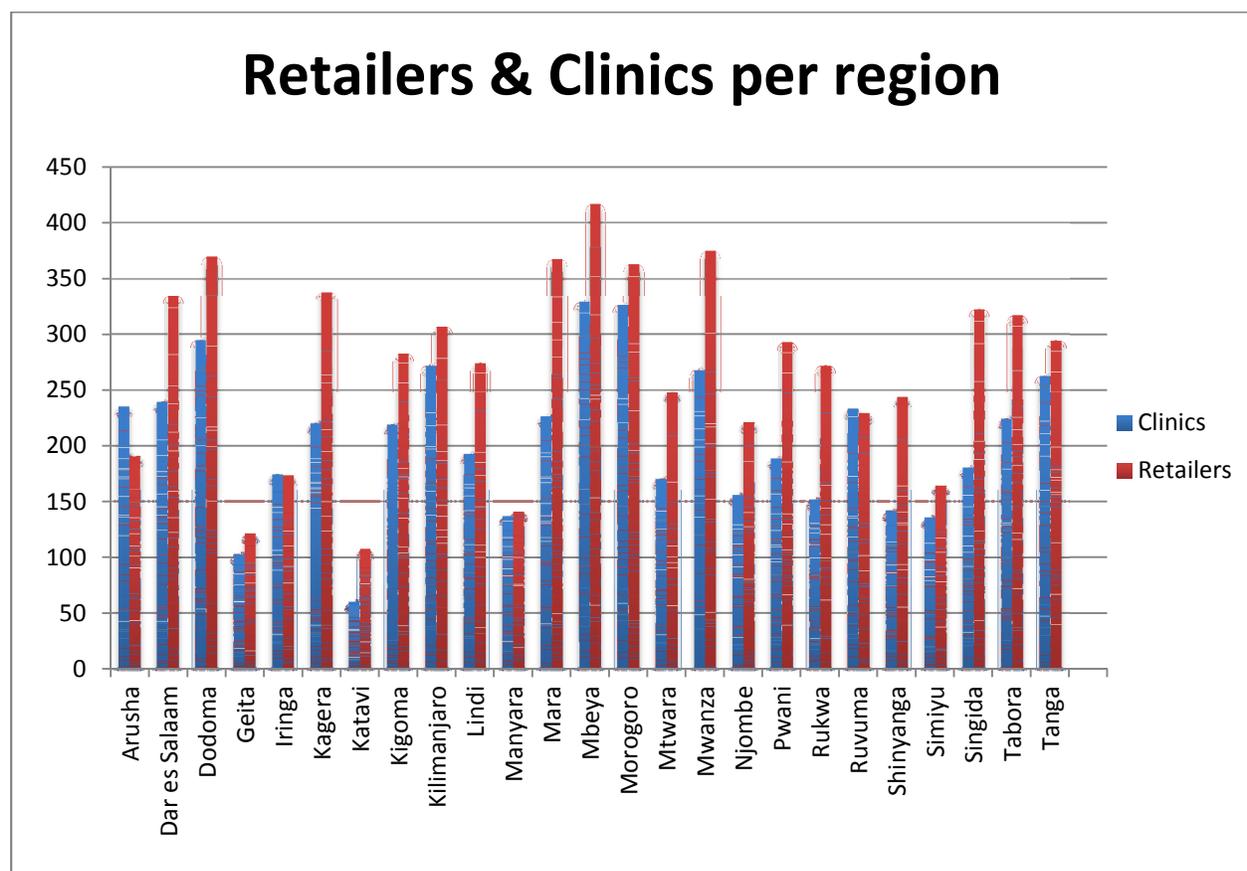
The commercial supply chain is managed by two suppliers, A to Z Limited and BestNet A/S. The intent is to offer more choice to program beneficiaries in terms of size, shape and colours, moreover to open up the “program net” to commercial sales at full retail price. TNVS relies on private- sector retail 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 Q37, total number of verified retail outlets in the database stood at 6,769 which show an increase of 145 retailers from the previous quarter. MEDA is also working with the suppliers to ensure that each retailer recruited is also mapped with GPS

coordinates. Once all retailers have GPS coordinates, it will be easier to triangulate the distance that beneficiaries have to travel and also logistics for distribution of LLINs.

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

Chart 6: Retailers and Clinics Per region



2.2.2 Clinic to Retailer Ratio

In quarter 37, the number of RCH clinics participating in TNVS stood at 5,144 which shows an increase of 36 new clinics in the program as compared to last quarter where the number of clinics stood at 5,108. LLIN retail outlets totalled 6,769 which brought the ratio of 1.3 retailers to clinics on a national level to which it define a 76% achievement is made to reach a targeting ratio of retailers per clinic (1:2).

Table 1: No of active Clinics and Retailers recruited as of Sept 30th, 2013

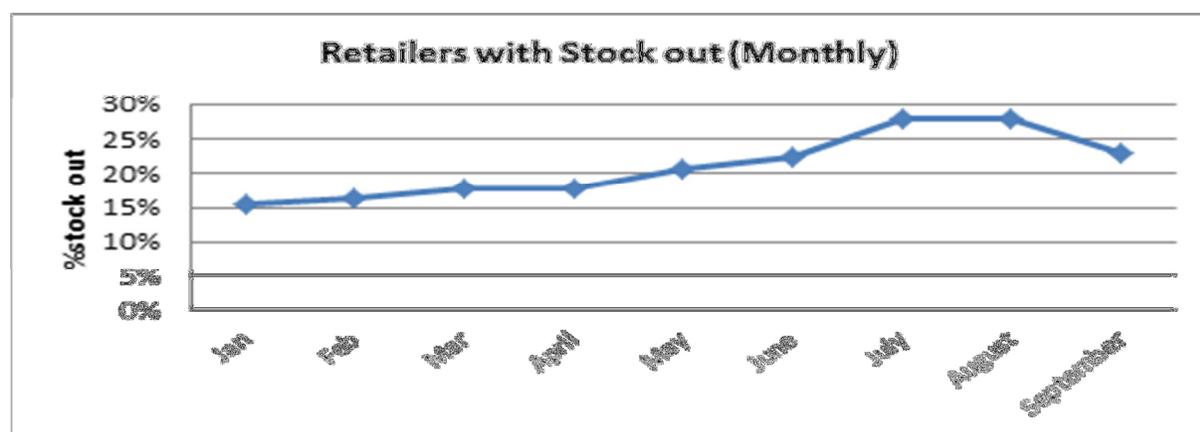
Region	Clinic	Retailers	Ratio
Arusha	235	191	0.8
Dar es Salaam	239	334	1.4
Dodoma	295	370	1.3
Geita	103	122	1.2
Iringa	175	174	1.0
Kagera	220	338	1.5

Region	Clinic	Retailers	Ratio
Katavi	60	108	1.8
Kigoma	219	283	1.3
Kilimanjaro	272	307	1.1
Lindi	193	274	1.4
Manyara	137	141	1.0
Mara	226	368	1.6
Mbeya	329	417	1.3
Morogoro	326	363	1.1
Mtwara	171	248	1.5
Mwanza	268	375	1.4
Njombe	156	221	1.4
Pwani	189	293	1.6
Rukwa	152	272	1.8
Ruvuma	233	229	1.0
Shinyanga	142	243	1.7
Simiyu	136	165	1.2
Singida	181	322	1.8
Tabora	224	317	1.4
Tanga	263	294	1.1
Grand Total	5144	6769	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 to 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. The biggest challenge during this quarter was LLIN stock outs. The line graph below shows the stock outs in the last six months which peaks at 28% during the months of July and August.

Chart 7: Retailers with stock outs



Though an increase in the volume of retailers was observed in the last quarter, other areas within the supply chain experienced as follows;

1. Pattern of distribution. It was observed that some RSRs concentrated in re-stocking areas that are accessible and easy to reach, avoiding interior villages.

2. Network connection difficulties. Currently the Airtel Network is experiencing outages. Retailers have been notified and advised to use Vodacom and Tigo till the issues are resolved.
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, stock out due to its production plant being outside the country and inadequate transportation for their sales staff.

2.3 eVoucher Program Update

2.3.1 eVoucher Performance Progress

Roll out of eVoucher continued in this quarter where a total of 316 clinics were trained in Pwani, Manyara and Lindi making eVoucher operating in 1830 clinics in all the 25 regions in mainland Tanzania. The number of eVoucher issuances were 282,568 (which included 147,049 PWV and 133519 Ivs) and the no of redeemed eVouchers was 168,629 (88242 being PWVs and 80387 IVs) marking the quarter redemption rate to 60%.

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. The eVoucher issuance and redemptions in the quarter were greatly affected by limited or no stocks of LLINs as compared to the last quarter. In the quarter the LLINs stocks dropped from 82% to 68%. Having no LLINs in outlets, discourages clinics from issuing vouchers.

Chart 8: eVoucher issuances and Redemption

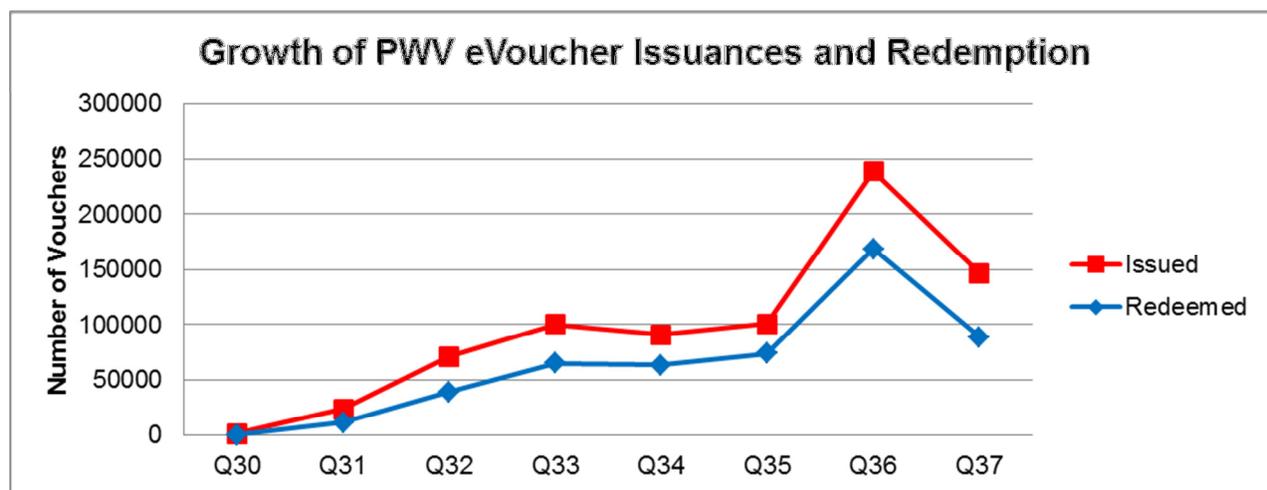
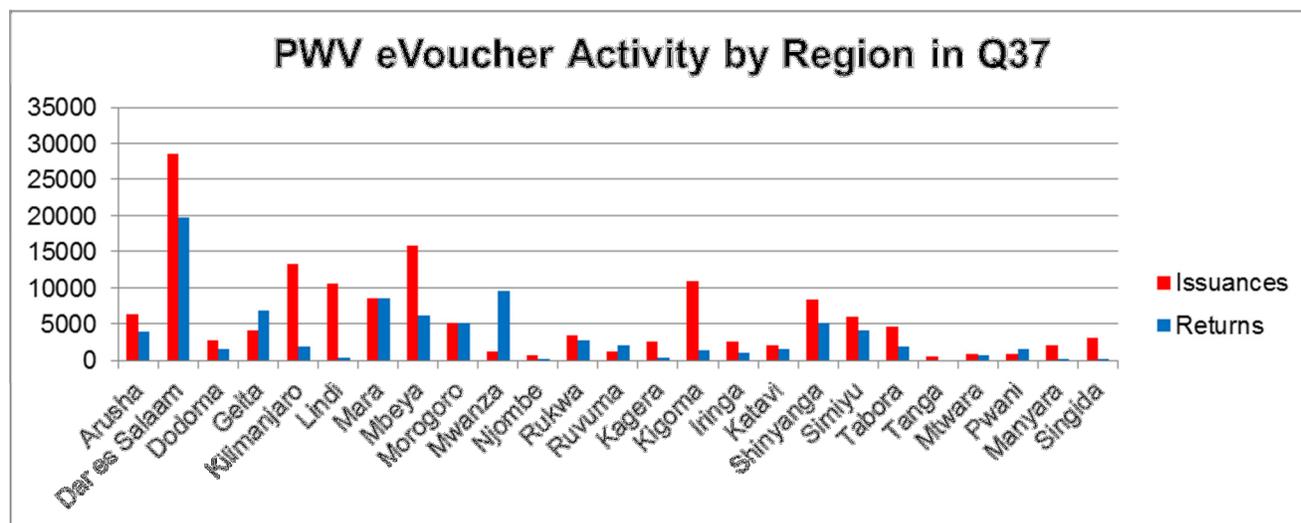


Chart 9: eVoucher activity by region in Q37



As illustrated by *Chart 9* above, Dar es Salaam, being a pilot region in middle October, 2011, has got relatively high eVoucher activity pattern compared to other regions that followed it in the rollout. Dar es Salaam is unique as it is the only region amongst the 25 that is 100% on eVoucher.

2.3.2 Map Reporting Tool

In order to capture the timely availability of data from electronic vouchers, MEDA developed a web based platform known as the Map report tool which gives the basic information of how various districts are performing. The tool offers a visual presentation of the Map of Tanzania by districts and basic metrics (issuance, redemption, vouchers redeemed within five days and population) can be obtained. The tool will be launched in the next quarter and all stakeholders will have access to it.

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: Information Technology
- ⇒ Section 3.4: 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

No formal training was held during this quarter. In the Year FY 13 (In Quarter 36). The finance team joined by a few other staff attended a Microsoft Office training that lasted two weeks.

3.1.2 Staffing and Employee Recruitment

MEDA Tanzania and the TNVS project in particular experienced the following;

Exits: Tunu Yongolo, communications officer ended contract on 31st July. Vianney Rweyendela-M&E manager ended contract on August 31st and Godfrey Fweni, field officer in Ruvuma /Iringa ended contract on September 30th. Entries: An ex MEDA (FO) staff by the name of Raymond Mushi replaced him and began with a 2 week overlap at the duty station with the outgoing FO. The recruitment process to replace the M& E manager began in September, while the communication officer position will be deferred to a later period when a better analysis can be made of the staffing needs and general priorities. Moreover, during this quarter MEDA received two CIDA interns; Mary Fehr for Impact Assessment and Curtis Shane as the IT systems Development intern.

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 (Tracking eVouchers issued beyond normal clinic activity , weekends)
- 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 July to September 2013, MEDA continued with the voucher tracking system that identifies vouchers suspected to have been misused and processes them for further follow up in the fields / regions. Sampling methodology has been greatly improved to ensure that fraudulent vouchers are effectively captured from a truly representative sample. For each batch of vouchers submitted by the LLIN manufacturer, the database identified vouchers which were redeemed entirely as a full book, vouchers returned not from clinics where dispatched, vouchers filled with same handwriting on both parts, barcodes not creased, and those with missing information (as shown in chart 10).

Through internal voucher analysis process, it was detected that (340 infant vouchers and 572 pregnant woman vouchers received were excluded from payment because they were fraudulent). This case will be forwarded to the relevant authorities once internal investigation is completed.

Chart 10: Voucher Fraud Analysis (Payment Report 230 to 286 Inclusive)

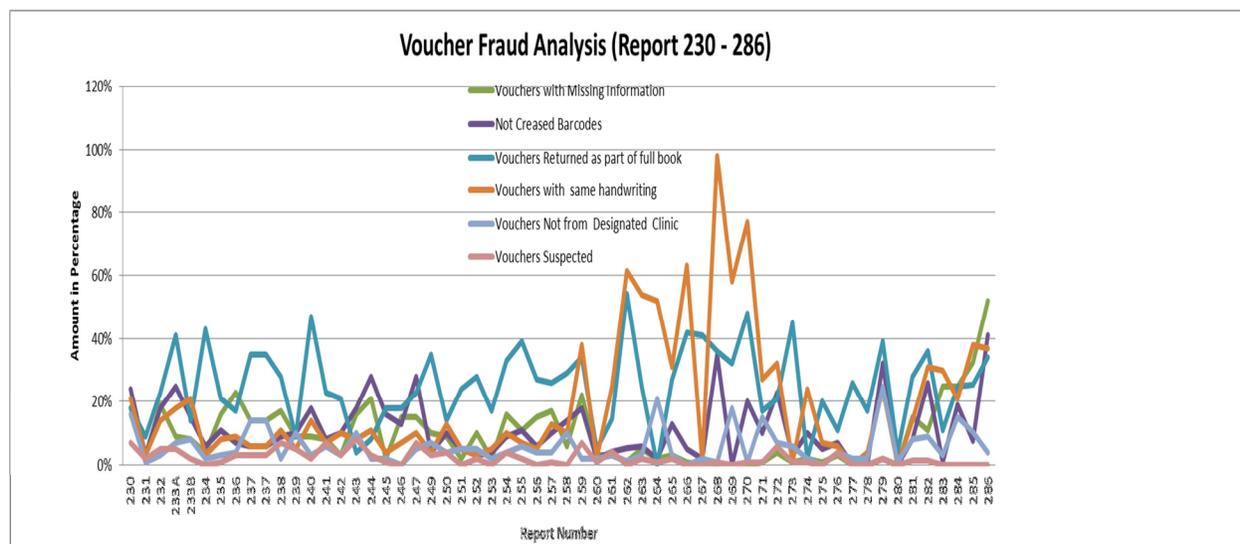


Chart 10 depicts the trend of results for paper voucher analysis from payment report number 230 to date. Payment report numbers 275,276,277,278,279,280,281,282,283,284,285 and 286 were done in this quarter (i.e. July to September 2013). The percentage of vouchers suspected continued to be below 10% Voucher availability, net availability coupled with field teams' efforts have contributed to an increased number of vouchers that are returned sequentially. Despite the fact that the voucher fraud graph shows spikes in vouchers with missing information and vouchers with non-creased barcodes, MEDA made substantive inquiries on the suspected vouchers and came to a conclusion that that the suspected vouchers were properly issued and recorded by the RCH clinics and all the records tallied with the VTS database making them undoubtedly valid.

3.3 Information Technology

3.3.1 Voucher Tracking System (VTS)

All paper voucher tracking activities continued as scheduled. A total of 38 barcode scanners units were ordered and received from the UK in the quarter. These units will be deployed early next quarter following planned trainings to both supplier sales teams. An order for additional paper vouchers and barcodes is expected to be placed in the middle of the next quarter.

3.3.2 GPS/GIS Data

MEDA has thus far cleaned up, verified and consolidated the GPS into the eVoucher database up to which 53% of our active clinics and 34% of retail outlets have been accurately mapped. MEDA teams are currently continuing with the data collection for clinics. A few units have been loaned to suppliers to help them out in mapping retailers. Suppliers have been asked to submit all newly contracted retailers' geo coordinates on hardcopies. This exercise is now on going.

3.3.3 eVoucher System IT

A pilot to test USSD (Unstructured Supplementary Service Data) with the aim of reducing the number of SMS (Short Messaging Service) per eVoucher transaction was launched in the quarter, covering retail outlets in Dar es Salam. A newly developed map report feature has recently been deployed on the live site to provide enhanced reporting to all stakeholders.

3.3.4 Challenges and Actions Taken

Intermittent telecom network downtimes or black outs have continued to impact the issuances and redemptions. However, with the assistance of the end to end alert system, major downtimes were communicated to the team, followed up and timely alleviated.

3.4 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.

3.4.1 Procurement

During this quarter vehicles underwent general service and parts replacement hence no major procurement was necessary. Also, during the quarter, nine (8) laptop computers (HP Pro-Book 4540s) and one (1) Asus Transformer were procured.

A total of 38 barcode scanners units were ordered and received from the UK in the quarter. These units will be deployed early next quarter following planned trainings to both supplier sales teams

3.4.2 Power Track Reporting

During this quarter, two vehicle units (i.e. Toyota land Cruiser - DFP 7516 and Toyota Hilux Pick Up - DFP 5692) out of 15 vehicle units installed with Power Track had had their driver ID buttons not functioning, and another unit Toyota Hilux- DFP 5690 had its entire PT unit completely broken. Its broken unit has been removed and replaced with a unit formerly used in a disposed Nissan Hardtop -T150AWT

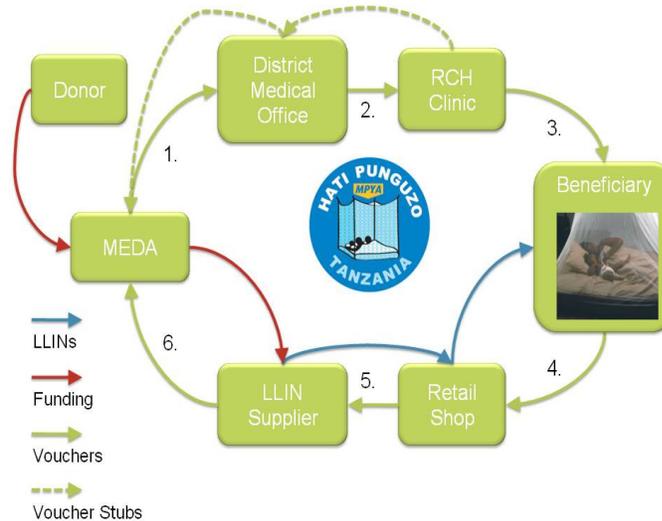
APPENDICES

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 Actual					Annual Target	Annual Actual	Assumptions on targets (Comments)
	FY 12	FY 12 Actual	Oct-Dec 12	Jan-Mar13	Apr-June13	July-Sept13	FY13	FY 13 Actual	
Number of vouchers procured:									
Infant vouchers procured	1,300,000	1,300,000	1,000,000	500,000	-	-	1,000,000	1,500,000	LLIN IV only AMCC target
Number of vouchers distributed:									
(a) To health facilities (RCH)	1,300,000	1,462,786	261,123	502,418	463,760	318,819	1,000,000	1,546,120	Distributed under upcoming donor funding
(b) Voucher issued to target group (infant)	1,300,000		261,123	502,418	463,760	318,819	1,000,000	1,546,120	For FY13 we attain 155% of target set
Number of ITNs procured through:									
(a) TNVS (Voucher redeemed)	762,712	697,201	172,246	207,001	326,502	161,155	680,000	866,904	FY13 is closed with redemption target surpassed
(b) U5CC									U5CC completed
(c) Universal coverage	-								UCC completed
Number of ITNs distributed:									
(a) campaigns – U5CC									U5CC completed
(b) campaigns – Universal coverage	-								UCC completed
(d) private /commercial sector through retail shops (TNVS)	762,712	697,201	172,246	207,001	326,502	161,155	680,000	866,904	FY13 is closed with redemption target surpassed

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 C: RCH CLINIC NURSE'S IMPACT STORY

TNVS SUCCESS STORY – SASILO VILLAGE IN MANYONI,

Inviting Husbands boosts Hati Punguzo Issuance in Sasilo Village

By

Juliana Ngwebesa, *TNVS Field Officer*

Sasilo is one of the villages in Manyoni, Singida where there is an RCH participating in the Hati Punguzo. The RCH is receiving around 50 new clients every month. During monitoring I was happy to find staff are providing information about Hati Punguzo to not only women in the clinic but their husband were there as well.

It was the first time I've seen RCH staff giving information to their clients; why they issue them Hati Punguzo, where to redeem and how to use bed nets. This information was provided before clinic service started of which all listeners were well informed and questions were asked regarding the nets, eventually I had to chip in to answers technique questions.

From there I had to ask RCH staffs what they did to make sure that every pregnant woman comes to clinic with her partners. They told me to see the post at the wall which was written "Every pregnant woman who wants a RCH service must come to clinic with her husband and TSh.500/= for buying bed nets!"

Before providing any service they issue Hati Punguzo and tell their husbands to go to buy nets at a nearby shop and come back for RCH service. That's when I realised why every man who was at a clinic was holding a bed net. I then went to a retailer, P. Bongole 7580 and talked with her. She is very happy with the programme and I even found ten men waiting to be issued bed nets for their wives.

I asked her several questions and see her record keeping. I found that the numbers of those who were registered in each month at the clinic and issued HP is the almost the same as to those who redeemed the vouchers.

I really loved this technique used by RCH staffs. I went out from there and used that RCH to plant the idea to other RCHs and insisted that if proper education is provided to pregnant women before RCH service we are assured that the target will be reached.

The big message I left to RCH staff in the district is that "MEDA and RCH staffs are creating behaviour change of which will take time so we should not be too tired to train and retain our clients"

Appendix D: Retailer Success Story

TNVS SUCCESS STORY – MWANZA AND MARA REGIONS

By

Rashid Kindole, *TNVS Field Officer – Mwanza & Mara Regions*

Story dated: 6th May 2013

Mama Mary Kiula Gyei (pictured below) is one of the oldest LLIN retailers at Nyamagana district in Mwanza, her shop is located at Nyegezi Street and her shop serves Nyegezi dispensary. Being a retired nurse, she started the business with a capital of ten pieces of LLIN in 2006.

Mama Mary was a nurse at Nyegezi dispensary from 1978 until 2010, when she retired as nurse. After her retirement her life was not easy as compared to when she was fully engaged with various tasks as a nurse. Soon after retirement she was obliged to follow up and push for the benefits to be dished out to her, so this alone sort of kept her half preoccupied with follow up with the Ministry of Health and Social Welfare (MoHSW) in DSM and at the same time selling LLIN bed nets under the \Hati Punguzo program literally also called the \Tanzania National Voucher Scheme (TNVS). She says, “Thanks to his Almighty God that soon after I had gotten my benefits I became a full time LLIN retailer”. She further says, “Thanks to the LLIN business which that has enabled me Mama Mary to support my family when I was out of the employment before getting my employment benefits”. She says that her sales have increased and currently she manages to buy her supplies as before.



Mama Mary claims that, although many says that the profit of TZS 500 is small, but LLINs are a fast moving item, the gained profit is big enough to make the business keep growing.

Although she started with 10 LLIN pieces, currently she has an inventory of 80 LLIN pieces and she has been able to employ an assistant who manages her shop. Moreover, despite being busy she has managed to start a medical store in her locality as a result of confidence and experience gained from LLIN sales which has motivated her to keep expanding.

Mary Kiula Gyei also congratulates founders of the TNVS program as she claims that it is a very helpful program not only to the retailers who get a profit of TZS 500 per net but much of the profit is to the targeted group (*i.e. Pregnant mothers and infants*).

Mama Mary urges fellow women to start small businesses like hers because, first it would help them to run their lives and additionally such small businesses would greatly improve health and wellbeing of others by preventing them from malaria.