

**Tanzania National Voucher Scheme  
and  
Under 5 Catch-Up Campaign:**

**Hati Punguzo**



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PRESIDENT'S MALARIA INITIATIVE



21<sup>st</sup> Quarterly Report for July - September 2009

Prepared for

The Ministry of Health and Social Welfare, Tanzania,

United States Agency for International Development,

and The Global Fund to Fight AIDS, Tuberculosis and Malaria

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## LIST OF ACRONYMS

<b>ANC</b>	<b>Antenatal Care Clinic</b>
<b>A to Z</b>	<b>A to Z Textile Mills Limited</b>
<b>DMO</b>	<b>District Medical Officer</b>
<b>GFATM</b>	<b>Global Fund for Aids, Tuberculosis and Malaria</b>
<b>GPS</b>	<b>Global Positioning System</b>
<b>HP</b>	<b>Hati Punguzo</b>
<b>IHI</b>	<b>Ifakara Health Institute</b>
<b>IRKs</b>	<b>Insecticide Re-treatment Kits</b>
<b>ITN</b>	<b>Insecticide Treated Net</b>
<b>IV</b>	<b>Infant Voucher</b>
<b>LLIN</b>	<b>Long Lasting Insecticidal Net</b>
<b>MEDA</b>	<b>MEDA Economic Development Associates</b>
<b>MoHSW</b>	<b>Ministry of Health and Social Welfare</b>
<b>NMCP</b>	<b>National Malaria Control Programme</b>
<b>PMI</b>	<b>President's Malaria Initiative</b>
<b>PWV</b>	<b>Pregnant Woman Voucher</b>
<b>RCH</b>	<b>Reproductive and Child Health</b>
<b>RM</b>	<b>Regional Manager</b>
<b>RMO</b>	<b>Regional Medical Officer</b>
<b>SMT</b>	<b>Senior Management Team</b>
<b>TNVS</b>	<b>Tanzania National Voucher Scheme</b>
<b>U5CC</b>	<b>Under Five Catch-up Campaign</b>
<b>USAID</b>	<b>United States Agency for International Development</b>
<b>VEO</b>	<b>Village Executive Officer</b>
<b>VTs</b>	<b>Voucher Tracking System</b>
<b>WEO</b>	<b>Ward Executive Officer</b>
<b>KPI</b>	<b>Key Performance Indicator</b>
<b>M&amp;E</b>	<b>Monitoring &amp; Evaluation</b>

## EXECUTIVE SUMMARY

**PWV procurement and distribution:** A consignment of 200,000 PWV was received this quarter. Almost six million PWV have been procured since program start. 68,525 PWV were distributed this quarter and marked a cumulative distribution total of 5,978,929 over the life of the program. Due to pre-determined project cycles, fewer PWV were distributed.

**PWV return and redemption rate:** 117,093 PWV were returned this quarter, surpassing three million PWV cumulatively. Stub books collected during the quarter equaled 16,485 books, equivalent to 412,137 vouchers. The voucher subset returned was 196,278 resulting in a quarterly redemption rate of 48%. Cumulative stub books collected by the end of the quarter equaled 185,179 books, equivalent to 4,629,479 vouchers. The voucher subset returned was 3,275,479 resulting in a cumulative redemption rate of 71%.

**IV procurement and distribution:** A consignment of 200,000 IV was received this quarter. A total of 65,525 IV were distributed this quarter; cumulative distribution stood at 2,769,800. Due to pre-determined project cycles, fewer IV were distributed.

**IV return and redemption rate:** 94,952 IV were returned this quarter, surpassing one million IV cumulatively. Stub books collected during the quarter equaled 11,971 books, equivalent to 299,296 vouchers. The voucher subset returned was 143,518 resulting in a quarterly redemption rate of 48%. Cumulative stub books collected by the end of the quarter equaled 59,245 books, equivalent to 1,481,126 vouchers. The voucher subset returned was 856,145 resulting in a cumulative redemption rate of 60%.

**The TNVS distribution network:** The number of participating ITN outlets on the mainland decreased to 6,646 retailers from last quarter's 6,661 – for a retailer to clinic ratio of 1.50. The number of wholesalers decreased slightly to 250 wholesalers from last quarter's 251.

**Voucher misuse and fraud:** The Fraud and Investigation Unit has been working closely with local police authorities to investigate cases of voucher misuse amongst RCH staff. Arrests have been made and cases are awaiting legal prosecution. MEDA has also planned for a new LLIN barcode system to mitigate fraud in the TNVS system.

**The U5CC Program Update:** This quarter 4,467,866 LLINs were distributed to children through U5CC across three zones (Lake, West Lake, and Southern). Registration activities have been completed in the Southern Highlands Zone. U5CC issuing activities are currently on hold due to local government elections occurring in November 2009. The Public Procurement Appeals Authority annulled the U5CC national tender after a hearing into the tender process launched by a losing bidder even though the PPAA declared the bidder was justifiably disqualified. MEDA is currently re-tendering the contract and contingency measures have been arranged.

**Upgraded LLIN voucher:** The LLIN tender was awarded to A to Z on July 9<sup>th</sup> 2009 and contract negotiations between MEDA and A to Z were finalized in August. The process to exchange old vouchers for the new LLIN voucher was delayed by TNVS partners due to a delay in the manufacturing and distribution of the nets to the retail chains. All partners are currently committed to a launch date of October 20<sup>th</sup> and subsequent training and roll-out schedules are currently being finalized by a partner taskforce.

**Field technology and GPS:** MEDA regional teams focused on U5CC activities this quarter and GPS collection numbers remained same as last quarter. Efforts continue to increase utilization of Power Track database, like Geo-Fencing, as a tool for monitoring operations in the field through integrated GIS data and automated reporting.

## **1.0 BACKGROUND AND RATIONALE**

In October 2004 MEDA and The Tanzania Ministry of Health and Social Welfare (MoHSW) launched a collaborative effort with the National Malaria Control Program (NMCP) to coordinate activities related to insecticide treated nets (ITN) and to facilitate the Tanzania National Voucher Scheme (TNVS). The TNVS is funded by the World Bank, the Global Fund, and USAID and involves several implementing partners: World Vision, John Hopkins University, Population Services International, and the Tanzania Red Cross.

Infants and pregnant women are most vulnerable to malaria. Malaria during pregnancy can cause maternal anaemia and low birth weight, which is one of the leading causes of infant mortality. Children under five are also at considerable risk of mortality if infected with malaria. The Tanzania MOHSW developed the TNVS campaign to address these high risk groups through an Infant Voucher (IV) and a Pregnant Women Voucher (PWV). The vouchers are distributed to pregnant women during antenatal care (ANC) visit and to infants during child measles immunization visit at nine months throughout mainland Tanzania. The vouchers allow for pregnant women and infant caregivers to purchase an insecticide treated mosquito net at a nearby TNVS retailer for a subsidized price. The voucher system allows for sustainable distribution of ITN's through a comprehensive network of wholesalers and retailers.

MEDA is responsible for the logistical coordination of the project and for maintaining the voucher flow to the clinics. All of MEDA's actions aim to achieve the project objectives: affordability, accessibility and awareness of ITNs. MEDA staff members in each region monitor voucher activity at health clinics and retail shops, and they recruit and register additional retail shops into the program on an ongoing basis. As part of its work with the TNVS, MEDA works closely with program stakeholders, including local government health officials, clinic staffs and the private sector.

The MoHSW, along with its partners, determined that the TNVS was not achieving the desired ITN coverage quickly enough for children between one and five years of age. Thus, the MoHSW, supported by donors, decided on a catch-up campaign. MEDA was contracted to design the logistic of a one-time, free distribution campaign called Under 5 Catch-up Campaign (U5CC). Additional backstopping teams were formed to assist Regional Managers during registration and issuing of nets for the U5CC roll-out across the country.

MEDA is currently contracted to design the logistics for an upgraded Hati Punguzo voucher which is a continuation of the existing TNVS program. The new voucher will increase in value to cover the cost of a Long Lasting Insecticide-treated Net (LLIN) with a fixed top-up cost of TSh 500/ to be paid by the consumer. The purpose of the upgraded voucher is to 1.) increase the quality of bed nets issued through the TNVS by switching from a polyester net bundled with an insecticide re-treatment kit to an LLIN that comes pre-treated and will last longer, and 2.) increase the affordability of bed nets by reducing the top-up amount to be paid by the recipient.

## **2.0 SPECIAL EVENTS & HUMAN RESOURCES**

### **Special Events**

During the quarter Carolina Budiman and Jerry Quigley visited MEDA Tanzania from headquarters in Waterloo, Canada. Carolina is the Senior Consultant /Project Manager overseeing MEDA Tanzania Projects and spent time at the MEDA office and in the field familiarizing with the TNVS and U5CC activities.

The Team Leader for IT/VTS attended a four day workshop on the use of mobile tools in health data collection and reporting conducted by the OPENROSA Developers.

In July, MEDA Tanzania launched a country and program specific website which contains background information, program details, partner portals, contact details, and employment opportunities and gives MEDA Tanzania an important presence on the internet.

### Human Resources

Country Manager Tim Piper resigned from his role in August and was succeeded by Faith Patrick as the new Country Manager. Brian Grant was hired at this time to replace Faith Patrick as Operations Manager/ Deputy Chief of Party. Murtaza Alimohamed joined MEDA in the month of July as the Team Leader for Monitoring & Evaluation and Gloria Mungure also joined the team as Coordinator, M&E, in July. Peter Ngowi will be covering the post of Team Leader, Operations and Investigations after the resignation of Henry Pangamawe.

Four additional MEDA staff terminated their contracts this quarter (Hamza Mtunu, Gladys Simtitu, Furaha Kabuye, and Phillip Mburu). One candidate, Emmanuel Makundi, was recruited to fill the RM post in Lindi this quarter and Goodluck Sanyagi was recruited to the post of RM for Kilimanjaro Region. Peter Kaswahili has joined the MEDA Tanzania HQ team in a Coordinator role. Peter was formerly the ZM for Kilimanjaro Region.

Three interns from Canada (Jeremy Roth, Dan Albrecht, and Zach Jama) arrived in September and will be with MEDA Tanzania for 8 months. The interns will be involved with various tasks and projects including proposal writing, business development, and IT. The accounts department has also received supporting intern (Tumaini Lawrence) from Mount Meru University who will be with the organization through December 2009.

### 3.0 OBJECTIVES AND STRATEGIES

**3.1 Objective 1: Provide to pregnant women through RCH clinics a discount voucher that will cover approximately 90% of the cost of Long Lasting Insecticidal Nets (LLINs) at a commercial outlet**

**3.2 Strategy 1.1: Continuation of Pregnant Women (PW) Voucher Scheme**

*Table 1: Pregnant Woman Voucher (PWV) Summary*

	21 <sup>st</sup> Quarter		Cumulative Total	
	Returned	Redemption Rate	Returned	Redemption Rate
<b>Vouchers</b>	<b>117,093</b>		<b>3,754,538</b>	
Stub Books (Equivalent # of Vouchers)	16,485 (412,137)	48%	185,179 (4,629,479)	71%

#### **Pregnant Woman Voucher (PWV) procured:**

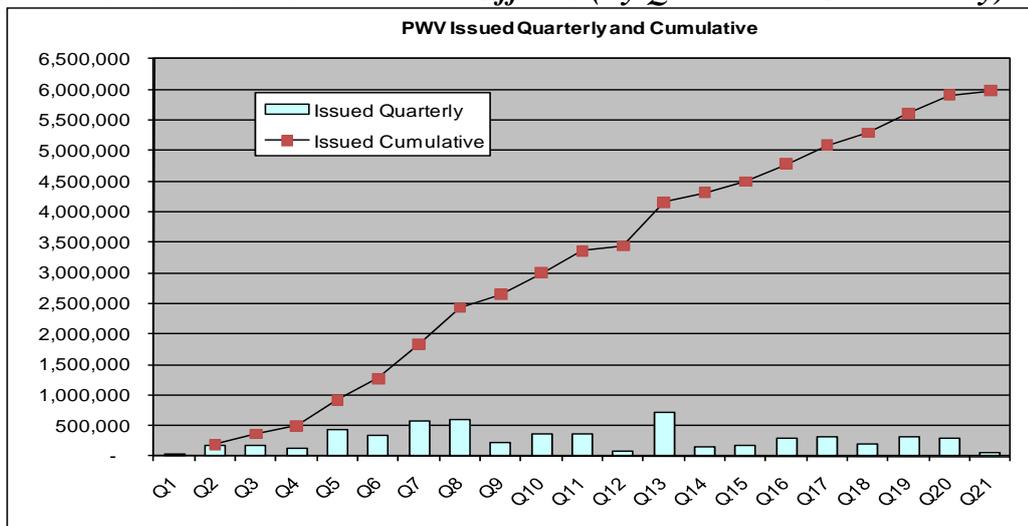
This quarter MEDA placed an order for the procurement of 200,000 PWV. The total number PWV procured cumulatively from program start stands at 6,150,000 vouchers at the end of this quarter.

#### **Pregnant Woman Voucher (PWV) issued (Indicator 1):**

Distribution continued this quarter with GFATM support. In total, 68,525 PWV were issued in the 21<sup>st</sup> Quarter: 34,125 in July, 1,600 in August, and 32,800 in September. MEDA experienced PWV stock outs this quarter which lowered the total number of vouchers dispatched. Total PWV

distribution to the field at the end of the quarter stands at 5,978,929 of which 3,806,404 were distributed under GFATM support and 2,172,525 under PMI support. Figure 1 shows the actual number of vouchers distributed cumulatively and per quarter.

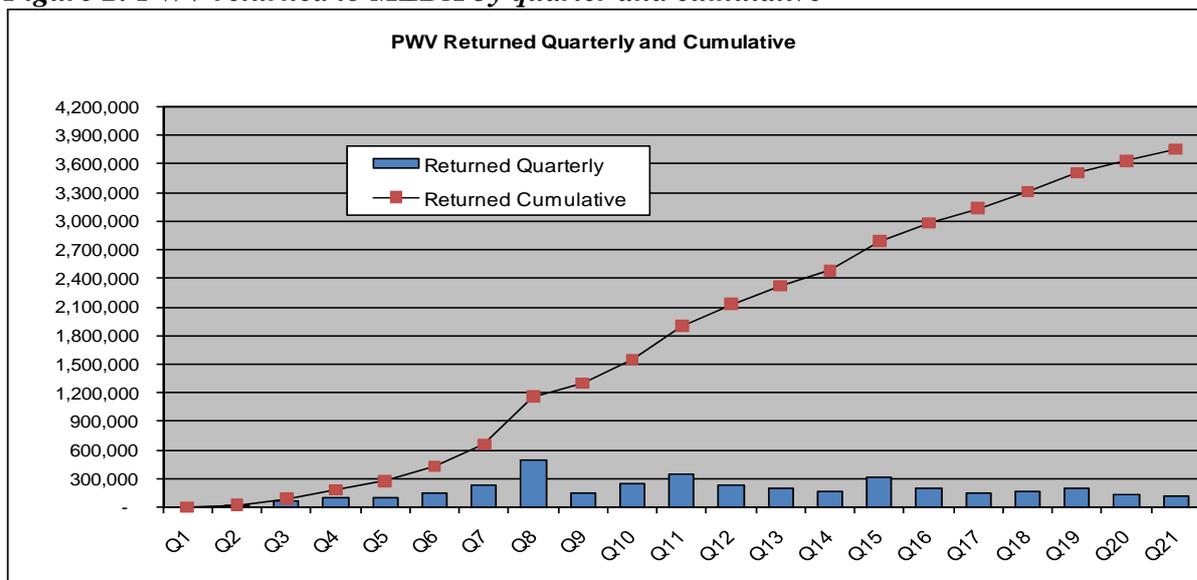
**Figure 1: PWV issued to District Medical Officers (By Quarter and Cumulatively)**



**Pregnant Women Voucher (PWV) returned:**

In total, 117,093 vouchers were returned during the quarter; 39,869 vouchers were returned in July, 43,868 vouchers in August, and 33,356 vouchers in the month of September. The average monthly return this quarter of 39,031 continued the trend of decreased voucher returns seen in previous quarters. The cumulative return since program inception stands at 3,754,538 vouchers (865,336 funded through PMI) at the end of the Quarter 21. Figure 2 shows quarterly and cumulative PWV return. Please note that for every voucher returned to MEDA by a supplier, payment is made to the supplier for the value of the voucher.

**Figure 2: PWV returned to MEDA by quarter and cumulative**



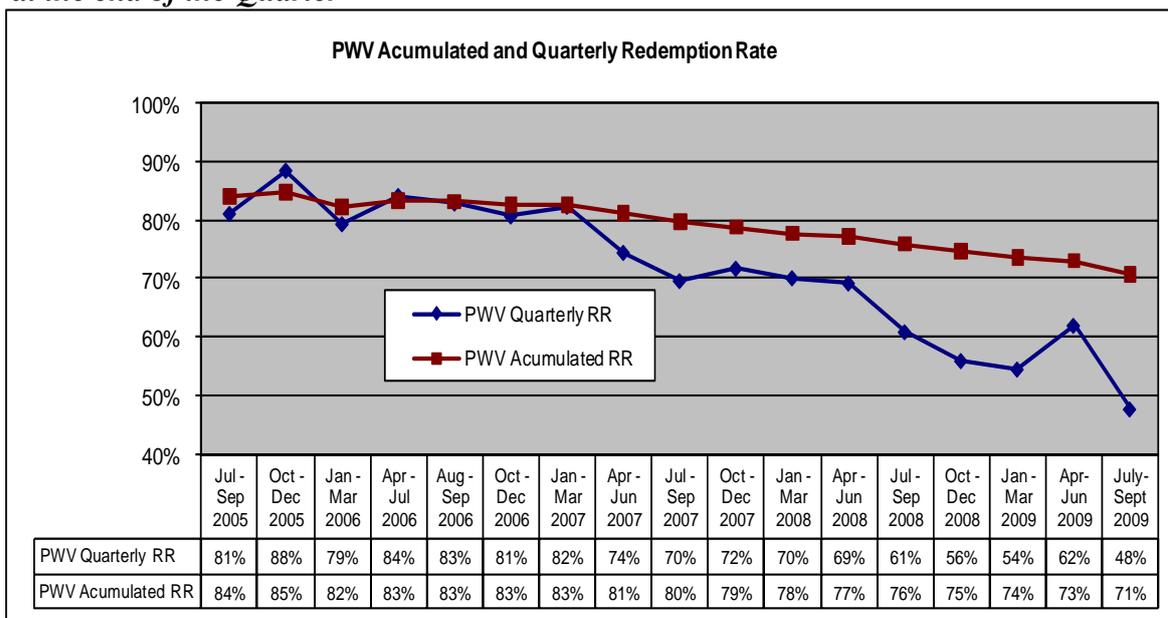
**Pregnant Women Voucher (PWV) Redemption Rate (Indicator 2):**

There were 16,485 PWV stub books returned during the quarter, equivalent to 412,137 vouchers. Of the vouchers returned this quarter, 196,278 have been matched with their corresponding stubs at MEDA HQ, resulting in a quarterly redemption rate of 48%.

Cumulatively, 185,179 PWV stub books have been returned to MEDA from the DMOs, representing a total of 4,629,479 vouchers. 3,275,479 of the returned vouchers have been matched with their corresponding stubs at MEDA, making the effective accumulated redemption rate 71%. A total of 479,059 vouchers received have not been included in the calculation of the redemption rate because their respective stub books are still in the field.

Figure 3 shows the comparison of both accumulated redemption rate at the end of the quarters and the redemption rate for each quarter.

**Figure 3: PWV Discrete Quarterly Redemption Rates and Accumulated Redemption Rate at the end of the Quarter**



NOTE: Key Performance Indicators 3-5 will also be reported within Strategy 1.1 moving forward.

### 3.3 Strategy 1.2: Logistical Management of TNVS

#### Upgraded LLIN Voucher:

Following a comprehensive tender process, on July 9<sup>th</sup> 2009 A to Z was determined to be the most capable and competitive bidder and contract negotiations between MEDA and A to Z commenced in the month of August. As a result of these negotiations, A to Z agreed to comply with all the requirements regarding the procurement of LLIN's and management of the TNVS distribution network.

It came to light at a stakeholders meeting on September 14<sup>th</sup>, 2009 that the LLIN partners were not following the same timelines for launch of the LLIN voucher. A to Z required 6 weeks from approval of artwork on the net bag to allow for international manufacture of net bag and align its delivery with their net production. A to Z has committed to a date of October 20<sup>th</sup>, 2009 for stocking the nets in the outlets. In addition, World Vision Tanzania who were not aware of the delay above had already begun RCH training sessions in the first Coastal Zone. Due to misalignment of roll out plans, the partners, MEDA, PSI A to Z, NMCP, and World Vision decided to appoint members of a task force which is meeting regularly to enhance communication and resolve outstanding issues. Subsequent taskforce meetings have made significant progress in revising the roll-out schedule and planning for voucher exchange activities and refining training materials.

All partners are currently committed to a launch date of October 20<sup>th</sup> in the Coast Zone and subsequent training and roll-out schedules are currently being finalized by the taskforce.

#### **Voucher Stock Alert System:**

The mechanism to supply vouchers to the DMO's on a 3-month supply has now been in place for over seven quarters. MEDA is using an early alert system that sends out a reminder to its field team whenever a district does not submit a voucher request in time in order to minimize occurrences of voucher stock-outs at each DMO.

#### **Continue to Implement Risk Management Systems to Minimize Misuse and Fraud**

MEDA Fraud and Investigation Unit regularly perform a random review of vouchers submitted by the ITN suppliers and compile a report on any suspicious voucher activity. The report is then sent to MEDA field teams for follow up at clinics, retailers and wholesalers to ensure that those vouchers went through proper channels. MEDA's policy is to refuse to pay for misused or fraudulent vouchers, which provides an incentive for all stakeholders to work with MEDA in preventing misuse or fraud. In August MEDA was compensated TSh 159,000 as refunds for misused or fraudulent vouchers but challenges remain in obtaining timely payments from stakeholders. Since February 2009, MEDA has seen a decrease in voucher thefts at the DMO stores and there have been no reported cases of voucher thefts at the RCH.

In collaboration with the Director of Criminal Investigation's office (DCI), MEDA has investigated the misuse of 366 vouchers which occurred in August, 2009. Arrests have now been made for the misuse; however, court dates for the case are still pending. A wholesaler was particularly helpful during this investigation, indicating good cooperation of stakeholders within the voucher cycle. In July, the DMO for Mtwara Urban reported the theft of 134 voucher books. This incident, was reported to the police (Reference #: MT/RB/2893/09) and is still under investigation. Information regarding the theft was disseminated to all stakeholders the same day.

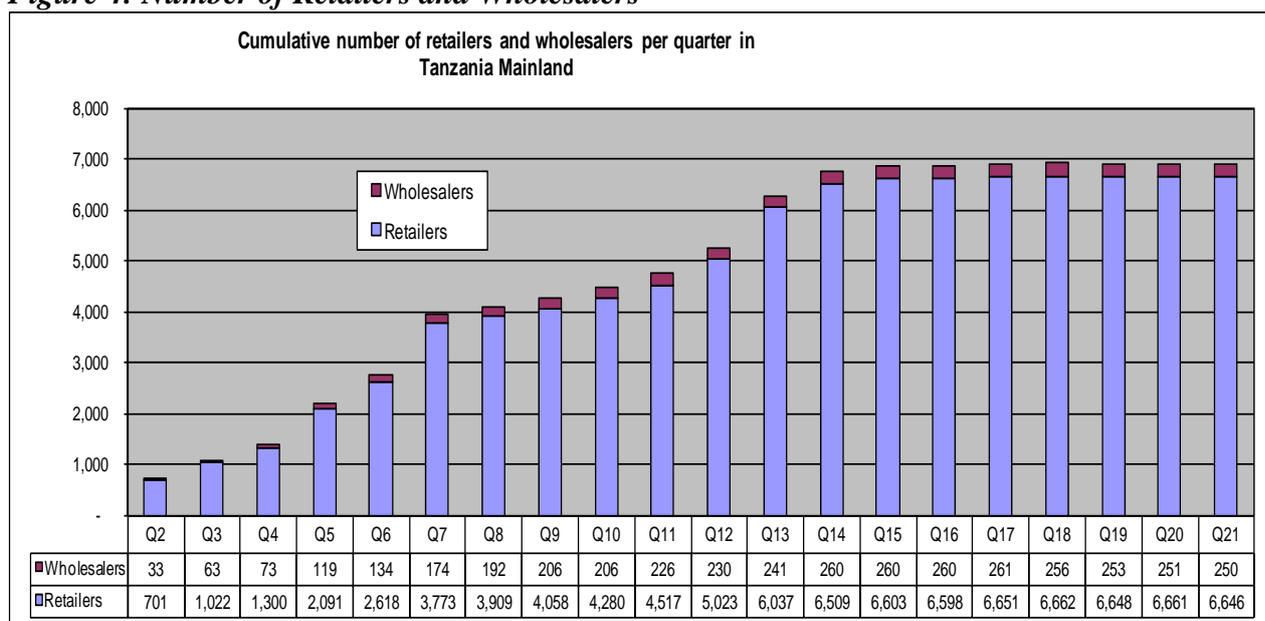
MEDA has innovated strategies for preventing fraud of the new upgraded LLIN voucher. The new voucher consists of a three phase plan to mitigate misuse and fraud as well as to improve voucher tracking. The first phase is the roll-out of the existing voucher barcode system. The second phase is the addition of a net barcode that will be inserted into the LLIN package by A to Z; when the LLIN voucher is brought to a retailer, the net package must be opened partially to remove the barcode, and then barcode placed on the redeemed voucher. The second phase ensures that the LLIN net and voucher are present during redemption. The third phase is the addition of a unique barcode for each participating retailer that will be placed on the voucher during redemption. The third phase will enable VTS and A to Z to track sales and inventory levels per retailer and monitor volumes for any irregularity.

### **3.4 Strategy 1.3: Growth and management of TNVS distribution network**

#### **Retail Outlets Identified and Trained In All Regions by Regional Teams (Indicators 6-10):**

The number of retail outlets decreased from 6,661 to 6,646 this quarter; this is a net decrease of 15 retailers. The number of wholesalers decreased from 251 to 250 due to ongoing U5CC. Figure 4 depicts the overall growth of private sector participants in the TNVS since the inception of the project.

**Figure 4: Number of Retailers and Wholesalers**



MEDA also records the number of retailers and wholesalers per region and district. [Table 2](#) indicates the number of retailers and wholesalers registered in the program in each region of mainland Tanzania at the end of the quarter.

**Table 2: Total Numbers of Retailers and Wholesalers as of September 30, 2009**

Region	Total Retailers	Total Wholesalers
Arusha	175	13
Dar es Salaam	281	8
Dodoma	383	10
Iringa	299	8
Kagera	347	16
Kigoma	274	9
Kilimanjaro	324	17
Lindi	237	13
Manyara	171	7
Mara	383	14
Mbeya	397	22
Morogoro	408	16
Mtwara	219	11
Mwanza	448	18
Pwani	296	8
Rukwa	230	7
Ruvuma	373	8
Shinyanga	519	17
Singida	230	5
Tabora	349	10
Tanga	303	13
<b>Total in mainland</b>	<b>6646</b>	<b>250</b>

### **3.5 Objective 2: Distribute LLIN to all children aged between one and five via U5CC and Infant Voucher Scheme (IV)**

### **3.6 Strategy 2.1: Implement and manage the Under-5 Catch-up Campaign (U5CC) (Indicator 11)**

#### **U5CC Program Update**

This quarter, 4,467,866 LLINs were distributed to children under five through the mass free net distribution campaign across three zones. The U5CC issuing activities are currently being paused during the local government elections in November 2009. MEDA backstopping teams are being re-assigned to additional duties at HQ or taking annual leave until the program can begin again.

Storage facilities in the field available for the LLINs have been unreliable and some depots are unprotected against theft and fire. In one district, 520 LLINs were destroyed after a VEO's house, where LLINs were stored, caught fire. The issue has been addressed by the MEDA team through communication to stakeholders advising further precautions.

Variations in the registration data collected before and during issuing continue to be a challenge as deviations result in excess/deficits of LLINs.

#### **Registration and Distribution Exercises**

The backstopping teams and host Regional Managers ensured a smooth issuing exercise of 2,047,889 LLINs to eligible children in the Lake Zone (Mwanza, Kagera and Mara) from 10<sup>th</sup> to 12<sup>th</sup> July, 2009. This event was attended and officiated by the Regional Commissioner and accompanied by other government dignitaries. The Coordinator of the President's Malaria Initiative (PMI), Rear Admiral Timothy Ziemer, also attended to observe Malaria Prevention and Control activities. Payments for the issuing and data collection were made shortly after completion of the exercise in addition to the submission of reports and retirements.

Another team of backstopping and host RM's supervised the issuing exercise for 892,161 LLINs to eligible children in the West Lake Zone Regions of Kigoma and Tabora from 14<sup>th</sup> to 16<sup>th</sup> August, 2009. In the Shinyanga Region, 851,789 LLINs were issued from 4<sup>th</sup> to 6<sup>th</sup> September, 2009.

Backstopping and host RM's supervised issuing exercises in the two regions of South West Zone (Mbeya and Rukwa) from 18<sup>th</sup> to 20<sup>th</sup> September, 2009 whereby a total of 676,026 LLINs were issued. During the issuing activity in South West Zone, MEDA received a contribution of 10,000 LLINs which were fully funded by the Academy for Educational Development (AED).

Registration activities have been completed in the Southern Highlands Zone (Iringa and Ruvuma) and these regions are currently waiting for the issuing activities to commence.

#### **Status of the LLIN Distribution Contract:**

The decision to award the contract A to Z Textile Mills Limited by MEDA was contested by one of the disqualified contractors this quarter. The Public Procurement Appeals Authority (PPAA) reviewed the case and concluded that the contractor was justifiably disqualified. However, the PPAA also concluded that A to Z Textile Mills Limited should have been disqualified due to unattached documents. As a result, the Public Procurement Appeals Authority annulled the A to Z / MEDA contract. MEDA is now going through a re-tendering process.

### 3.7 Strategy 2.2: Continuation of Infant Voucher (IV) Scheme

**Table 3: Infant Voucher (IV) Summary**

	21 <sup>st</sup> Quarter		Cumulative Total	
	Returned	Redemption Rate	Returned	Redemption Rate
<b>Vouchers</b>	<b>94,952</b>	48%	<b>1,193,684</b>	58%
Stub Books (Equivalent # of Vouchers)	11,971 (299,296)		59,245 (1,481,126)	

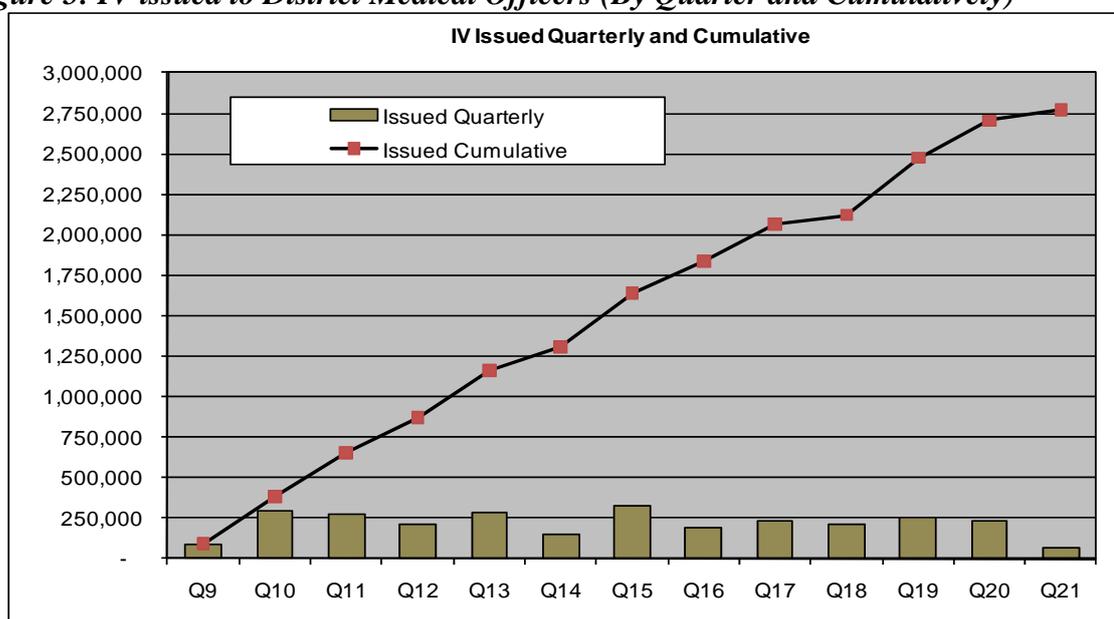
#### Infant Voucher (IV) procured:

An order for 200,000 additional IV was placed this quarter bringing the total IV procured since program inception to stand at 2,975,000 IV at the end of this quarter.

#### Infant Voucher (IV) issued:

A total of 65,525 IV were distributed this quarter: 49,775 in July, 15,750 in August, and there were no IV issued in September due to stock out issues. By the end of the quarter, the total number of IV distributed cumulatively stood at 2,769,800. [Figure 5](#) illustrates the number of IVs delivered to DMOs over the last thirteen quarters.

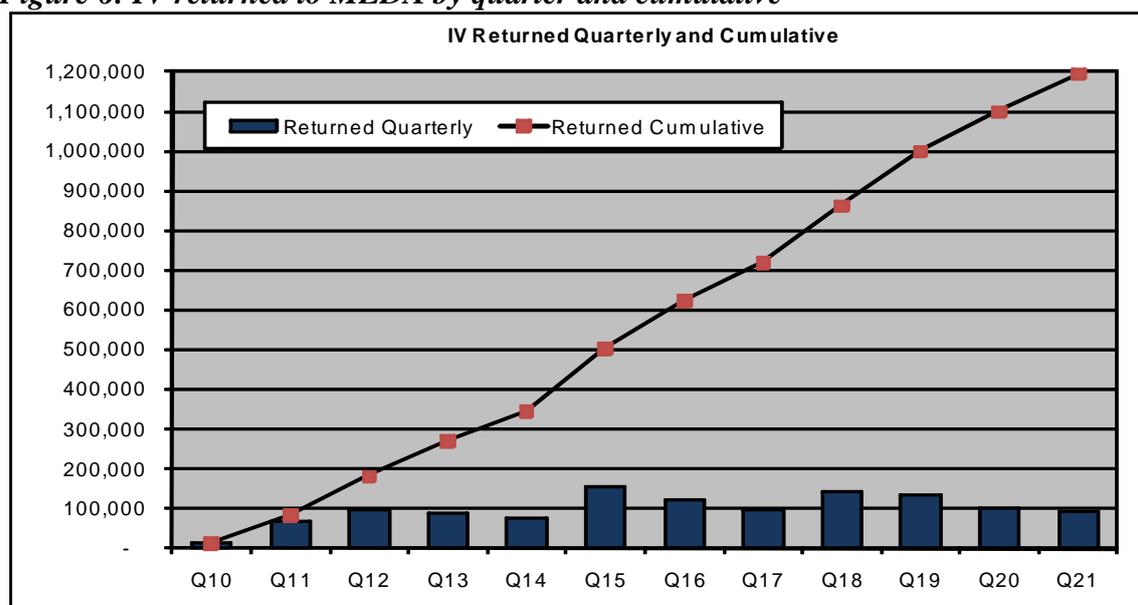
**Figure 5: IV issued to District Medical Officers (By Quarter and Cumulatively)**



#### Infant Voucher (IV) returned:

A total of 94,952 vouchers were returned during the period of July - September 2009; 34,086 in July, 35,197 in August, and 25,669 in September. The average monthly return this quarter was 31,651, representing a drop of 1,616 vouchers per month when compared to the 20<sup>th</sup> Quarter average of 33,267. The cumulative total returned since program inception stands at 1,193,684 IV. [Figure 6](#) shows the number of Infant Vouchers returned per quarter and cumulative. Please note that for every voucher returned to MEDA by a supplier, payment is made to the supplier for the value of the voucher.

**Figure 6: IV returned to MEDA by quarter and cumulative**

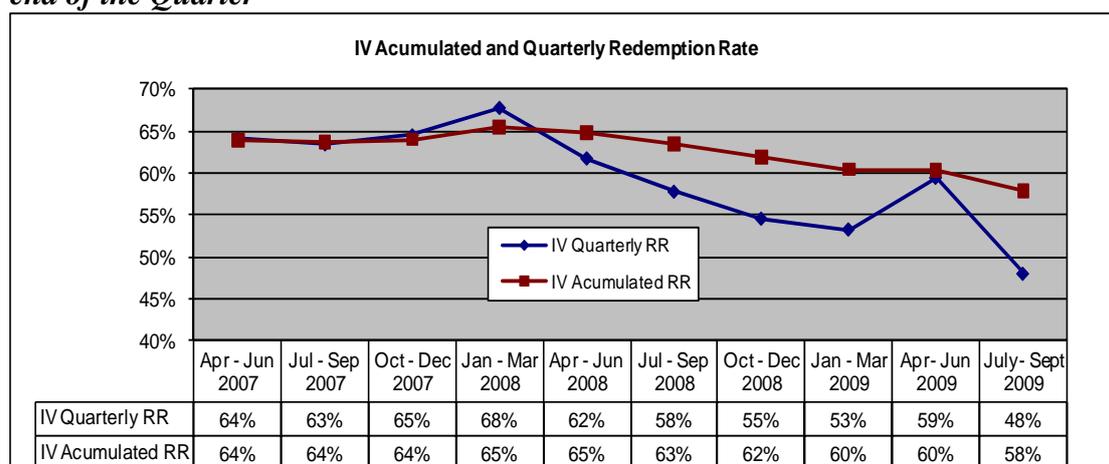


**Infant Voucher (IV) Redemption Rate**

The number of IV stubs books collected this quarter equaled 11,971, which is equivalent to 299,296 vouchers. Of the vouchers returned this quarter, 143,518 have been matched with their corresponding stubs. The resulting redemption rate in this quarter was 48%.

By the end of the cumulative reporting period, 59,245 IV stub books representing a total of 1,481,126 vouchers were received from the DMOs. In total, 856,145 of the returned IV have been matched with their corresponding stubs at MEDA, resulting in an effective accumulated redemption rate of 58%. The total number of vouchers returned but excluded from the calculation due to outstanding stub books is 337,539. Figure 7 shows the comparison between accumulated redemption rates at the end of the quarter with the redemption rates within each quarter.

**Figure 7: IV Discrete Quarter Redemption Rates and Accumulated Redemption Rate at the end of the Quarter**



### 3.8 Objective 3: **Monitoring, Evaluation, and Administration of TNVS**

#### 3.9 Strategy 3.1: **Improve and Expand Key Performance Indicators (KPI)**

Development and testing of tools for the new KPI's has taken place in three pilot regions this quarter and plans are underway to scale-up the system to all remaining regions in the upcoming quarter.

The MEDA RM's collect and aggregate data from the affiliated clinics and district offices through the use of recently developed forms on a weekly basis. At the end of each week, the RM's send back the completed forms to MEDA headquarters for further compilation and analysis by the M&E team.

Data collected by the new tools on a weekly basis is then collated at the end of every month into the simple database at the HQ level for reporting purposes. Thus far, there have been positive signs in from the pilots showing that the data collection necessary for the KPI's is achievable. Some issues have been identified related to the data required to measure the mean gestation at first ANC visit (Indicator 5). The nature of data obtained from the MTUHA does not give the exact pregnancy length figures.

The M&E team has made regular field and reporting audits to ensure the attainability of the proper data and to make adjustments to the methodology when necessary.

This quarter, MEDA identified certain limitations in the proposal from Jonathan Jackson, a Consultant with Dimagi, in Boston, Massachusetts. Mr. Jackson was hired as a consultant to devise methods for the use of mobile handsets as data collection devices. Among other projects, he devised an M&E Plan to assist in efficiently gathering new indicators. However, these projects did not consider MEDA's potential to collaborate with similar initiatives being launched by partner organizations (such as the MoHSW). Moreover, the data collection process involved the use of RCH staff, requiring the approval from NMCP. MEDA is planning to meet with NMCP and other partner organizations to discuss mobile handset data collection and our potential to share information on new initiatives.

The eleven key performance indicators are outlined in [Table 4](#) below and fully expanded upon in [Table 5](#) at the end of this report.

**Table 4: Condensed M& E Plan for Key Performance Indicators**

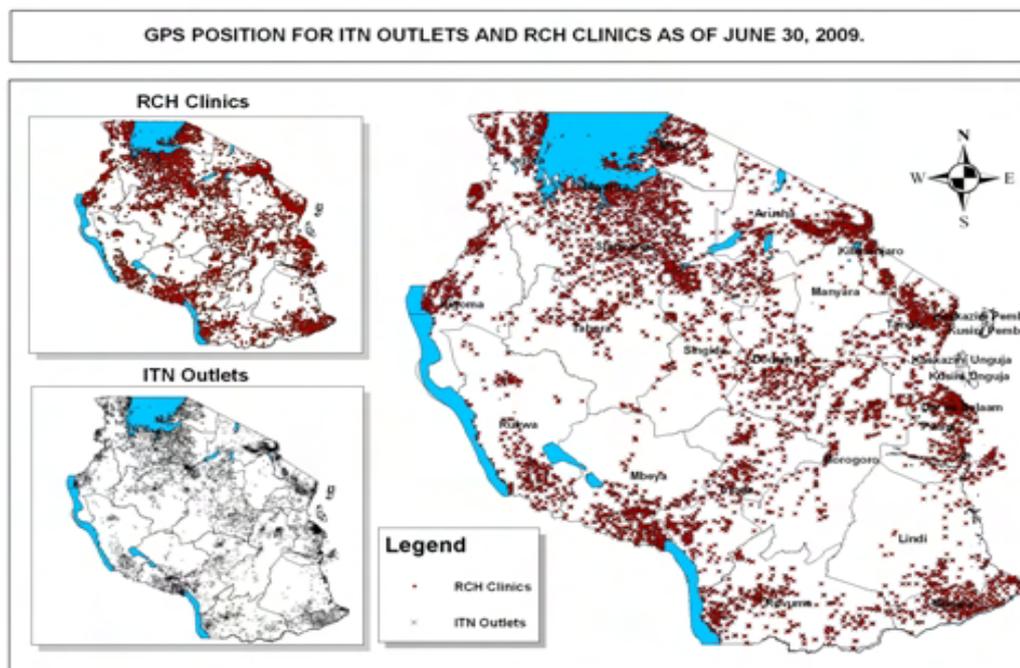
No.	Indicator	Definition	Availability	Source
1.	Number of PWVs distributed to districts	The total number of PWVs distributed from MEDA HQ to all district centers , by period and cumulatively	Current	MEDA voucher database
2.	Number of PWVs redeemed	The total number of PWVs returned to and verified at MEDA HQ, by period and cumulatively	Current	MEDA voucher database
3.	Proportion of PW receiving PWVs irrespective of number of visits	The total number of PW from the collected sample that have received a PWV, irrespective of number of visits, divided by the total PW sample, by period and cumulatively from the initial target start date	Current	RMs/RCH Registers, SMS Technology
4.	Proportion of PW attending ANC receiving PWV at first visit	The total number of PW from the collected sample that have received a PWV, at first visit, divided by the total PW sample, by period and cumulatively from the initial target start date	Current	RMs/RCH Mtuha Registers, SMS Technology
5.	Mean gestation at first ANC visit	The average length of pregnancy, in weeks, of PW from the collected sample that have visited RCH facilities, by	Current	RMs/RCH Mtuha Register, SMS Technology

No.	Indicator	Definition	Availability	Source
		period from the initial target start date		
6.	Number and % of faith-based and private sector RCH clinics included in TNVS	The total number of faith-based and private-sector RCH clinics included in the TNVS, cumulatively and as a % of the total number of faith-based and private-sector RCH facilities, reported separately by period and cumulatively	Partially available from incoming RMs reports	DMO/MoHSW records, SMS Technology
7.	Number and % of TNVS RCH clinics conducting outreach services that include TNVS in outreach services	The total number of TNVS RCH facilities conducting outreach services that include TNVS in outreach services, cumulatively and as a % of the total number of TNVS RCH facilities conducting outreach services, by period and cumulatively	Partially available from incoming RMs reports	RCH facilities/MoHSW records
8.	Number of districts including ITN-related activities in their district budgets	The total number of districts including ITN-related activities in their budgets, by period and cumulatively	Partially available from incoming RMs reports	DEDs/RMs, SMS Technology
9.	Number of retailers registered to accept vouchers	The total number of retailers registered to accept vouchers, by period and cumulatively	Current	MEDA Database
10.	Proportion of villages having at least one TNVS retail outlet accepting vouchers	The total number of villages having at least one TNVS retail outlet accepting vouchers divided by the total number of villages in mainland Tanzania, by period and cumulatively	Partially available from incoming RMs reports	MEDA Database/MoHSW records
11.	Number of LLINs distributed to children under five (in mass campaign)	The total number of LLINs distributed to children under five (in mass campaign), by period and cumulatively	Partially available from ongoing campaign	VEOs/WEOs/DEDs

### 3.10 Strategy 3.2: Implementation of GPS Program

Efforts to collect GPS coordinates of program stakeholders were on hold this quarter as regional teams focused on U5CC activities. GPS data collection remained the same as the 20<sup>th</sup> quarter with waypoints for 4084 of 4,428 (92%) clinics currently in the program. Mapping of TNVS retail and wholesale outlets stands at 4,315 out of a total 6,648 (64%). The combined percentage for total GPS mapping for TNVS stakeholders remains at 74%. A Web-based GIS has been launched on MEDA Tanzania website ([medatanzania.org](http://medatanzania.org)) to be used as a platform for data sharing and reconciliation with partners. All MEDA Regional Managers have been given login credentials. Figure 8 below depicts a map of clinics and retailers for which we have GPS coordinates.

**Figure 8: GPS coordinates at end of quarter**



### 3.11 Strategy 3.3: Implementation of Power Track

The initiative to utilize Power Track as a tool for operations is continuing to progress well this quarter. The team is working on scheduling monthly and weekly reports, and aims to have them emailed automatically in the upcoming quarter. However, several vehicles need the fuel profile recalibrated. The plan to calibrate these vehicles still needs to be determined and the team will continue to work with Warrior Security until they are resolved.

**Table 5: Performance Indicator**

Indicators and Milestones		3rd Quarter 2008 - Q17	4th Quarter 2008 - Q18	1st Quarter 2009 - Q19	2nd Quarter 2009 - Q20	3 <sup>rd</sup> Quarter 2009 – Q21
<b>Objective 1: Provide to pregnant women through RCH clinics a discount voucher that will cover approximately 90% of the cost of a Long Lasting Insecticidal Nets (LLINs) at a commercial outlet</b>						
<b>Strategy 1.1</b>	PW Voucher procurement	<b>Completed - PWV are available for distribution</b>				
	<i>Target</i>	<i>5,140,000</i>	<i>5,380,000</i>	<i>5,620,000</i>	<i>5,860,000</i>	<i>6,100,000</i>
	PW Vouchers distributed ( <b>Indicator 1</b> )	5,090,316	5,292,554	5,610,204	5,910,404	5,978,929
	<i>Target</i>	<i>Tbd</i>	<i>Tbd</i>	<i>Tbd</i>	<i>Tbd</i>	<i>Tbd</i>
	PW Voucher Redemption Rate	76%	75%	74%	73%	71%
	<i>Target</i>	<i>3,368,096</i>	<i>3,621,999</i>	<i>3,875,903</i>	<i>4,145,119</i>	<i>4,414,335</i>
	Number of PW Vouchers Redeemed/Returned ( <b>Indicator 2</b> )	3,136,007	3,308,815	3,510,260	3,637,445	3,754,538
	<i>Target</i>	<i>65%</i>	<i>70%</i>	<i>75%</i>	<i>80%</i>	<i>85%</i>
	Proportion of PW receiving PW vouchers irrespective of number of visits ( <b>Indicator 3</b> )	N/A	N/A	N/A	N/A	Pilot

<b>Strategy 1.1</b>	<i>Target</i>	43%	51%	58%	66%	74%
	Proportion of women attending ANC receiving voucher at first visit <b>(Indicator 4)</b>	N/A	N/A	N/A	N/A	Pilot
	<i>Target</i>	-	20 weeks	-	-	-
	Mean gestation at first ANC visit <b>(Indicator 5)</b>	N/A	N/A	N/A	N/A	Pilot
	Risk Management systems for reduce misuse and fraud	<b>Record keeping system to document movement of PWVs and IVs developed/integrated</b>	<b>Record keeping system to document movement of PWVs and IVs developed/integrated</b>	<b>Record keeping system to document movement of PWVs and IVs developed/integrated</b>	<b>Record keeping system to document movement of PWVs and IVs developed/integrated</b>	<b>Record keeping system to document movement of PWVs and IVs developed/integrated</b>
<b>Strategy 1.3</b>	<i>Target</i>	7,000	7,250	7,500	8,000	8,500
	Retailers registered to Accept Vouchers <b>(Indicator 9)</b>	6,659	6,662	6,648	6,661	6,646
	Wholesalers registered in TNVS	261	256	253	251	250

	<i>Target</i>	<i>Tbd (30%)</i>	<i>Tbd (40%)</i>	<i>Tbd (50%)</i>	<i>Tbd (60%)</i>	<i>Tbd(70%)</i>
	Number and (%) of Faith Based and Private Sector clinics included in TNVS <b>(Indicator 6)</b>	N/A	N/A	N/A	N/A	Pilot
	<i>Target</i>	<i>Tbd (30%)</i>	<i>Tbd (40%)</i>	<i>Tbd (50%)</i>	<i>Tbd (60%)</i>	<i>Tbd(70%)</i>
	Number and (%) of RCH clinics including TNVS in outreach services <b>(Indicator 7)</b>	N/A	N/A	N/A	N/A	Pilot
	<i>Target</i>	<i>30%</i>	<i>40%</i>	<i>50%</i>	<i>60%</i>	<i>70%</i>
	Number of districts including ITN related activities in their district budgets <b>(Indicator 8)</b>	N/A	N/A	N/A	N/A	Pilot
	<i>Target</i>	<i>30%</i>	<i>40%</i>	<i>50%</i>	<i>60%</i>	<i>70%</i>
	Proportion of villages having at least one TNVS retail outlet accepting vouchers <b>(Indicator 10)</b>	N/A	N/A	N/A	N/A	Pilot
<b>Objective 2: Distribute a LLIN to all children aged between one and five via U5CC and Infant Voucher Scheme (IV)</b>						

Objective 2: Monitoring, Evaluation, and Administration of TNVS						
<b>Strategy 2.1</b>	<i>Target</i>	1,804,900	4,512,251	7,221,601	7,221,601	7,221,601
	Number of LLINs distributed to children under five in mass campaign, by quarter (cumulative). <b>(Indicator 11)</b>	380,458 (380,458)	113,560 (494,018)	0 (494,018)	435,112 (929,130)	4,467,866 (5,396,996)
<b>Strategy 2.3</b>	<i>Target</i>	<i>Tbd</i>	<i>Tbd</i>	<i>Tbd</i>	<i>Tbd</i>	<i>Tbd</i>
	IV distributed	2,066,625	2,122,575	2,474,385	2,704,275	2,769,800
	<i>Target</i>	<i>Tbd</i>	<i>Tbd</i>	<i>Tbd</i>	<i>Tbd</i>	<i>Tbd</i>
	Redemption Rate for IV	63%	62%	60%	60%	58%
	<i>Target</i>	<i>Tbd</i>	<i>Tbd</i>	<i>Tbd</i>	<i>Tbd</i>	<i>Tbd</i>
	Number of IVs redeemed/returned	718,057	862,190	998,930	1,098,732	1,193,684
Objective 3: Monitoring, Evaluation, and Administration of TNVS						
<b>Strategy 3.2</b>	Number and (%) of retailers mapped cumulatively	2,991 (43%)	4,076 (60%)	4,314 (65%)	4,296 (62%)	4,296 (62%)
	Number and (%) of Clinics Mapped Cumulatively	3,592 (82%)	4,375 (91%)	4,078 (92%)	4,040 (91%)	4,040 (91%)

## APPENDICES

### Appendix 1:

PMI Quarterly Report - data collection table - MAINLAND 2009						
<b>Insecticide-Treated Nets: USING PMI FUNDS – 2009</b> Implementing Partner: MEDA, PSI, JSI,						
<i>Indicator</i>	Jan–Mar	Apr–Jun	Jul–Sep	Oct–Dec	Annual Target	Comments
• Number of ITNs procured					1,000,000	Vouchers procured in the first quarter include both PW and Infant vouchers
• Number of ITNs distributed	338,185	569,446	615,634		1,418,700	
<i>Please break down the number of ITNs distributed through:</i>						
(a) campaigns		469,644	520,447		1,000,000	For Under 5 Catch-up Campaign the number of LLINs distributed in April-June includes the 117,400 nets donated by UNICEF
(b) health facilities (ANC or child health clinics)						
(c) private/commercial sector (VOUCHER)	338,185	99,802	94,987		418,700	Targets for USAID fiscal year and include the infant vouchers returned only. However, results for the first quarter include pw and infant vouchers returned
(d) other distribution channels (specify)						
• Number of ITNs bundled with Insecticide re-treatment kits sold						

## Appendix 2: M&E Plan for Key Performance Indicators

No.	Indicator	Definition	Data Source	Reporting Frequency	Collection method and frequency	Methodology (if applicable)	Numerator / Denominator (%-based only)	Ensuring Data Quality
1.	Number of PWVs distributed to districts	The total number of PWVs distributed from MEDA HQ to all district centers , by period and cumulatively	MEDA voucher database	Monthly and Quarterly	Collected from the TNVS database on an on-going basis based on voucher shipments to the field	N/A	N/A	Information will be confirmed using the TNVS Database, voucher requests, packing lists and district hand-over forms
2.	Number of PWVs redeemed	The total number of PWVs returned to and verified at MEDA HQ, by period and cumulatively	MEDA voucher database	Monthly and Quarterly	Collection on-going as received by manufacturers and approved wholesalers	N/A	N/A	Voucher counting machine, supplier delivery note, voucher scanner, spot checks, invoices and VTS voucher return count report
3.	Proportion of PW receiving PWVs irrespective of number of visits	The total number of PW from the collected sample that have received a PWV, irrespective of number of visits, divided by the total PW sample, by period and cumulatively from the initial target start date	RCH facility records – HP register and Mtuha ledger	Monthly and Quarterly	Collected and reported by MEDA RMs on an on-going basis as per routine monitoring schedules	Random sample basis of three PW from one clinic per week per region going back nine full months	The total number of PW from the sample that received a PWV / The total PW sample	RCH facility records to provide basis of sample data. To be confirmed at MEDA HQ using a dual verification process involving Zonal Coordinators and Database Managers
4.	Proportion of PW attending ANC receiving PWV at first visit	The total number of PW from the collected sample that have received a PWV, at first visit, divided by the total PW sample, by period and cumulatively from the initial target start date	RCH facility records – HP register and Mtuha ledger	Monthly and Quarterly	Collected and reported by MEDA RMs on an on-going basis as per routine monitoring schedules	Sample basis of the three most recent PW to visit the clinic from five clinics per week per region	The total number of PW from the sample that received a PWV / The total PW sample	RCH facility records to provide basis of sample data. To be confirmed at MEDA HQ using a dual verification process involving Zonal Coordinators and Database Managers
5.	Mean gestation at first ANC visit	The average length of pregnancy, in weeks, of PW from the collected sample that have visited RCH facilities, by period from the initial target start date	RCH facility records – Mtuha ledger	Monthly and Quarterly	Collected and reported by MEDA RMs on an on-going basis as per routine monitoring schedules	Sample basis of 10 most recent PW to visit the clinic from one clinic per week per region	The sum of the number of weeks of gestation for the PW sample / The total PW sample size	RCH facility records to provide basis of sample data. To be confirmed at MEDA HQ using a dual verification process involving Zonal Coordinators and Database Managers
6.	Number and % of faith-based and private sector RCH clinics included in TNVS	The total number of faith-based and private-sector RCH clinics included in the TNVS, cumulatively and as a % of the total number of faith-based and private-sector RCH facilities, reported separately by period and cumulatively	DMO lists and statistics provided by the MoHSW	Quarterly	Collected and reported by MEDA RMs	N/A	The total number of faith-based and private-sector RCH clinics included in the TNVS / The total number of faith-based and private-sector clinics	DMO records to provide basis of data gathered. Records provided by the MoHSW to be used for comparison and calculation purposes. To be confirmed at MEDA HQ using a dual layer verification process involving Zonal Coordinators and Database Managers

<b>No.</b>	<b>Indicator</b>	<b>Definition</b>	<b>Data Source</b>	<b>Reporting Frequency</b>	<b>Collection method and frequency</b>	<b>Methodology (if applicable)</b>	<b>Numerator / Denominator (%-based only)</b>	<b>Ensuring Data Quality</b>
7.	Number and % of TNVS RCH clinics conducting outreach services that include TNVS in outreach services	The total number of TNVS RCH facilities conducting outreach services that include TNVS in outreach services, cumulatively and as a % of the total number of TNVS RCH facilities conducting outreach services, by period and cumulatively	RCH facilities	Monthly and Quarterly	Collected by MEDA RMs on an on-going basis as per routine monitoring schedules	Sample basis of approximately 10% of TNVS RCH clinics per region per month for a total of 10 months until reaching 100% of existing TNVS RCH clinics, with coverage of new TNVS RCH clinics continuing thereafter.	The total number of TNVS RCH clinics conducting outreach services that include TNVS in outreach services / The total number of TNVS RCH clinics conducting outreach services	Records provided by MoHSW to be used for comparison and calculation purposes. To be confirmed at MEDA HQ using a dual layer verification process involving Zonal Coordinators and Database Managers
8.	Number of districts including ITN-related activities in their district budgets	The total number of districts including ITN-related activities in their budgets, by period and cumulatively	DEDs and District Budgets	Quarterly	Collected and monthly by MEDA RMs on an on-going basis as per routine monitoring schedules	Collect info. from approximately 33% of total districts per region per month	N/A	DEDs responsible for data reported to MEDA RMs. To be confirmed at MEDA HQ using a dual layer verification process involving Zonal Coordinators and Database Managers
9.	Number of retailers registered to accept vouchers	The total number of retailers registered to accept vouchers, by period and cumulatively	Contracted LLIN Supplier	Monthly and Quarterly	The LLIN Supplier will register existing and new TNVS retail outlets on an on-going basis and will submit monthly reports to MEDA	N/A	N/A	MEDA Database Managers will ensure data accuracy. MEDA RMs will confirm, on a sample basis through routine monitoring activities, the retail figures provided by the LLIN Supplier
10.	Proportion of villages having at least one TNVS retail outlet accepting vouchers	The total number of villages having at least one TNVS retail outlet accepting vouchers divided by the total number of villages in mainland Tanzania, by period and cumulatively	MEDA retailer database and list of all villages in mainland Tanzania as provided by the MoHSW	Monthly and Quarterly	Retailer figures reported by LLIN Supplier on a monthly basis	Initially LLIN Supplier to focus retailer registration on existing TNVS retail outlets. Thereafter retailer registration activities will focus on villages without TNVS retail outlets	The total number of villages having at least one TNVS retail outlet accepting vouchers / The total number of villages in mainland Tanzania	MoHSW responsible for providing village list. MEDA Database Managers will ensure data accuracy.
11.	Number of LLINs distributed to children under five (in mass campaign)	The total number of LLINs distributed to children under five (in mass campaign), by period and cumulatively	VEO reports	Monthly and quarterly based on U5CC roll out	Collected by MEDA RMs from DED office	N/A	N/A	VEOs, WEOs and DEDs responsible for accuracy of data. Confirmed at MEDA HQ using dual verification process involving Zonal Coordinators and Database Managers. KPMG audit and Proof of Delivery Forms will serve as additional verification.