

**QUARTERLY REPORT 24
(AMCC 3)
APRIL - JUNE 2010**

**Rolling Continuation Channel
(RCC) and Round 8**



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

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



Prepared By:

**MEDA Economic Development
Associates**



Plot 386, Toure Drive, Masaki
Dar es Salaam, P.O. Box 10817
T: +255 (22) 260 1822, 1830, 1843
F: +255 (22) 260 1851
E: meda@tz.meda.org

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LIST OF ACRONYMS

AMCC	Achievement and Maintenance of Comprehensive Coverage
ANC	Antenatal Care
A - Z	A-Z Textile Mills Limited
BCC	Behaviour Change Communication
CCA	Community Change Agent
COMMIT	Communication and Malaria Initiative in Tanzania
DED	District Executive Director
DMO	District Medical Officer
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GPS	Global Positioning System
HP	Hati Punguzo
IHI	Ifakara Health Institute
IRKs	Insecticide Re-treatment Kits
ITN	Insecticidal Treated Net
IV	Infant Voucher
JHU	Johns Hopkins University
KPI	Key Performance Indicator
LLIN	Long Lasting Insecticidal Net
M&E	Monitoring & Evaluation
MEDA	MEDA Economic Development Associates
MoHSW	Ministry of Health and Social Welfare
NMCP	National Malaria Control Programme
PMI	President's Malaria Initiative
PSI	Population Services International
PWV	Pregnant Woman Voucher
RCH	Reproductive and Child Health
RM	Regional Manager
RMO	Regional Medical Officer
SMT	Senior Management Team
TNVS	Tanzania National Voucher Scheme
U5CC	Under Five Catch-up Campaign
UCC	Universal Coverage Campaign
UCRC	Universal Coverage Registration Card
USAID	United States Agency for International Development
VEO	Village Executive Officer
VTS	Voucher Tracking System
WEO	Ward Executive Officer
WVT	World Vision Tanzania

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EXECUTIVE SUMMARY

Under Five Catch-up Campaign (U5CC) wraps up: Over nine million LLINs distributed.

The Under Five Catch-up Campaign concluded on May 31, 2010, delivering a total of 9,034,677 LLINs to all villages and streets throughout the country. This quarter 636,629 LLINs were delivered in Dar es Salaam, the last region to be covered in the U5CC, of which 615,875 LLINs were issued to children under five in the region (the remaining 20,754 from buffer stocks have yet to be dispatched). This campaign added, on average, approximately one LLIN to each household.

Universal Coverage Campaign (UCC) kicks off in Southern zone. Training and sensitization meetings began in Southern zone (Lindi, Mtwara and Ruvuma) on June 14th. MEDA teams were sent to the zone on June 19th in preparation for the household registration of sleeping spaces scheduled to begin on July 5th, 2010. Meanwhile, bids for the LLIN supplier for this campaign were evaluated from June 8th to 10th and negotiations were conducted between MoHSW, MEDA and the winning bidder on June 24th. Contract signing is expected to occur in July, which will enable the commencement of deliveries to the first zone based on registration data available in late July.

Monthly PWV redemptions are the highest since early 2007. This quarter 309,950 PWV were returned to MEDA, resulting in an average monthly return of 103,379 vouchers. The only time the average monthly return of PWV has ever been higher was in calendar quarter one of 2007, when the average monthly return for the quarter was 117,471. Of the 309,950 PWV returned this quarter, 252,293, or 81%, were LLIN PWV. The total PWVs returned since program inception stands at 4,275,164, while the cumulative redemption rate for the voucher is 70%.

Monthly IV redemptions double their previous redemption record. Until this quarter, the most infant vouchers MEDA had received in one quarter was 155,726 in calendar quarter one of 2008. This quarter, total IV returned to MEDA were 299,512, equalling an average monthly return of these vouchers of 99,837. Of these vouchers, 253,013 were LLIN IV, or 84% of all IV returned in the quarter. Cumulatively 1,673,126 infant vouchers have been returned to MEDA with a redemption rate of 58%.

LLIN retailers near the 5,000 mark countrywide. The number of LLIN retailers increased from 2,603 at the end of the last quarter to 4,946 at the end of this quarter, meaning that 2,343 new retailers were added this quarter. This is an average of 781 new additions each month. Additionally, A-Z's LLIN sales for TNVS have steadily increased each month, and since October 2009 (when the TNVS upgrade was implemented) 709,162 LLINs have been sold. Sales for this quarter alone were 382,066, which is equivalent to 54% of the total LLINs sold under this program.

PMI supported BCC activities off to a good start. JHU and PSI, both sub-recipients under the AMCC grant, made good progress in the implementation of their BCC activities in their work plans which are overseen by MEDA as the primary recipient of this grant. PSI began the process of procurement of vehicles and mobile video units to be used in community mobilization during the UCC. PSI also procured headscarves which will be used as a consumer promotion of vouchers. JHU's main activities this quarter included preparation of "Two minutes of wisdom" radio spots and the design of flip chart pages with TNVS messages that will be used by their network of Community Change Agents (CCA) across the country.

BACKGROUND AND RATIONALE

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).

Pregnant women and children under the age of five are most vulnerable to malaria. Pregnancy reduces a 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 a child in the world every 30 seconds, mostly children in Africa.

Malaria is both preventable and treatable. To date, effective preventive and curative measures have been developed; however, sleeping under ITNs remains an important strategy for protecting pregnant women and their newborns from malaria-carrying mosquitoes. Research shows that ITNs reduce placental malaria, low birth weight, and abortions and stillbirths in women living in malaria affected regions of Africa. Sleeping under ITNs can also reduce overall child mortality by 20 per cent. Most recent data on household use of ITNs reveal low coverage rates of around 5 percent across Africa. TNVS is an effort to boost coverage rates among pregnant women and infants in Tanzania.

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

MEDA is responsible for the logistical coordination of the program and for ensuring availability, accessibility and affordability of vouchers and ITNs across the country. MEDA has staff members in each region who monitor voucher activity at health clinics and retail shops, recruit and register additional shops into the program and share information on the unfolding of TNVS on the ground on an ongoing basis. To accomplish this, MEDA works closely with program stakeholders, including local government officials, local organizations, clinic staff and the private sector.

MEDA and its partners have recently rolled out an upgraded Hati Punguzo (HP) voucher, which extends and enhances the current TNVS program. The purposes of the upgraded voucher are to:

- 1) Increase the quality of bed nets by switching from an ITN that consists of a 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 bed nets by reducing the top-up amount to be paid by the recipient to a fixed TZS 500.

In addition, MoHSW, along with its partners, determined that ITN coverage was not being achieved quickly enough among the important demographic - children under the age of five years. The solution to address this challenge has been to embark on a catch-up campaign that would rapidly increase coverage of this vulnerable group to a more desirable 80 percent. MEDA was selected as the logistics contractor for a one-time, free distribution of LLINs program, titled: "Under Five Catch-up Campaign" (U5CC) which began in 2008 with an integrated measles campaign in Tanga region and continued rolling out in 2009 and 2010 in remaining regions.

As part of scaling up for maximum impact, MoHSW decided that achieving coverage among vulnerable groups would not be adequate to meet targets in reduction of malaria-related morbidity and mortality in short time frame. Therefore, MoHSW has begun the rollout of the Universal Coverage Campaign (UCC) in which MEDA will play a major role. The goal of the campaign is to provide LLINs for all sleeping spaces which were not covered during the U5CC through a mass distribution approach resulting in high ITN ownership and coverage countrywide. In addition to this it will create the market for a sustainable TNVS.

This report has been structured into four strategies:

1. **Contribute to efficient and effective LLIN distribution campaigns:** This specifically refers to LLIN procurement, and the logistics of registration and LLIN issuing for U5CC and UCC;
2. **Contribute to effective and efficient initiatives that endure ongoing and more sustainable distribution of LLINs:** TNVS, and includes information on Pregnant Woman Vouchers (PWV), Infant Vouchers (IV), the voucher distribution chain, and the private sector based voucher redemption chain;
3. **Support the development of improved systems for management, training and monitoring & evaluation:** Address cross-cutting systems such as Human Resources, Information Technology, Fraud Control, and Monitoring & Evaluation;
4. **Support acquisition and nightly use of LLINs through behaviour change communication activities:** Refers to BCC activities supported by the Achievement and Maintenance of Comprehensive Coverage (AMCC) grant such as community mobilization for UCC, as well as voucher promotion to consumers and retailers.

MEDA's quarterly reports include information on both Global Fund and PMI funded activities since both donors contribute to the above strategies, however, activities supported by each donor can be easily identified in the donor specific data tables provided in Appendix A of this report.

STRATEGIES

Strategy 1: Contribute to efficient and effective LLIN distribution campaigns

1.1 Under Five Catch Up Campaign (U5CC)

1.1.1 U5CC Activity Summary

Table 1 summarizes U5CC activities during the quarter. Since the campaign is now complete, data per district on children registered, LLINs delivered, LLINs issued and LLINs still required is attached as Appendix B to this report.

Table 1: U5CC Activity Summary for April - June 2010

Location	Children registered	LLINs delivered	LLINs issued
Coast (Dar es Salaam only)	556,213	636,629	615,875
Total this Quarter	556,213	636,629	615,875
Campaign Grand Total	7,981,010	9,034,677	8,753,438

1.1.2 Planning

Preparations for U5CC activities in the Dar es Salaam region began in late March and teams made preparations for the registration exercise during the first three weeks of April. In particular, the budgets for Dar es Salaam districts were increased to include the cost of security guards for the street/village level net stores, and to include the Village Chairpersons in the registration exercise. Several meetings were held with DMOs, and the RMO herself took an active interest in the campaign, providing guidance to MEDA and partners before and throughout the process.

1.1.3 Registration of Children under Five

In March MoHSW announced that it would provide approximately TZS 3 billion to cover a funding shortfall so that U5CC could be implemented in Dar es Salaam beginning in April. Registration took place from April 21st to April 28th, with an extension of two to three days in some larger areas. In total, 556,213 children under five were registered in Dar es Salaam region as compared to the NBS projection of 480,491. Dar es Salaam posed some unique registration challenges, including densely populated and poorly planned areas, and a large population who were not available to provide data during the day (away during working hours).

1.1.4 Procurement and Delivery of LLINs for U5CC

Based on registration data collected in April, NMCP and partners decided that not only would a buffer be provided at street level and DMO level, but that an “emergency buffer” would remain to address areas of extreme shortages. 646,989 LLINs were procured by MoHSW and subsequently delivered to Dar es Salaam. 604,789 were delivered to street/village and DMO level, while 42,200 were stored at the PSI warehouse, of which 31,840 were released and 10,360 not used. Therefore, in total, 636,629 were delivered to village/street level.

1.1.5 Issuing of LLINs to Children Under Five

Of the 636,629 LLINs delivered to street/village level in Dar es Salaam, 615,875 were issued to children under five from May 28th to May 31st. Initially, the exercise was scheduled to end on May 30th, but due to high demand from caregivers of unregistered children, it was extended to include May 31st. Rains on the first day of issuing also hampered the turnout. Of the 20,754 LLINs not initially issued, some were issued to unregistered children and vulnerable groups by WEOs directly after the issuing days as per the standard operating procedure.

Due to the close proximity of the storage spaces and efficient infrastructure within DSM, MEDA and partners were able to re-collect approximately 12,000 left over buffer LLINs and store them at the DMO store until it could be determined how these LLINs would be used. As of the end of the quarter, MEDA was in negotiations with A-Z Textile Mills for the collection of the LLINs and no decision had been made on their use. These LLIN cannot be absorbed into the TNVS due to the colour difference, but they could be used for the UCC.

1.1.6 Challenges and Actions Taken

As noted above, registration in Dar es Salaam did pose several challenges as it is an urban environment; these were foreseen by MEDA and partners. Provision of extra buffer stocks did mitigate the greatest extent of the complaints. Delivery of the buffer was a labour intensive process and required close coordination from the U5CC Team Leader. NMCP, PSI and World Vision contributed vehicles and staff over a weekend so that areas with shortfalls could be identified and more nets delivered. Negative media coverage of shortfalls in one area called Wazo Hill was counteracted with several positive media reports.

Security guards at net stores proved to be a wise investment, however two separate thefts did occur. Suspects are both members of the local government. Both cases occurred in Temeke district on a street called Mwembeladu where the Municipal Executive Officer (MEO) was accused of stealing four bales equivalent to 160 LLINs. Seventy (70) LLINs have been recovered and the case is under investigation by police. In the second case, the Village Chairperson of Machine ya Maji was accused of stealing 677 LLINs although he claimed he had given them away to vulnerable groups such as the elderly and newborns. This case is also under police investigation. The incident report for these thefts is included as Appendix C.

1.2 Universal Coverage Campaign (UCC)

1.2.1 Planning

Significant progress was made this quarter with respect to contracting of the LLIN supplier for the campaign. MEDA placed the advertisement for the international competitive tender in newspapers on April 22nd. While the bid preparation period was still open MEDA was instructed by the MoHSW to change the bid documents and remove the national preference provision. Bids were opened on June 14th, one week later than planned, to give bidders time to adjust to the change in the bid documents. Evaluation of bids was done on June 15th to 18th by an evaluation committee consisting of two senior MEDA managers, two MoHSW officials and one procurement consultant. Negotiations with the winning bidder then took place in Dodoma on the 24th of June and were attended by two senior MEDA managers, two MoHSW officials and three staff of A-Z Textile Mills. It is expected that a contract will be signed between MoHSW and the manufacturer in July.

1.2.2 Training and Sensitization

Under the PMI AMCC grant there is a planned activity for additional training of volunteers by World Vision. This quarter during planning meetings for UCC, it became apparent that the funds available would not be sufficient to train volunteers nor would there be time to conduct the training given the pressure to complete the campaign. As a result, NMCP concluded that additional volunteer training would not form part of the UCC training and sensitization process. Next quarter, World Vision will prepare a proposal for reprogramming of the funds for this activity and this proposal will be submitted, through MEDA, as part of the AMCC Year 2 work plan to PMI.

Despite the absence of additional volunteer training, World Vision prepared training materials and conducted a WEO and VEO training of trainers session in May under Global Fund funding. Regional, district, divisional, ward and village government training and sensitization began in Southern zone in June, also funded by Global Fund.

1.2.3 Registration of Sleeping Spaces

World Vision Teams entered Southern zone (Lindi, Mtwara and Ruvuma) on June 14th to conduct logistics planning for training. MEDA's host RMs participated in courtesy calls as well as the regional and district sensitization meetings. MEDA backstopping teams travelled to the zone on June 19th and commenced preparations for the registration activity which was scheduled for July 5th to 9th. Universal Coverage Registration Cards (UCRC) totalling 1.92 million for an estimated 1.75 million sleeping spaces were dispatched to all districts in Southern zone on June 25th and were delivered by MEDA and CHMT to village level on the week of June 28th.

Shipments of blank UCRC stock have been arriving at MEDA HQ weekly since May from a security barcode printer in South Africa so that the necessary stocks of UCRC are available for each zone. As of June 30th, 83,700 UCRC books had been procured, equivalent to 4,185,000 registration cards, which is enough to supply Southern zone and the second zone to roll out. Weekly shipments of UCRC will continue next quarter.

1.2.4 Challenges and Actions Taken

Determination of adequate quantities of UCRC for each region and district and the further quantification down to village level was the biggest challenge for MEDA this quarter. Since the number of uncovered sleeping spaces is not known, only estimates can be used to calculate the number of books needed per zone, region, district and village. In addition, depending on the formula used, estimates of needs in regions vary greatly. If too many books are sent, there is a risk of over-registration and issuing cards to unintended recipients, which could ultimately create an LLIN shortfall in future zones. Additionally, the estimates of LLINs required in the bid documents to the LLIN supplier differ from the estimates calculated when using household data.

The finalization of the contract for the LLIN supplier and the funds available for LLINs in the campaign will also guide us on the levels of buffer stock of cards and ultimately LLINs that we are able to supply. Once registration data from Southern zone is available in late July and the contract with the LLIN supplier is signed, MEDA and NMCP will review the available data and determine protocol for dispatching of UCRC and levels of buffer stocks in subsequent zones.

Strategy 2: Contribute to effective and efficient initiatives that endure ongoing and more sustainable distribution of LLINs

2.1 Pregnant Woman Voucher (PWV)

2.1.1 PWV Activity Summary

Table 2 summarizes PWV procurement, distribution and redemption for the quarter and cumulatively.

Table 2: Pregnant Woman Voucher Activity Summary

	Procured	Distributed	Returned	Redemption Rate
Quarter 24	500,000	156,075	309,950	72%
Cumulatively	7,150,000	7,054,179	4,275,164	70%

2.1.2 PWV Procured

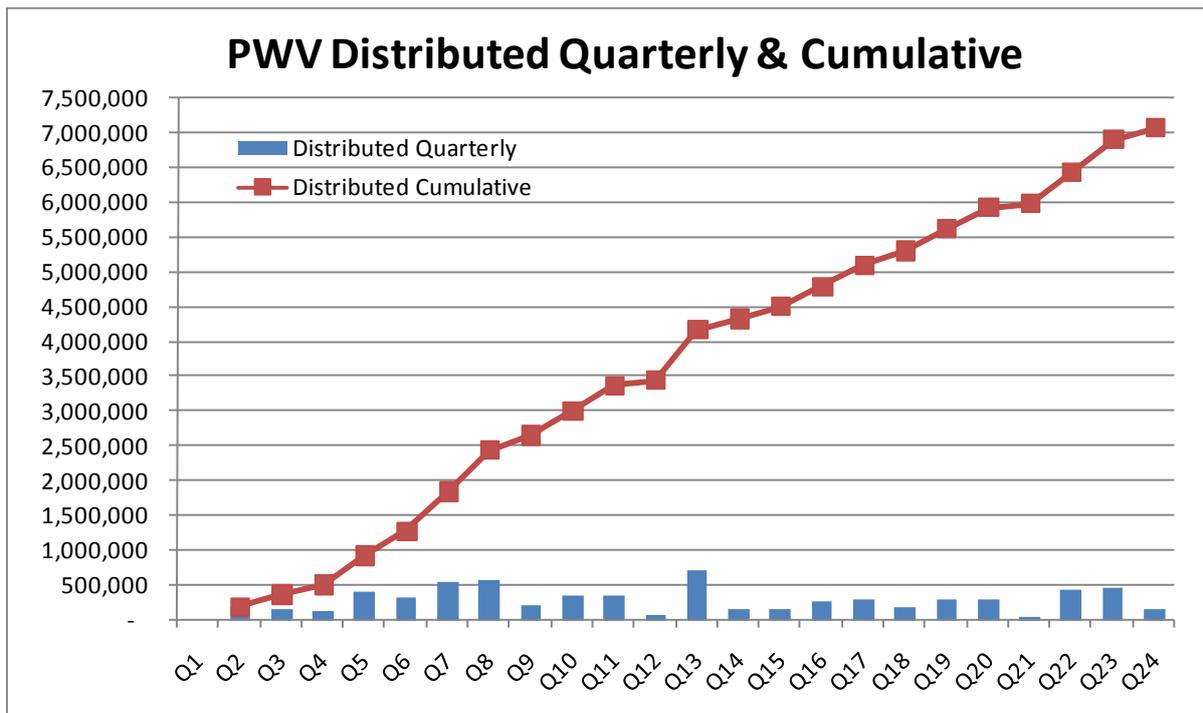
In June MEDA received 500,000 LLIN PWVs from a Security Printer in South Africa. At the end of this quarter, the total number of PWVs procured since launch in 2004 stands at 7,150,000 vouchers, of which 1,500,000 are LLIN PWVs.

2.1.3 PWV Distributed to Districts

Voucher books are continually replenished at district level and subsequently at RCH level. MEDA sends a three month stock of PWV books to the District Medical Officer (DMO) where they are stored securely. Clinic staff members regularly collect new books in exchange for stubs of used vouchers. They are required by the programme design to perform this exchange when stocks at clinic level reach 50%. Distribution of PWV continued this quarter through support from the Global Fund. In total, 156,075 LLIN PWVs were distributed to districts in the 24th quarter: 46,275 in April, 1,600 in May, and 108,200 in June. Total PWV distribution to districts at the end of the quarter stands at 7,054,179¹, of which 4,881,654 vouchers were distributed under GFATM support and 2,172,525 under PMI support. Chart 1 shows the actual number of PWVs distributed per quarter and cumulatively since July 2004.

¹ Last quarter MEDA reported that 6,900,150 PWV had been distributed cumulatively however we are retracting the data as it included some vouchers that had been voided and used for sample purposes therefore never going out to the field. The correct number is 6,898,104.

Chart 1: PWV Distributed to District Medical Officers



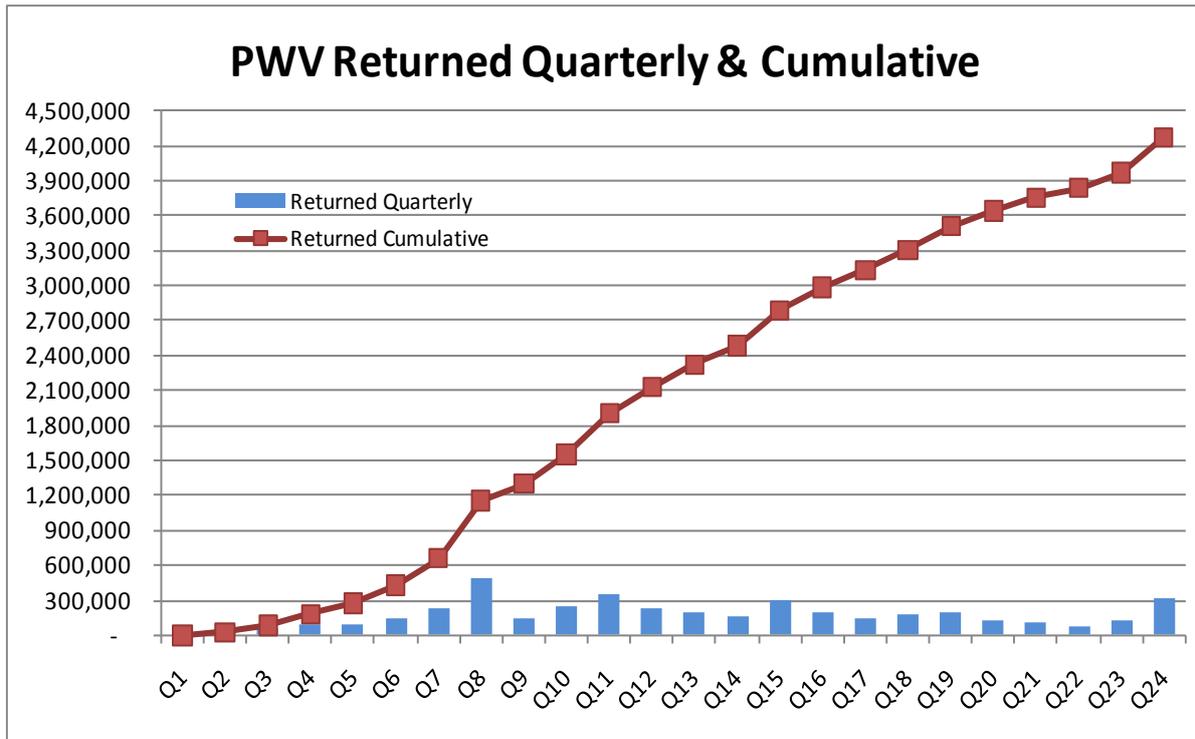
In October 2009, the new higher value fixed top up LLIN voucher was introduced into TNVS. Since then MEDA has stopped distribution of the old value PWV (valued at TZS 3,250). All unused old value vouchers were also collected from RCH clinics in the previous quarter so that in this quarter the only vouchers in the distribution chain have been LLIN PWV. Of the 7,054,179 PWVs distributed to date, 1,110,500 are LLIN PWVs.

2.1.4 PWV Returned

Returned vouchers constitute those vouchers which have been redeemed by pregnant women at retailer shops which are then collected by manufacturers and submitted to MEDA and scanned into the database. For every voucher returned to MEDA by the manufacturers and scanned into the database, payment is made to the relevant manufacturer for the value of the voucher. MEDA accepts old value vouchers from A-Z Textile Mills, Moshi Textiles, Sun-flag Textiles Industries and a few selected wholesalers in Dar es Salaam. The new LLIN vouchers are submitted to MEDA only by A-Z since they are the only manufacturer contracted to supply nets to be redeemed for LLIN vouchers.

In total, 309,950 PWVs were returned during the quarter; 136,005 vouchers were returned in April, 82,229 in May and 91,902 vouchers were returned in June, an average monthly return this quarter of 103,379. This is more than double last quarter's average returns which totalled 43,076 and more than three times higher the October-December (quarter 22) average monthly returns of 27,149. In fact, the last time average monthly returns were this high was in the first calendar quarter of 2008. The cumulative number of PWVs returned since program inception stands at 4,275,164 (865,336 funded through PMI) at the end of quarter 24. Chart 2 shows quarterly and cumulative PWVs returned quarterly and since program inception.

Chart 2: PWV Returned to MEDA Quarterly and Cumulatively

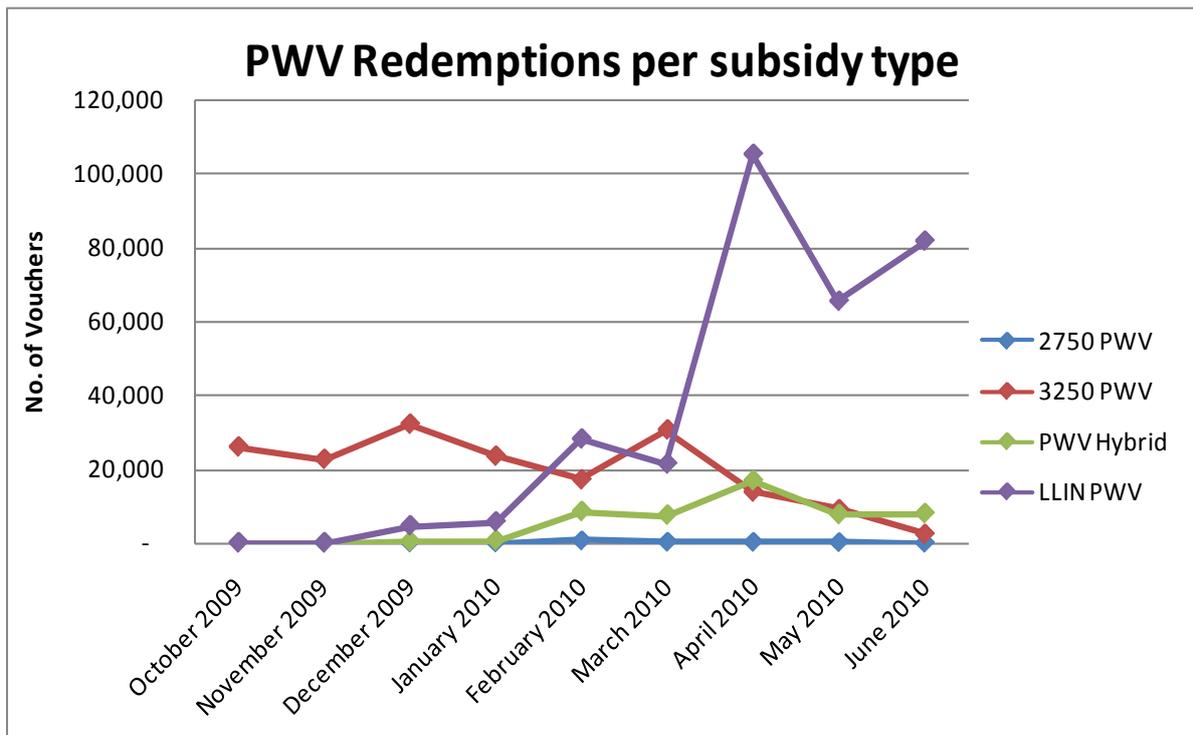


Of all PWVs returned, the majority are LLIN PWVs which have been redeemed by pregnant women for the fixed top up of TZS 500. The manufacturer submitted the first batch of redeemed LLIN PWVs in December 2009 and since that time monthly returns of these vouchers have increased substantially. Cumulatively, 312,030 LLIN PWVs have been returned, of which 252,293 were returned this quarter: 105,196 in April, 65,410 in May and 81,687 in June. These LLIN PWV constitute 81% of all PWV returned in quarter 24. Old value vouchers have not been issued since October 2009. Next quarter, therefore, we expect the proportion of LLIN PWV redeemed to increase significantly since old value vouchers will not be accepted at retail outlets beginning August 1st, 2010. MEDA will only accept these vouchers from the manufacturer until August 31st, 2010, and thereafter redemptions will be of LLIN vouchers only.

Another subset of PWVs returned are vouchers which were distributed to pregnant women as old value vouchers, but have been redeemed for LLINs. These PWVs are referred to as “Hybrid” vouchers. Redemption of old value PWVs for an LLIN at a fixed top up of TZS 500 will be permitted until July 21st, 2010. Cumulatively, 49,162 Hybrid PWVs have been returned, of which 32,271 were returned in quarter 24: 16,760 in April, 7,628 in May and 7,883 in June.

Chart 3 shows the returns of vouchers per subsidy type since October 2009 at the introduction of the LLIN voucher.

Chart 3: PWV Returned to MEDA by Subsidy Type



2.1.5 PWV Redemption Rate

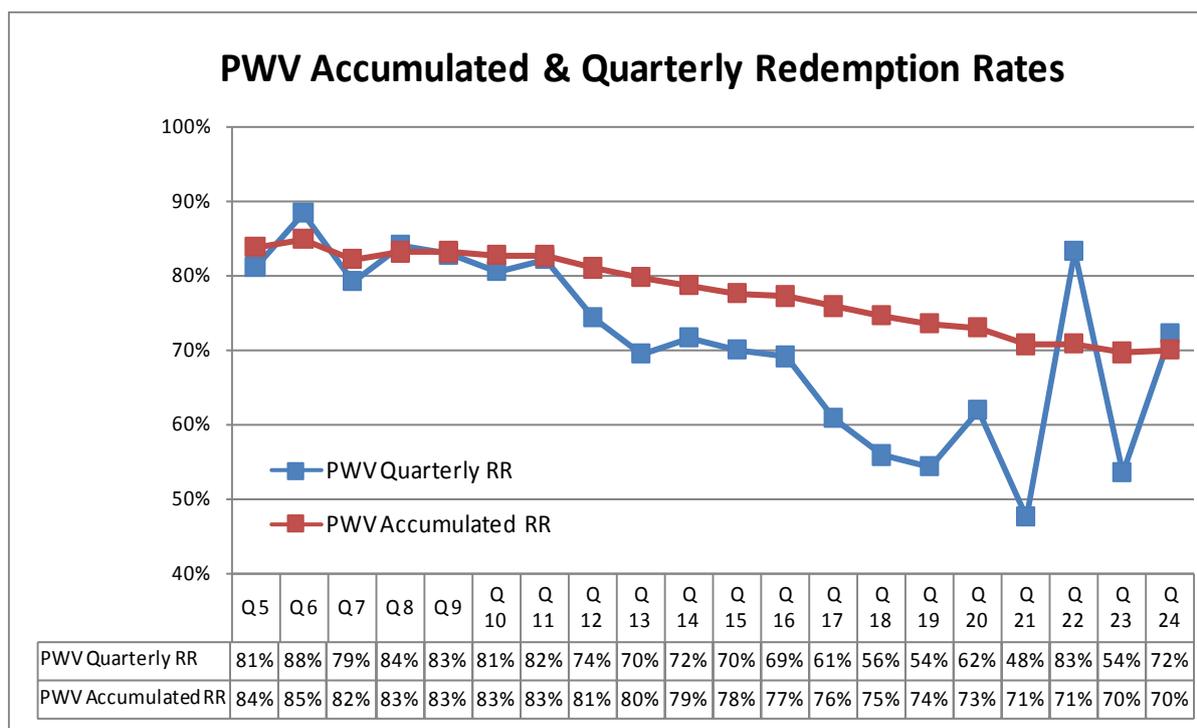
MEDA counts a voucher as “redeemed” when it has been returned to MEDA, scanned into the database and matched with its corresponding stub, which has also been returned and scanned into the MEDA database. The formula used to calculate the redemption rate is therefore:

$$\text{Redemption Rate} = \frac{\text{Number of vouchers returned to MEDA with matching returned stubs}}{\text{(Number of stubs returned to MEDA)}}$$

The quarterly redemption rate is calculated based on stubs and vouchers with corresponding stubs returned during the quarter. In quarter 24, there were 5,938 PWV stub books returned, equivalent to 148,450 vouchers. This quarter 107,221 vouchers have been matched with their corresponding stubs at MEDA, resulting in a quarterly redemption rate of 70%.

Cumulatively, 202,647 PWV stub books have been returned to MEDA from the DMOs, representing a total of 5,066,175 vouchers. 3,549,238 of the 4,275,164 returned vouchers have been matched with their corresponding stubs at MEDA, making the effective accumulated redemption rate 70%. A total of 725,926 vouchers received have not been included in the calculation of the redemption rate because their respective stub books are still in the field and some are yet to be recorded in the database. Chart 3 shows the comparison of both accumulated redemption rates at the end of each quarter and the quarterly redemption rate.

Chart 4: PWV Quarterly and Accumulated Redemption Rates



For the first time since quarter 11 in 2006, the quarterly redemption rate is similar to the accumulated redemption rate. This may be an indication that the new, lower top up is working to increase access and affordability of nets.

The introduction of the LLIN voucher has also afforded us a new way of examining redemption trends. Now that the new voucher has been in place for over six months we are able to perform some Batch Tracking analysis. For example, 454,050 LLIN PWV were dispatched to clinics throughout the country over the period October 1st to December 31st, 2009. As of June 30th, 201,391, or 44% of those vouchers had been returned to MEDA. Table 3 shows the proportion of LLIN PWV dispatched in quarter 4 of 2009 which have been returned and the month in which those vouchers were returned.

Table 3: PWV LLIN Batch Tracking: Vouchers Dispatched in Q4 2009

LLIN PWV Dispatched Between October 1st and December 31st, 2009		
Batch quantity	454,050	100%
Month vouchers Returned	No. of LLIN PWV returned	Proportion of batch
December	2,373	1%
January	3,416	1%
March	39,904	9%
April	78,203	17%
May	38,180	8%
June	39,315	9%
Total Returned by June 30th	201,391	44%

We will continue to monitor the monthly returns related to this batch of vouchers until the returns diminish monthly at which time we will be able to safely assume a final redemption

rate for the batch. As the average turnover time for PWV was 282 days as of June 30th, we will continue to track these vouchers indefinitely; however, we would expect the majority of vouchers to be redeemed by the end of September 2010, which is approximately nine months after voucher issuance and by which time a voucher recipient would no longer be pregnant.

2.1.6 Pregnant Women Accessing Vouchers

MEDA collects data on the proportion of pregnant women (PW) receiving a PWV irrespective of number of visits to the RCH Clinic. By the end of the quarter, records for 279 sampled PW were obtained from clinic registers, of whom 270 PW were recorded to have received a PWV, for a percentage total of 97%. Cumulatively since October 2009, 628 PW out of 657 PW in the clinic registers over the last two quarters received a voucher during a visit to the RCH clinic for a percentage total of 96% receiving a voucher at some point in their pregnancy. Table 4 summarizes this data.

Table 4: PW Receiving Vouchers at Any RCH Visit

	Sample Size (No. of PW)	Received Voucher	Did Not Receive Voucher	Proportion Receiving Voucher
Quarter 24	279	270	9	97%
Cumulatively	657	628	29	96%

In theory, the earlier a woman receives her voucher, the longer she will sleep under a net during pregnancy and the risk of contracting malaria is reduced. RCH staff are therefore encouraged to issue vouchers to pregnant women as early as possible during the pregnancy. In addition, women are encouraged, through BCC, to attend RCH earlier in their pregnancy.

MEDA also collects data on the proportion of women who receive a voucher at first visit. This quarter records for 1262 PW were obtained from clinic registers and 1134 PW were found to have received a PWV during their first ANC visit to the RCH clinic, for a percentage total of 90%. Cumulatively, 2,717 out of 3,095 PW received a PWV during their first visit to the RCH clinic for a total of 88%. Data is summarized in Table 5.

Table 5: PW Receiving Vouchers at First RCH Visit

	Sample Size (No. of PW)	Received Voucher	Did Not Receive Voucher	Proportion Receiving Voucher
Quarter 24	1262	1134	128	90%
Cumulatively	3095	2717	378	88%

It has been difficult to obtain the mean gestation period of a PW attending ANC for the first time during pregnancy because clinic records do not provide this data in the format requested by the GFATM. Clinic registers only record whether the gestation of the pregnancy has been determined to be <20 (less than 20) or >20 (greater than 20) weeks.

By the end of the quarter, out of the 920 PW for whom data was obtained from the Mtuha clinic registers, 530 PW, or 58% of the total PW sample, attended ANC for the first time when they were more than 20 weeks pregnant. 390 PW, or 42% of the total PW sample, had been to the ANC for the first time when they were less than 20 weeks pregnant. Cumulatively, 1128 PW (51.7%) of 2180 PW had been to the clinic when they were more

than 20 weeks pregnant. 1016 PW (46.6%) of 2180 PW, had been to the clinic when they were less than 20 weeks pregnant and 36 PW (1.7%) of 1260 PW had been to the clinic when they were exactly 20 weeks pregnant. Data is shown in Table 6.

Table 6: PW Gestation Age at First Visit

	Sample Size (No. of PW)	First visit at >20 weeks	First visit at 20 weeks	First visit at <20 weeks
Quarter 24	920	530 (58%)	0 (0%)	390 (42%)
Cumulatively	2180	1128 (51.7%)	36 (1.7%)	1016 (46.6%)

2.2 Infant Voucher (IV)

2.2.1 Infant Voucher Activity Summary

Table 7 summarizes IV procurement, distribution and redemption for the quarter and cumulatively.

Table 7: IV Activity Summary

	Procured	Distributed	Returned	Redemption Rate
Quarter 24	500,000	100,150	299,512	66%
Cumulatively	3,975,000	3,769,350	1,673,126	58%

2.2.2 IV Procured

In mid-June MEDA procured 500,000 LLIN IVs. The total number IVs procured cumulatively from program start stands at 3,975,000 vouchers at the end of this quarter, of which 1,500,000 are LLIN IVs.

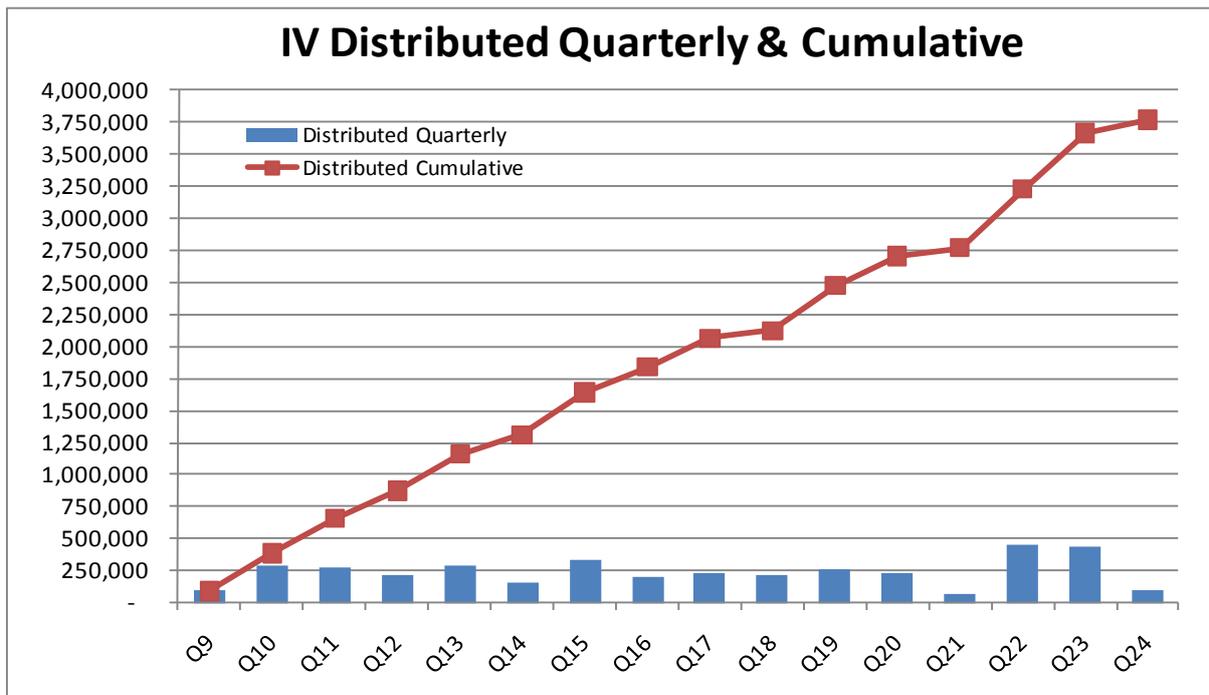
2.2.3 IV Distributed to Districts

Voucher books are continually replenished at district level and subsequently at RCH level. MEDA sends a three months stock of IV books to the District Medical Officer (DMO) where they are stored safely. Clinic staff members regularly collect new books in exchange for stubs of used vouchers. They are required by the programme to perform this exchange when stocks at clinic level reach 50%. Chart 5 illustrates the actual number of IVs distributed per quarter and cumulatively since the introduction of the IVs into the TNVS in July 2006.

Distribution of the infant voucher continued this quarter under PMI support. A total of 100,150 LLIN IVs were distributed this quarter: 28,325 in April, 36,500 in May, and 35,325 in June. This is a reduction from last quarter when 440,950 IV were distributed, due to the need to manage the voucher liability and to stock outs of the voucher at MEDA HQ. By the end of the quarter, the total number of IVs distributed cumulatively stood at 3,769,350.

At the beginning of quarter 22 (October 2009) the new higher value fixed top up LLIN voucher was introduced into TNVS in parallel with the LLIN voucher for pregnant women. Since then MEDA has distributed only LLIN IVs. Of the 3,769,350 IVs distributed to date, 999,550 are LLIN IVs. Old value IVs are no longer distributed.

Chart 5: IV Distributed to District Medical Officers

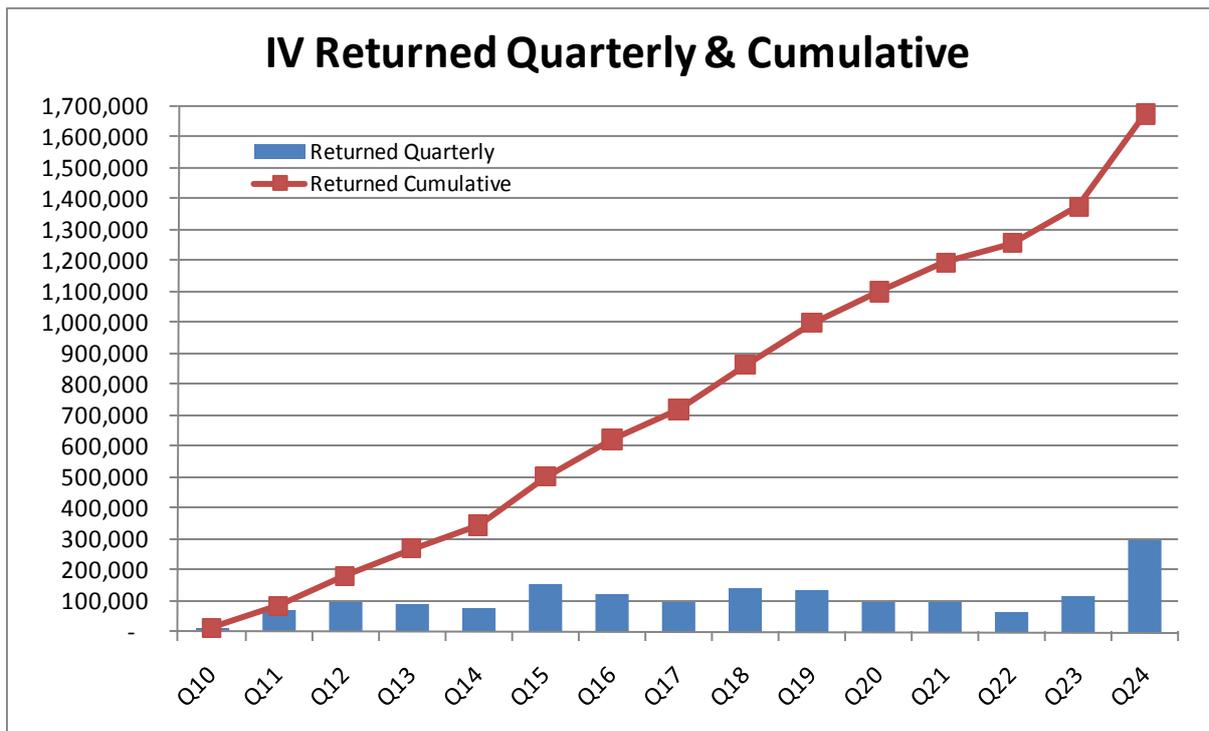


2.2.4 IV Returned

A total of 299,512 infant vouchers were returned this quarter: 129,241² in April, 78,421 in May and 91,850 in June. This results in an average monthly return this quarter of 99,837. As with PWV, this is more than double the average monthly IV returns for last quarter which was 38,865, as well as for quarter 22 when average returns were 21,112. Since program inception, returns of infant vouchers have not reached, nor neared this level as is shown in the above chart. The cumulative total of infant vouchers returned since program inception stands at 1,673,126. Chart 6 shows the number of IVs returned per quarter and cumulative since this voucher type was introduced to TNVS in 2006.

² In the June monthly report we report 129,446 however due to error fixing, the number is slightly lower. The cumulative numbers have not changed.

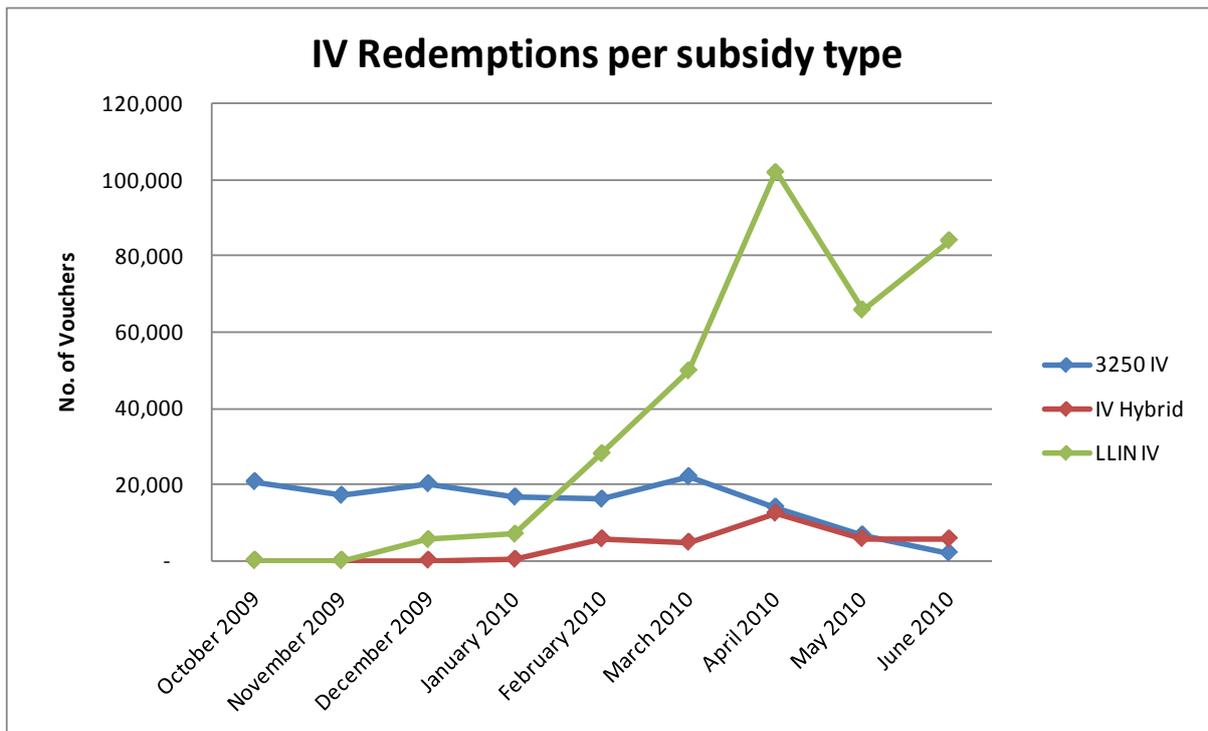
Chart 6: IV Returned to MEDA by Quarter and Cumulative



Of all IVs returned, a subset is LLIN IVs which have been redeemed by pregnant women for the fixed top up of TZS 500. The manufacturer submitted the first batch of redeemed LLIN IVs in December 2009 and since that time monthly returns of these vouchers have increased substantially. Cumulatively, 315,302 LLIN IVs have been returned of which 253,013 were returned quarter 24 (84% of all IV returned this quarter): 102,779 in April, 65,992 in May and 84,242 in June. Old value vouchers will no longer be accepted at retail outlets beginning August 1st, 2010, so it is expected that in the next quarter, the proportion of vouchers redeemed being LLIN vouchers will increase further and by September 1st, MEDA will only be accepting LLIN vouchers for redemption.

Another subset of IVs returned are vouchers which were distributed to caregivers of infants as old value vouchers, but have been redeemed for LLINs. The first redeemed Hybrid IVs were submitted to MEDA by the manufacturer in December 2009 and since that time monthly returns of these vouchers have increased substantially. Cumulatively, 35,139 Hybrid IVs have been returned of which 29,051 were returned in quarter 24: 17,513 in April, 5,807 in May and 5,731 in June. Chart 7 shows infant voucher returns by subsidy type including LLIN IV and Hybrid IV.

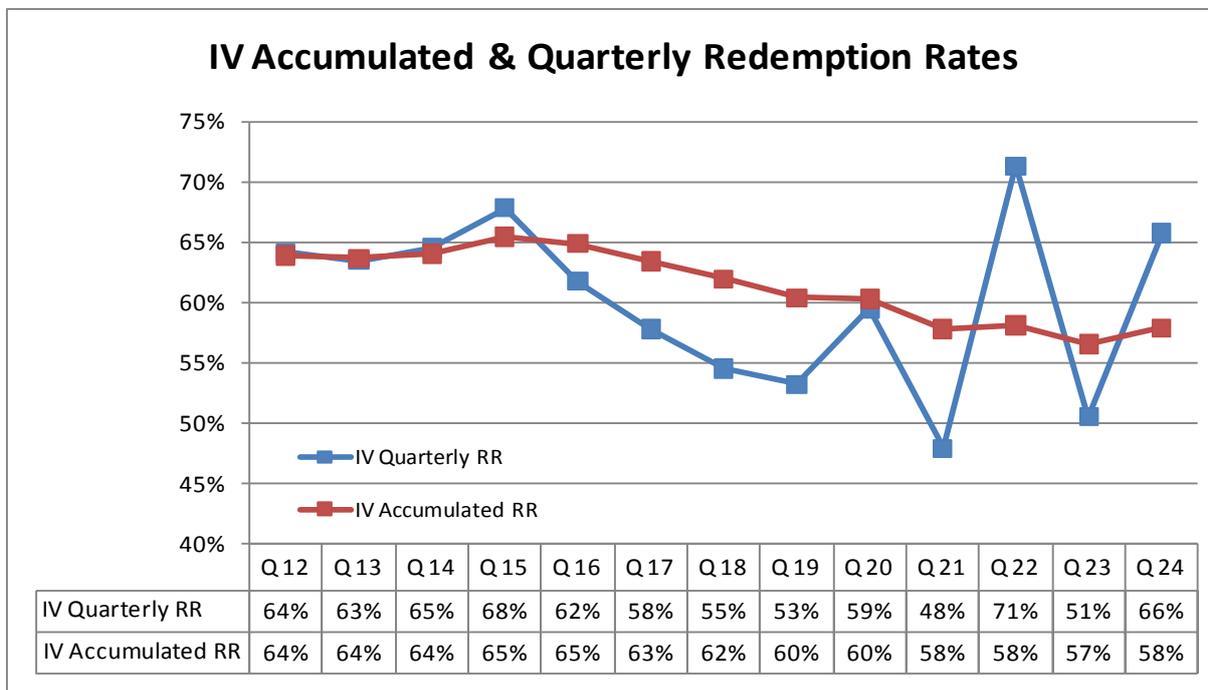
Chart 7: IV Returned to MEDA by Subsidy Type



2.2.5 IV Redemption Rate

Chart 8 shows both quarterly and accumulated redemption rates. Similar to the behaviour of the PWV redemption rates, the quarterly redemption rate increased this quarter, slightly increasing the cumulative redemption rate as well.

Chart 8: IV Quarterly and Accumulated Redemption Rates



The number of IV stub books collected this quarter equalled 5,976, which is equivalent to 144,901 vouchers. Of the 299,512 vouchers returned this quarter, 95,225 have been matched with their corresponding stubs, resulting in a quarterly redemption rate of 66%. By the end of the cumulative reporting period, 74,143 IV stub books representing a total of 1,853,577 vouchers were received from the DMOs. In total, 1,073,182 of the total 1,673,126 returned IVs 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 599,944.

As was done with the PWVs, MEDA conducted Batch Tracking analysis on LLIN IVs. 459,825 LLIN PWVs were dispatched to clinics throughout the country over the period October 1st to December 31st, 2009. As of June 30th 209,637, or 46%, of those vouchers had been returned to MEDA. As with PWVs, we will continue to monitor the monthly returns related to this batch of vouchers until the returns diminish monthly at which time we will be able to safely assume a final redemption rate for the batch. Table 8 shows the proportion of LLIN IVs dispatched in quarter 4 of 2009 which have been returned so far and the month in which those vouchers were returned.

Table 8: IV LLIN Batch Tracking: Vouchers Dispatched in Q4 2009

LLIN IV Dispatched Between October 1st and December 31st, 2009		
Batch quantity	459,825	100%
Month vouchers Returned	No. of LLIN PWV returned	Proportion of batch
December	5,463	1%
January	6,899	2%
March	48,995	11%
April	77,713	17%
May	35,230	8%
June	35,337	8%
Total returned by June 30th	209,637	46%

2.3 Voucher Distribution Network

2.3.1 Clinic Involvement in TNVS

RCH clinics participating in the voucher program are recorded and categorized. Specifically, it is important that not only government health facilities are issuing vouchers, but that private and faith-based facilities are involved in the program as well. Table 9 shows the number and proportion of faith-based and private sector RCH participating in TNVS.

Table 9: Faith-Based and Private Sector RCH Clinics Participating in TNVS

	Faith Based RCH		Private Sector RCH		Totals	
	Faith Based RCH (n)	Participating in TNVS	Private Sector RCH (n)	Participating in TNVS	All FB and Private (n)	Participating in TNVS
Quarter 24	283	240 (85%)	154	70 (45%)	437	310 (71%)
Cumulatively	426	377 (88%)	223	118 (53%)	649	495 (76%)

Information on 437 faith-based and private sector RCH clinics was obtained during the quarter; 283 were faith-based and 154 were private sector. Of these 437 clinics, 310 clinics,

or 71% are enrolled in TNVS. Cumulatively, information on 649 faith-based and private sector clinics have been obtained over the last three quarters, of which 495, or 76%, are currently enrolled in TNVS. When MEDA identifies a clinic that is not participating in TNVS, this information is shared with the relevant District Medical Officer. The DMO will include the clinic into TNVS unless he/she has reasons for excluding the said clinic. The clinic is then also added into the MEDA database.

MEDA also collects data on the number of clinics that provide outreach services to the remotest areas and the proportion of those clinics conducting outreach services that include TNVS (i.e. issue vouchers to the target group) in their outreach. MEDA implemented an improved system for collecting this data and this quarter data was collected from 13 of the 21 regions. Data will be collected from the remaining eight regions and reported next quarter. The information pertaining to thirteen regions is shown in Table 10.

Table 10: Clinics Including TNVS in Outreach Services

	TNVS Clinics not conducting outreach	TNVS Clinics conducting outreach	Clinics including TNVS in outreach (n)	Clinics including TNVS in outreach (%)
Cumulatively (n=2752)	1281	1471	1163	79%

Using the new data collection process and form, data was obtained for 3043 clinics of which 2752 participate in TNVS. Of the clinics participating in TNVS, 1281 do not conduct outreach services. Of the clinics that do conduct outreach, totalling 1471, 79% or 1163, reported including TNVS activities during these services.

2.3.2 District Government Involvement in TNVS

In parallel to the new reporting system for data on faith based and private sector inclusion in TNVS, data was also “re-collected” in new formats this quarter pertaining to district government involvement in TNVS. Of the 78 districts reported on, 38 districts, or 47% include ITN related activities in their district health budgets. We will continue to collect data on the remaining districts nationwide and will present it next quarter. Table 11 summarizes this data collected this quarter.

Table 11: ITN Activities in District Budgets

	Sample Size (districts surveyed)	Districts not including ITN activities	Districts including ITN activities
Cumulatively	78	40 (53%)	38 (47%)

2.3.3 Managing Voucher Stock Levels

The demand for LLIN vouchers remained high this quarter among pregnant women and caregivers of infants. MEDA Regional Managers took extra care this quarter to request vouchers for districts in order to avoid stock outs at DMO level. Unfortunately, vouchers did not arrive from the printers until mid-June. While the arrival of vouchers from the printers did allow the recommencement of dispatching of vouchers, however as of the end of the quarter, not all outstanding requests had been addressed. As of June 30th, there were outstanding pregnant women voucher requests from 50 districts totalling 206,300 vouchers and outstanding infant voucher requests from 57 districts totalling 234,125 vouchers. MEDA will continue dispatching vouchers of both types as long as the voucher liability allows which is described in the challenges section below. MEDA will also be ordering an additional one

million vouchers in early July to ensure that stock outs at MEDA HQ do not occur in the future.

2.3.4 Challenges and Actions Taken

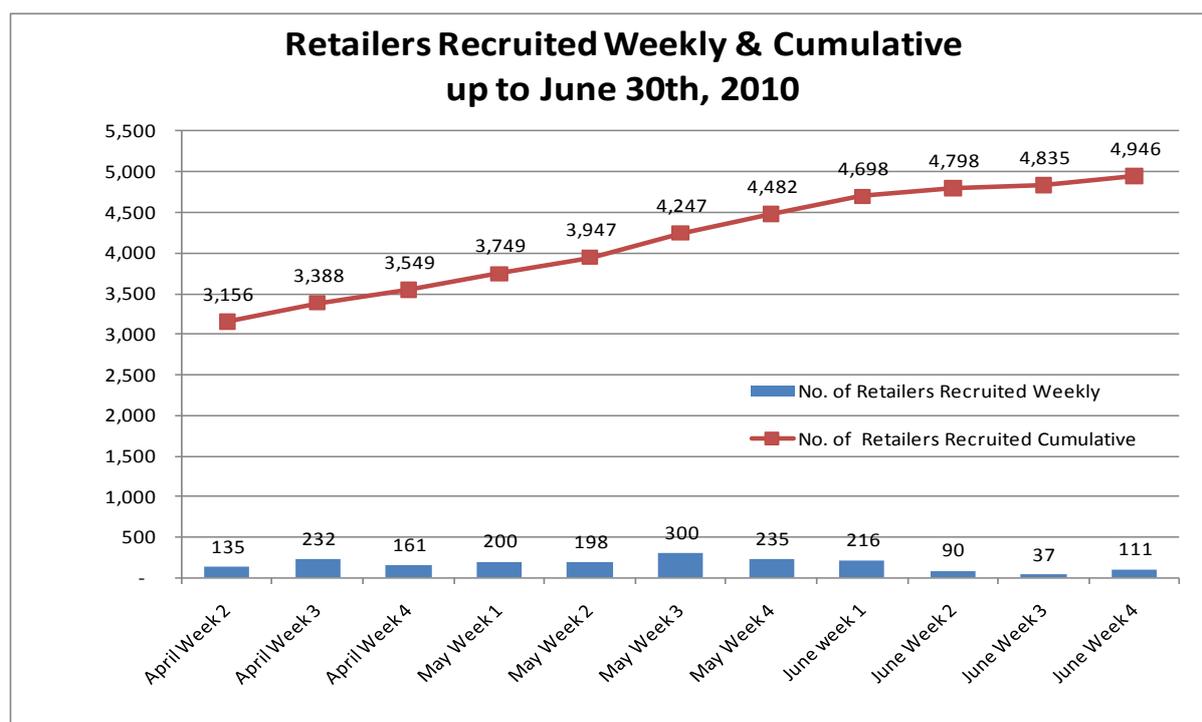
Voucher stock outs remained a challenge this quarter as did voucher liability. As noted above, there is a significant number of outstanding voucher requests, some made as early as March, which were not accommodated this quarter. The main reason being voucher liability - the value of the vouchers that have been distributed but have not yet been redeemed (sometimes referred to as “vouchers in the field”) limits the number of new dispatches that can be sent. While the decision to no longer accept old value vouchers has eased the burden, MEDA estimates that next quarter it will reach its limit for voucher dispatches for both voucher types unless new funding becomes available.

2.4 Expanding and Strengthening the Commercial Supply Chain

2.4.1 Retailer Recruitment

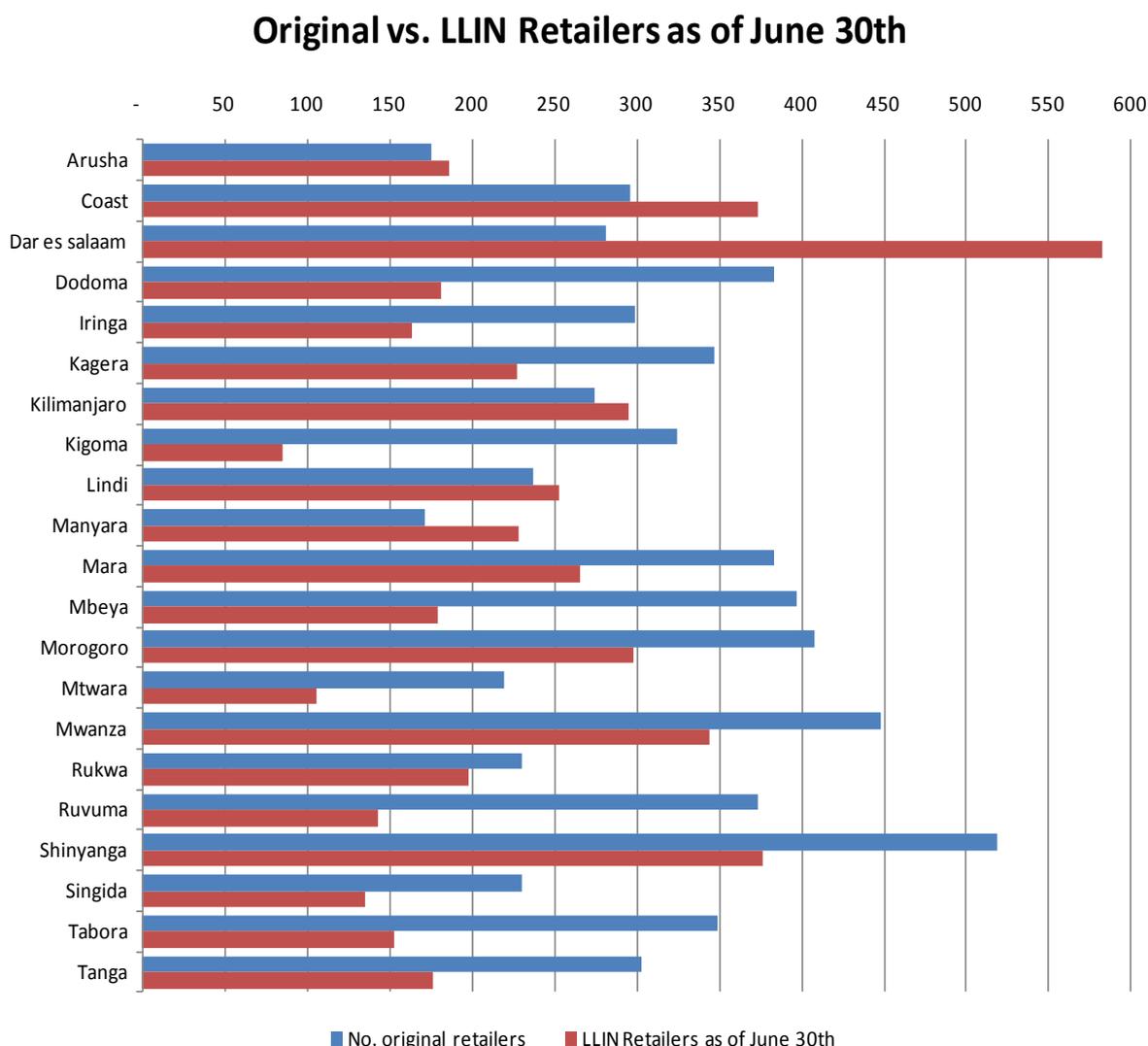
6,646 retailers participated in TNVS before the introduction of the LLIN voucher. As of June 30th, 2010, the number of retailers who have been sold LLIN nets for TNVS and who are accepting LLIN vouchers, according to the end of June A-Z reports, were 4,946, almost double the March 2010 number of 2,603. For this quarter, retailer data has been drawn from A-Z weekly reports which were introduced in mid-April. Since April Week 2, A-Z has managed to recruit an average of 174 retailers weekly. The number of retailers recruited weekly is presented in Chart 10 below.

Chart 10: Retailers Recruited Weekly until June 30th, 2010



The LLIN retailers are distributed by region and compared to the original number of ITN retailers in those regions as shown in Chart 9 below.

Chart 9: Regional Distribution of Retailers Accepting LLIN Vouchers



One way of determining focus areas for immediate action is to examine the ratio of clinics to retailers. The number of clinics participating in TNVS is 4,428 and as of the end of June and the total LLIN retailers was 4,946 therefore the ratio stood at 1.12 retailers for every clinic on a national level. Dar es Salaam, Coast, Manyara, Lindi and Mara have the highest retailer – clinic ratio whereas Kigoma, Iringa, Mbeya, Mtwara and Ruvuma have the lowest ratios of any regions.

Table 12 shows the number of clinics, the number of retailers recruited to accept vouchers for ITNs, the number recruited to accept LLIN vouchers and lastly, the ratio of clinics to LLIN retailers as of June 30th, 2010.

Table 12: Clinic to Retailer Ratio per Region

Region	Clinics (n)	ITN Retailers (n)	LLIN retailers (n)	Ratio: Clinics to LLIN retailers
Arusha	192	175	186	0.97
Coast	177	296	373	2.11
Dar es Salaam	140	281	582	4.16
Dodoma	258	383	181	0.70
Iringa	298	299	163	0.55
Kagera	222	347	227	1.02
Kigoma	190	274	85	0.45
Kilimanjaro	247	324	295	1.19
Lindi	171	237	253	1.48
Manyara	107	171	228	2.13
Mara	185	383	265	1.43
Mbeya	281	397	179	0.64
Morogoro	245	408	298	1.22
Mtwara	158	219	106	0.67
Mwanza	303	448	344	1.14
Rukwa	185	230	198	1.07
Ruvuma	210	373	143	0.68
Shinyanga	278	519	376	1.35
Singida	158	230	135	0.85
Tabora	188	349	153	0.81
Tanga	235	303	176	0.75
TOTAL	4,428	6,646	4,946	1.12

MEDA is also collecting data on the proportion of villages in Tanzania with at least one TNVS retailer. This data is currently being collected and analyzed. Due to the late start up of the LLIN voucher programme, delays by the manufacturer to commit to original launch dates, and misaligned schedules among partners - under which the LLIN manufacturer is responsible for contracting TNVS retailers - MEDA does not yet have adequate data to be able to calculate the proportion of villages with TNVS retailers nationwide. This data will be available next quarter.

2.4.2 Retailer Strengthening

Upgraded vouchers have rendered existing ITN stock ineligible in exchange for the new vouchers. Retailers who have invested working capital to stock polyester nets (ITNs) are reluctant or unable to invest in the higher priced LLINs. This quarter, in response to this challenge and to help existing retailers afford the cost of transitioning to the new LLINs, MEDA, through funding from PMI, has started provision of a one-time retailer stabilization stock to be provided to existing retailers in the form of an initial stock of five LLINs.

This important gesture is helping to maintain a strong and sustainable retail chain and encourage vendors to remain committed to a program that relies on them for both voucher and full price sales. A-Z has also made a commitment to match the PMI contribution and is providing an additional five nets per retailer, so that the total subsidized stock of LLINs is ten (10) per retailer.

This “retailer stabilization stock” scheme was implemented in the field this quarter, however by the end of the quarter MEDA had not yet received any of the signed stock agreements

from A-Z, but only verbal communication that few hundreds were signed-up, so we do not yet know how many retailers have benefitted from this scheme.

2.4.3 Managing LLIN stocks in Retail Outlets

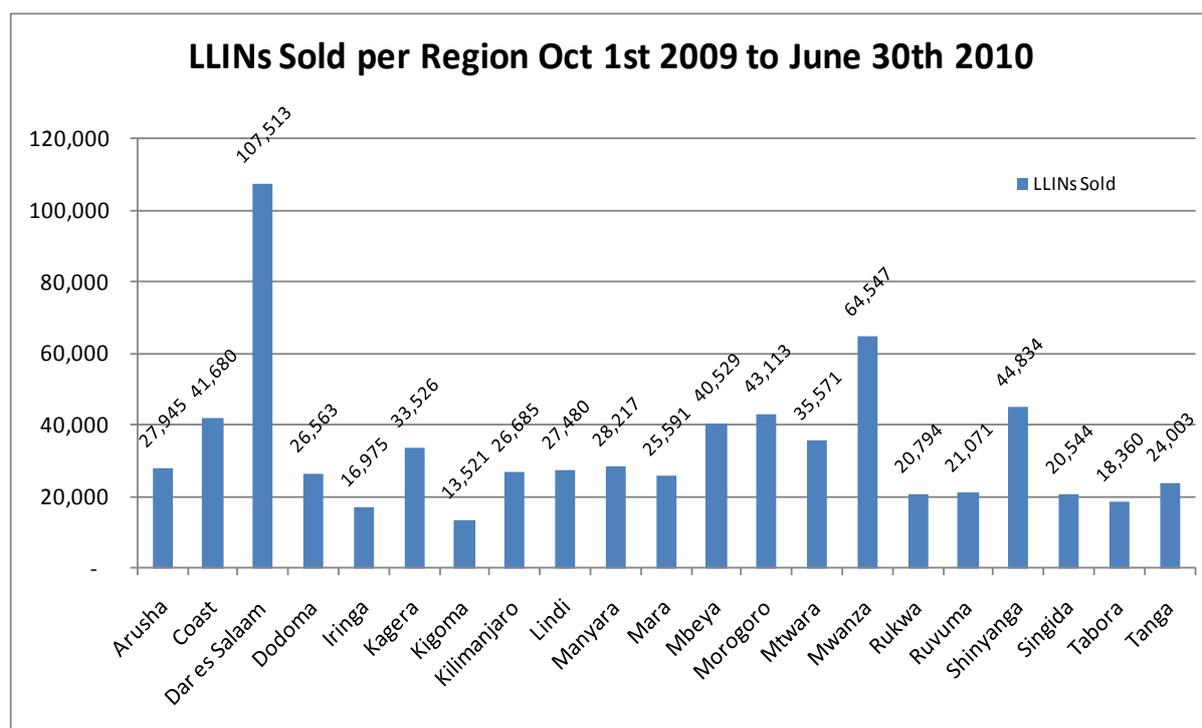
The selected LLIN for the upgraded TNVS is an Olyset® sized 4x6x7, blue and white in colour. It cannot be purchased at full price as it has special packaging identifying it as a net specifically to be redeemed for a voucher and a top up of TZS 500. In their monthly reports, A-Z provides data on the number of these nets sold to retailers. In total, since the LLIN voucher introduction in October 2009, A-Z has reported net sales totalling 709,162 broken down by month in Chart 11.

Chart 11: LLIN Sales (Voucher Nets) Monthly



Of the total LLIN sales for TNVS made by A-Z to retailers since October 2009 when the upgraded voucher was introduced, A-Z reports on the sales per region monthly as well. Not surprisingly, the net sales are highest in the areas where population density is highest such as Dar es Salaam, Mwanza and Shinyanga. Net sales were lowest in Kigoma, Iringa and Tabora. The regional distribution of the cumulative TNVS net sales made between October 1, 2009 and June 30th, 2010 is provided in Chart 12.

Chart 12: LLIN Sales (Voucher Nets) per Region since October 2009



2.4.4 Challenges and Actions Taken

MEDA and A-Z continued to meet regularly during the quarter to strategize on how to overcome the challenges on the programme, including retailer recruitment and LLIN availability. We issued a management letter to A-Z at the end of the quarter and are anticipating their response in July. MEDA’s contract with A-Z expires in August 2010 and this will also present us with the opportunity to revisit targets and the modalities of the LLIN sales/retailer recruitment processes.

This quarter MEDA trained A-Z representatives in all regions on how to recruit retailers, how to use the mobile reporting systems and on the use of the retailer agreement for the subsidized LLINs. These activities were introduced to MEDA Regional Managers after their training session which was held in April 2010. The increased cooperation between A-Z sales representatives and MEDA Regional Managers has even resulted in joint work planning. The relationship between A-Z, MEDA and district government in the field has improved significantly.

Strategy 3: Support the development of improved systems for management, training and monitoring & evaluation

3.1 Human Resources

3.1.1 Training

This quarter MEDA held internal training sessions in April 2010 for all Coordinators, Team Leaders, Regional & Zonal Managers on the Universal Coverage Campaign, strategies to improve the TNVS, and improved monitoring & evaluation methods. In addition, the performance assessment process was introduced. Coordinators and Team Leaders attended a Project Management Fundamentals course hosted by Vinsys from April 6th to 15th. The Operations Manager and Deputy Operations Manager attended Project Management Professional Training from April 6th to 10th also hosted by Vinsys in Dar es Salaam.

3.1.2 Employee Recruitment

Four new employees were recruited this quarter including an Accountant, an IT assistant and two VTS officers. A new M&E Team Leader was also recruited and accepted MEDA's offer. He will take his post on August 1st. In addition, two former Coordinators were promoted to Team Leaders for UCC – one for the administrative component and one for the programmatic component. Three Canadian interns left MEDA in mid-May however it is expected that two will return to work in September.

The HR department began the process of partial performance appraisals for all staff this quarter since staff contracts for Tanzanian staff expired on June 30th. All contracts are to be renewed with the exception of one Regional Manager who opted not to renew his contract with MEDA. By the end of the quarter 90% of the performance appraisals had been completed.

3.1.3 Special Events and Visitors

MEDA Tanzania hosted several visitors this quarter. Tim Piper, Kim Pityn and Jerry Quigley were in office in May for strategic planning and to conduct senior management formal job evaluations. Neil Denison from Peaceworks visited in June to consult on IT issues and Ombeni Mwerinde, an independent consultant, was in office in June to set up the UCC scanning system. Lastly, the Team Leader for the KFW/NHIF project arrived on June 14th.

In June, four MEDA Coordinators and the Regional Manager for Dar es Salaam participated in the planning for the Saba Saba Exhibition. MEDA as well as all other malaria partners were invited to have a booth and staff members at the exhibition which started on June 28th and ran until July 8th. Attending this exhibition serves as an excellent public relations activity and shows MEDA's solidarity with the Ministry of Health and other partners in the fight against malaria.

3.2 Risk Management for Minimizing Fraud

Four key strategies employed to minimize fraud are as follows:

- Introduction of an LLIN barcode in the LLIN bag for the new LLIN vouchers assures us of a net getting into the hands of eligible beneficiaries, and that we have active and authentic retail outlets;
- Involvement of police detectives upon identification by MEDA of suspected fraud or theft;
- Disciplinary action taken by DMOs and DEDs against staff confirmed to have stolen or forged vouchers – e.g. some staffs have lost their jobs;
- Performing random spot-checks at beneficiaries homesteads to ascertain if they actually received and redeemed their voucher.

This quarter, MEDA used the voucher tracking system and database to introduce another tool to identify potential fraud hotspots. For each batch of vouchers submitted by the manufacturer, the database identifies vouchers which are redeemed as part of a full book of vouchers redeemed, i.e. 25 vouchers redeemed at the same time. In the two reports that were compiled in June, the proportion of vouchers redeemed in full books was 8-10%. This redemption occurrence does not necessarily point to fraud and there are several explanations as to why this occurs, however, it does require follow up. Using this report, MEDA identifies clinics that need to be visited for further follow up and shares this with the field staff so that investigations and corrective action can be taken.

Three instances of voucher theft occurred this quarter. In Mbeya Urban 41 IV books and 41 PWV books were stolen from the DMO store. In Sumbawanga Rural, 73 IV books and 164 PWV books were stolen, also from the DMO store, and in Manyara Region, 8 books (4 PWV, 4 IV) were stolen from Kimolo Dispensary. All books were blocked in the database and the manufacturers were informed that MEDA would not accept any vouchers with the stolen serial numbers. All cases were reported to the DMO and the police and are still under investigation.

In June, MEDA provided A - Z with 108,000 barcodes to be put into net bags and will supply a further 396,000 in July. This is a top up to the initial 1,036,000 provided to them in October. Therefore, as of July, A - Z will have been provided with 1,540,000 barcodes. In the next quarter, MEDA plans to introduce a retailer barcode that will also track net sales and will provide an extra level of voucher fraud prevention in addition to the voucher and net barcodes already in use.

3.3 Monitoring and Evaluation

MEDA's Acting Monitoring and Evaluation Team Leader attended a training session on M&E for Mass Distribution Campaigns in May in Nairobi hosted by Africa Malaria Partnership. MEDA's M&E analyst attended a Tanzania Monitoring and Evaluation Management System (MEMS) training from April 26th to 30th. This was followed by a MEMS data quality audit in the field of MEDA's key indicators in June. This was preceded by an initial introductory meeting on June 3rd between MEMS and the M&E department to orient MEMS on MEDA's two key projects - TNVS and UCC. The M&E department also attended a meeting on the Health Management Information System (HMIS) at Centres for Disease Control on June 9th.

3.4 Voucher Tracking System (VTS)

The Voucher Tracking System (VTS) experienced a minor setback this quarter when the voucher scanner broke down from June 11th to 16th. Otherwise, there were no challenges related to scanning.

In June, the department introduced a weekly voucher payment pipeline to track vouchers scanned and the payments made to manufacturers. This has assisted management and the accounts department in assuring that payments are tracked and made efficiently.

In preparation for the upcoming UCC, the department hired a consultant to design and set up a scanning system for the Universal Coverage Registration Cards (UCRC). MEDA procured a new scanner which was delivered in mid-June. A new server computer to store UCC data was also ordered but had not been delivered by the end of the quarter. Upon setting up the database and interface this was tested, and the scanner was then synched with the interface. We were able to use a virtualized server in absence of the server computer. The department also created the necessary documentation to accurately dispatch UCRC to the field, and at the end of June UCRC were dispatched to Southern zone for the registration exercise scheduled to take place there in early July.

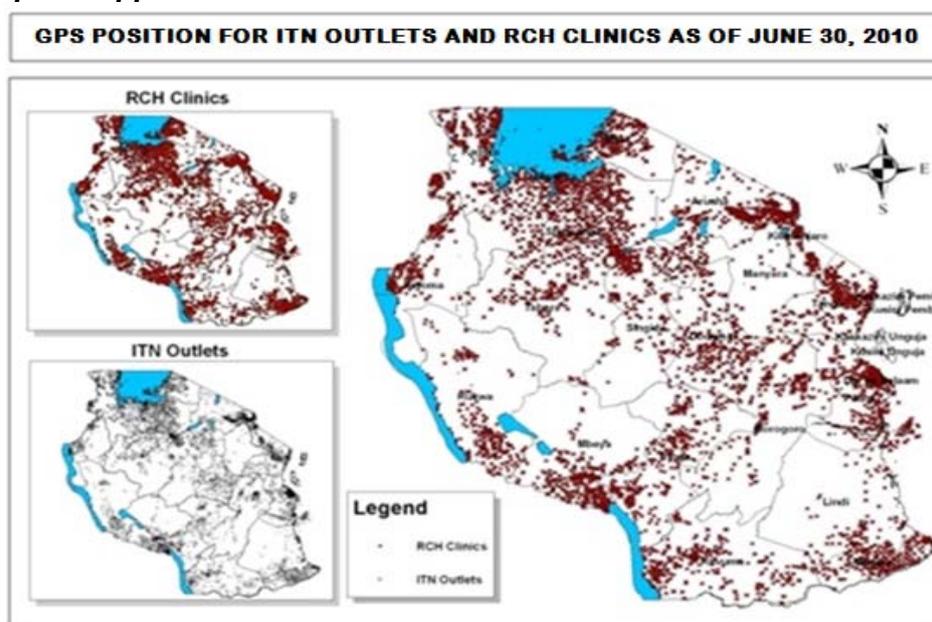
3.5 Information Technology

3.5.1 GPS/GIS Data

ON June 22nd, MEDA attended the quarterly GIS taskforce meeting comprised of various malaria stakeholders including CEEMI, NIMR and MoHSW. The task force is a way for organizations to keep each other up to date on data collection activities and to identify areas for collaboration. The ultimate goal is for MoHSW to maintain a national GIS database for health. The next meeting will be held in September 2010.

No new GPS data was collected this quarter. As reported last quarter, mapping has been completed for 4,084 of 4,428 (92%) clinics currently in the program. Mapping of TNVS retail and wholesale outlets stands at 4,315 out of a total 6,646 (64%). The combined percentage for total GPS mapping for TNVS stakeholders remains at 74%. In June, A-Z received handheld GPS units for all of their sales staff and will be collecting GPS coordinates of any retailers that have not previously been mapped starting next quarter. MEDA will monitor this data collection to ensure that it gets entered into retailer contracts and the online retailer database. Map 1 below depicts clinics and retailers for which we have GPS coordinates.

Map 1: Mapped Retailers and Clinics



3.5.2 Mobile and Web Reporting

Last quarter, MEDA created mobile web forms that use the GPRS (Internet) connection available on most mobile phones to manage the retailer database. Each time an A-Z Sales Representative recruits a retailer, they will enter some basic data (retailer name, contract number, location, date recruited, etc.) into a form on their mobile phone. At the click of a button, this information gets sent to MEDA and is automatically entered into a centralized database. This quarter, MEDA imported data on existing retailers into this database.

In June A-Z configured 50 mobile phones (one for each of their sales representatives) with the software for retailer reporting. Starting next quarter, these forms will provide real-time data on retailers to MEDA which will then be supported by the A-Z weekly reports and hard copies of retailer contracts. MEDA is continuing to research an SMS-based reporting tool that will pave the way to real-time information collection from the retailers. The SMSs could be used to track bed net stocks and sales on a weekly or daily basis. Outgoing mass messaging is also a benefit of this SMS system, where MEDA could send short messages to all retailers, DMOs, focal persons, etc.

In addition, MEDA is determining the feasibility of collecting M&E data at the clinic level through SMS reporting.

3.5.3 IT Upgrades

With the help of a Peaceworks consultant, Neil Denison, the IT staff were successfully able to perform some major network upgrades and “virtualization” this quarter. This was in an effort to make the network more secure and efficient. Windows 7 installations began on workstations as did the process to procure Office 2010 licenses. MEDA also procured 2 1TB (equal to 1000GB) external hard drives and a new system of data backups and off-site storage was put into place. Lastly, the department performed a computer hardware inventory and conducted an assessment of all computers. This will be used to determine which machines require upgrades and which require disposal.

3.6 Fleet Management

3.6.1 Procurement of Services

This quarter MEDA transitioned to a new primary garage in Dar es Salaam called East African Pump, which was the winning bidder for repair and maintenance in last quarter’s competitive bid. MEDA also contracted Warrior Security to install Power Track in the 17 MEDA vehicles that have not yet been provided with the tracking system. Five vehicles were fixed with the PT units while the remaining will be done next quarter. This is because Warrior Security did not have the units in stock.

3.6.2 PowerTrack Reporting

PowerTrack is a vehicle-based computer which monitors operations of the vehicle and driver behaviour, including marking the vehicle’s GPS position every 10 seconds. The data from the onboard computer is then transmitted via a mobile link to the head office every two hours. In June the PT system crashed due the frequent power outages in the office and Warrior Security had to be called in to reinstall the program. The IT department attempted to virtualize the PT server however was unable to do so. Therefore, the PT server was moved to the VTS section of the office where there are power stabilizers.

Strategy 4: Support acquisition and nightly use of LLINs through behaviour change communication activities

This section of the report refers to Behaviour Change Communication (BCC) activities funded through the PMI AMCC grant and implemented by Population Services International and John's Hopkins University (JHU).

4.1 Planning

PSI recruited an AMCC Manager this quarter. In addition, they continued the procurement process for three Mobile Video Units (MVUs) and MEDA facilitated a request for a waiver to PMI for three Toyota Landcruisers which was still pending at the end of the quarter. PSI also started developing an M&E plan for FoQus qualitative research (about the use of free nets) to be carried out in August.

4.2 Mass Media

4.2.1 Radio Promotions

In this quarter, JHU has started implementation of two components of radio promotion: the two minutes of wisdom and serial radio PSAs to motivate retailers in stocking nets, new vouchers and promote nightly use of LLINs.

JHU has reached out and identified retailers and well known businessmen who will participate in the 2 minutes of wisdom. Along with retailers, one of the identified well-known businessmen is Bakhressa, the owner of renowned retail business chain of AZAM commodities. In the next quarter, he will be recorded and his segment will be placed and aired in local and national radio stations. Airing of the 2 Minutes of wisdom will be followed by 10-15 minutes discussion by listeners through SMS or call in.

JHU is also finalizing a creative brief that will be sent to a creative agent for producing 4 additional PSAs that will focus on promoting the infant voucher. Main messages will be on where to get the voucher, who is eligible, the new top up amount and the importance of redeeming it. These spots will be finalized and start to be aired in the next quarter.

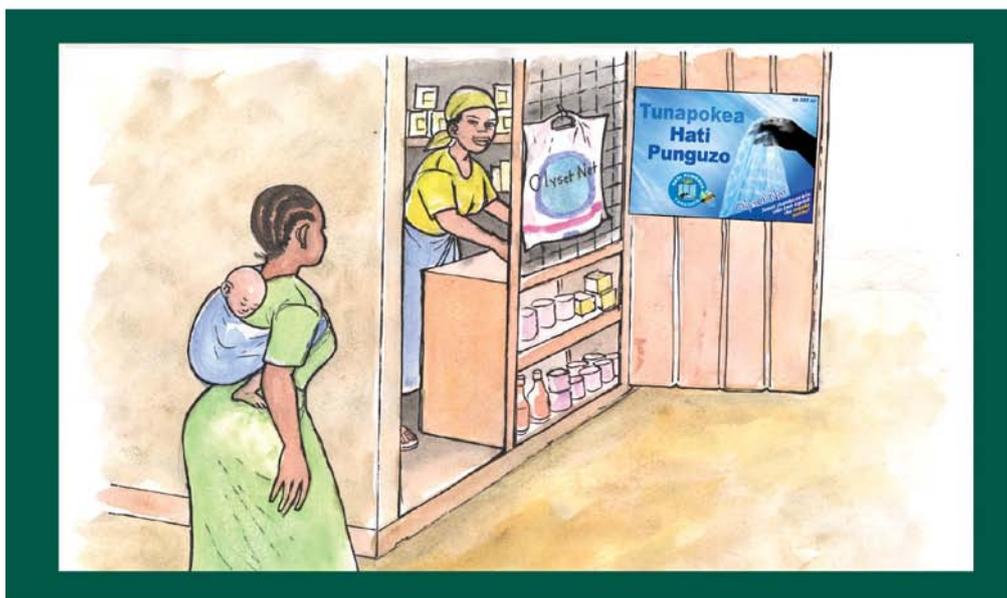
4.2.2 Support to Community Change Agents

In this quarter, JHU has been assessing best practices and the best approach for implementing the distance education radio program activity. With a widespread network of local radio stations and the already established relationship with JHU's radio project on HIV (STRADCOM), JHU is in the process of designing the program and how it will be implemented. This activity will be in operation in year 2 of AMCC implementation.

JHU has developed a prototype of the flip charts and sent them to NMCP's BCC/IEC working group, which reviewed them and has given some recommendations on improving the charts. JHU is currently revising the charts and will submit them to MEDA for approval before they have been sent to the company who printed the original version of the charts. Figure 1 shows the prototype for one of the pages.

Figure 1: Sample Page of CCA Flip Chart and Talking Points

You can easily redeem your new voucher



Go redeem it, it's easy. It's cheap

Once you have received your new voucher make sure you have Tsh 500/= ready to top up and get your LLIN immediately

You can redeem your voucher in any shop selling LLIN. You will see The new Hati Punguzo sign in all these shops which are everywhere.

Shops that accept Hatipunguzo have been specifically selected by the government as they provide good quality service

Nets under this scheme (Olyset) are of high quality and will have the power to kill and repel mosquitoes for up to 5 years

Once you get your new LLIN, make sure you sleep under it every night all year round

4.3 Community Mobilization

4.3.1 Community Mobilization for UCC

PSI created a field rollout plan for community mobilization this quarter. Community mobilization began in Southern zone for the UCC through GF-RCC funded equipments (vehicles and MVUs) and staff, has been able to deploy social mobilization teams in the Southern Zone (Lindi, Mtwara and Ruvuma) since mid-June 2010. The mobilization activities that have been undertaken include MVU shows, cultural shows, public meetings, distribution of general campaign posters and brochures, distribution of letters in schools and religious groups as shown in Table 13 below. None of these activities were performed using PMI funding.

Table 13: Community Mobilization Activities for UCC This Quarter

Activity	Lindi	Mtwara	Ruvuma	Total
MVU shows	2	2	2	6
Cultural shows	5	5	5	15
Letters-Schools	300	500	400	1,200
Letters – to various Religious groups	250	450	300	1,000
Public meetings	1	2	2	5
Issuing Posters				4,000
General campaign Posters	2,000	2,000	2,000	6,000
Brochures	1,000	1,000	1,000	3,000

4.3.2 Promotion of Vouchers to Consumers

In this quarter, JHU has been designing content and approach for CCAs training and awaits finalization of the flipcharts as one of the important tools that will be disseminated during the CCAs training. Training is designed to take place at the district level through an already-available pool of trainers. Through these trainers, JHU will train CBO and CCAs on the added flipchart panels, update them on the new voucher messages and strategic implementation of community initiated action around the Keep Up campaign, and on working with retailers in their areas regarding stocking nets.

Two suppliers have been awarded to supply headscarves by PSI: One will supply 'silk' headscarves and the other will supply 'cotton' headscarves and the delivery will be in August 2010. These headscarves will be placed inside the LLIN bags when they are packaged at the factory. When the woman goes to redeem her voucher for the net she will also get the head scarf which is a popular item of clothing for rural women. The head scarves have been attractively branded with the TNVS – Hati Punguzo Mpya logo and the Malaria Haikubaliki logo which will serve as further promotion of TNVS. The distribution will be done in the regions with low utilization of vouchers after issuing nets for the UCC, in order to once again build consumer demand for TNVS.

4.4 Monitoring and Evaluation by BCC Implementing Partners

TRaC household survey was conducted by PSI in April and May 2010 from which 3,800 households were surveyed. The results are currently being analyzed and the report will be available in August 2010. FoQus qualitative research is to be carried out by PMI in the last quarter of 2010 and the focus will be about the consistent use of free nets (LLINs).

PMI Quarterly Report - data collection table – MAINLAND 2010

Insecticide-Treated Nets: USING PMI FUNDS – 2010 Implementing Partners: MEDA, PSI

Where a "/" is shown, the data does not pertain to MEDA's PMI funded activities

All numbers are cumulative annual (i.e. since January 1)

<i>Indicator</i>	Jan–Mar	Apr–Jun	Jul–Sep	Oct–Dec	Annual Target	Comments
Number of vouchers procured:	500,000	1,000,000			TBD	LLIN IV only
Number of vouchers distributed:						
(a) To health facilities (RCH)	440,950	541,100			TBD	LLIN IV via DMOs
(b) Voucher issued to target group (infant &PW)	194,625	339,526			TBD	Equal to the number of stubs returned
Number of ITNs procured through:						
(a) TNVS (Voucher redeemed)	116,594	416,106			TBD	Infant vouchers only
(b) U5CC	871,080	871,080			871,080	As per AMCC budget
(c) Universal coverage	600	600			TBD	For the UCC pilot in Mwanza
• Number of ITNs distributed:						
(a) campaigns – U5CC	871,080	871,080			871,080	Distributed in Coast zone, as per AMCC budget
(b) campaigns – Universal coverage	600	600			TBD	For the UCC pilot in Mwanza
(c) health facilities (ANC or child health clinics)	/	/				
(d) private /commercial sector through retail shops (TNVS)	116,594	416,106			TBD	Equal to the number of IV returned
(e) Unsubsidized commercial sector	/	/				
(f) other distribution channels (specify)	/	/				
Number of ITKs/IRKs procured for:						
(a) TNMs for bundling	/	/				
(b) stand alone sales through retail shops	/	/				
Number of ITKs/IRKs distributed as stand alone for retail shops	/	/				
Number of ITKs/IRKs sold as stand alone to customers by retail shops	/	/				
Number of ITNs re-treated with PMI funds	/	/				

Global Fund Quarterly Report - data collection table – MAINLAND 2010

Insecticide-Treated Nets: USING GLOBAL FUND RCC FUNDS – 2010 Implementing Partners: MEDA

All data is cumulative unless otherwise specified

Strategy	Indicator	Measure	3rd Quarter	4th Quarter	1st Quarter	2nd Quarter	3 rd Quarter	4th Quarter	1st Quarter	2nd Quarter
			2008	2008	2009	2009	2009	2009	2010	2010
			Q 17	Q 18	Q 19	Q 20	Q 21	Q 22	Q 23	Q 24
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										
Strategy 1.1	PW Vouchers Procured	Target	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Actual	5,350,000	5,350,000	5,650,000	5,950,000	6,150,000	6,150,000	6,650,000	7,150,000
	PW Vouchers distributed (Indicator 1)	Target	5,140,000	5,380,000	5,620,000	5,860,000	6,100,000	6,340,000	6,580,000	6,820,000
		Actual	5,090,316	5,292,554	5,610,204	5,910,404	5,978,929	6,424,078	6,898,104	7,054,179
	PW Voucher Cumulative Redemption Rate	Target	Tbd	Tbd	Tbd	Tbd	Tbd	Tbd	Tbd	Tbd
		Actual	76%	75%	74%	73%	71%	71%	70%	70%
	Vouchers Redeemed/ Returned (n) (Indicator 2)	Target	3,368,096	3,621,999	3,875,903	4,145,119	4,414,335	4,683,551	4,952,767	5,221,983
		Actual	3,136,007	3,308,815	3,510,260	3,637,445	3,754,538	3,835,985	3,965,214	4,275,164
	Proportion of PW receiving PW vouchers irrespective of number of visits (Indicator 3)	Target	65%	70%	75%	80%	85%	90%	95%	95%
		Actual	n/a	n/a	n/a	n/a	Pilot	93%	95%	96%
Proportion of women attending ANC receiving voucher at first visit (Indicator 4)	Target	43%	51%	58%	66%	74%	82%	90%	90%	
	Actual	n/a	n/a	n/a	n/a	Pilot	85%	86%	88%	
Mean gestation at first ANC visit (Indicator 5)	Target	-	20 weeks	-	-	-	20 weeks	-	-	
	Actual	n/a	n/a	n/a	n/a	Pilot	Data ambiguity	51% attend at less than 20 weeks	42% attend at less than 20 weeks	
Strategy 1.2	Risk Management systems for reduce misuse and fraud	Actual	Record keeping system to document movement of PWVs and IVs developed	Record keeping system to document movement of PWVs and Ivs in place	Record keeping system to document movement of PWVs and Ivs in place	Record keeping system to document movement of PWVs and Ivs in place	Record keeping system to document movement of PWVs and Ivs in place	LLIN Barcodes introduced	LLIN Barcodes required for voucher redemption	LLIN Barcodes required for voucher redemption
Strategy 1.3	Retailers registered to Accept Vouchers (Indicator 9)	Target	7,000	7,250	7,500	8,000	8,500	9,000	9,500	9,500
		Actual	6,659	6,662	6,648	6,661	6,646	6,646	2,603	4,946
	Number and (%) of Faith Based and Private Sector clinics included in TNVS (Indicator 6)	Target	Tbd (30%)	Tbd (40%)	Tbd (50%)	Tbd (60%)	Tbd(70%)	Tbd (80%)	Tbd (90%)	Tbd (90%)
		Actual	n/a	n/a	n/a	n/a	Pilot	160 of 178 (90%)	345 of 390 (88%)	495 of 649 (76%)
	Number and (%) of RCH clinics including TNVS in outreach services (Indicator 7)	Target	Tbd (30%)	Tbd (40%)	Tbd (50%)	Tbd (60%)	Tbd (70%)	Tbd (80%)	Tbd (90%)	Tbd (90%)
		Actual	n/a	n/a	n/a	n/a	Pilot	424 of 711 (60%)	993 of 1,653 (66%)	1,163 of 1,471 (79%)
	Number of districts including ITN related activities in their district budgets (Indicator 8)	Target	30%	40%	50%	60%	70%	80%	90%	90%
Actual		n/a	n/a	n/a	n/a	Pilot	40	88 of 134 (66%)	38 of 78 (47%)	
Proportion of villages having at least	Target	30%	40%	50%	60%	70%	80%	90%	90%	

	one TNVS retail outlet accepting vouchers (Indicator 10)	Actual	n/a	n/a	n/a	n/a	Pilot	39%	39%	39%
Objective 2: Distribute a LLIN to all children aged between one and five via U5CC and Infant Voucher Scheme (IV)										
Strategy 2.1	Number of LLINs distributed to children under five (Indicator 11)	Target	1,804,900	4,512,251	7,221,601	7,221,601	7,221,601	7,221,601	7,221,601	7,221,601
		Actual	380,458	113,560	0	435,112	4,467,866	562,112	2,267,728	615,875
		Actual	380,458	494,018	494,018	929,130	5,396,996	5,959,108	8,226,836	8,753,438
Strategy 2.3	IV distributed	Target	Tbd							
		Actual	2,066,625	2,122,575	2,474,385	2,704,275	2,769,800	3,228,250	3,669,200	3,769,350
	Redemption Rate for IV	Target	Tbd							
		Actual	63%	1	1	60%	58%	58%	57%	58%
	Number of IVs redeemed/returned	Target	Tbd							
		Actual	718,057	862,190	998,930	1,098,732	1,193,684	1,257,020	1,373,614	1,673,126
Objective 3: Monitoring, Evaluation, and Administration of TNVS										
Strategy 3.2	Number and (%) of retailers mapped cumulatively	Actual	2,991 (43%)	4,076 (60%)	4,314 (65%)	4,296 (62%)	4,296 (62%)	4,296 (62%)	4,315 (64%)	4,315 (64%)
	Number and (%) of Clinics Mapped Cumulatively	Actual	3,592 (82%)	4,375 (91%)	4,078 (92%)	4,040 (91%)	4,040 (91%)	4,040 (91%)	4,084 (92%)	4,084 (92%)

Under Five Catch-up Campaign: Number of LLINs delivered and issued

S/N	Zone	Region	District	U5s registered according to VEO Registration Reports	Number of LLIN delivered according to PoDs	Number of LLIN issued according to VEO issuing reports	Number of LLIN still needed according to VEO reports	Registration date	Issuing date					
1	Southern Zone	Lindi	Lindi Urban	7,042	9,114	8,506	0	March 25 31, 09	May 15 - 17, 09					
			Lindi Rural	43,446	49,896	46,415	0							
			Ruangwa	25,165	29,316	27,512	0							
			Nachingwea	29,146	34,230	30,695	515							
			Liwale	18,235	21,000	20,768	854							
			Kilwa	43,812	50,274	47,463	632							
			Regional total	166,846	193,830	181,359	2,001							
		Mtwara	Mtwara Urban	15,654	19,110	18,645	155							
			Mtwara Rural	43,599	50,274	45,126	141							
			Newala	34,358	41,076	38,572	0							
			Tandahimba	41,921	48,888	46,312	786							
			Masasi	68,127	78,372	69,420	298							
			Nanyumbu	33,089	38,094	35,678	75							
			Regional total	236,748	275,814	253,753	1,455							
2	Lake Zone	Kagera	Biharmulo	58,070	63,280	59,195	1,793	May 20 - 26, 2009	July 10 - 12, 2009					
			Chato	87,932	96,480	94,378	0							
			Bukoba R	54,169	61,440	56,394	397							
			Misenyi	34,504	39,560	38,070	329							
			Bukoba U	20,802	24,480	23,110	221							
			Karagwe	108,039	119,320	118,973	5,287							
			Muleba	97,847	108,760	104,142	2,075							
			Ngara	60,477	66,200	63,255	280							
			Regional total	521,840	579,520	557,517	10,382							
			Mwanza	Geita	236,276	253,200	251,519			13,915				
		Ilemela		77,702	84,920	73,972	5,941							
		Kwimba		88,581	97,440	90,976	1,495							
		Magu		137,876	150,120	149,651	2,088							
		Misungwi		78,103	85,120	84,423	380							
		Nyamagana		83,309	91,160	88,071	3,293							
		Sengerema		150,827	162,400	161,480	7,445							
		Ukerewe		75,548	82,520	82,201	1,165							
		Regional total		928,222	1,006,880	982,293	35,722							
		Mara		Bunda	88,520	96,680	94,564			1,359				
			Musoma R	109,099	118,080	117,800	7,530							
			Musoma U	34,017	38,760	38,395	534							
			Serengeti	66,251	73,200	72,816	567							
			Rorya	100,411	85,000	79,861	927							
			Tarime	77,012	108,880	104,643	8,597							
			Regional total	475,310	520,600	508,079	19,514							
			3	West Lake Zone	Shinyanga	Bariadi	190,308			196,107	196,043	21,665	June 24 - 30, 09	Sept 4 - 6, 2009
						Maswa	85,870			89,277	89,328	9,107		
						Kishapu	65,258			68,081	68,049	4,946		
		Meatu				74,160	76,569			76,548	5,476			
		Kahama				182,786	187,397			186,839	23,115			
Bukombe	117,380	119,517				118,573	8,247							
Shinyanga Urban	30,824	32,010				32,007	1,889							
Shinyanga Rural	82,347	85,274				84,402	5,111							
Regional total	828,933	854,232				851,789	79,556							
Tabora	Urambo	117,448				121,194	121,194	14,580						
	Nzega	107,377			111,187	110,943	14,257							
	Uyui	90,898			94,570	93,568	1,177							
	Sikonge	45,025			46,793	46,034	4,459							
	Igunga	104,787			108,320	109,302	6,815							
	Tabora Urban	44,171			44,628	44,513	1,741							
	Regional total	509,706			526,692	448,873	43,029							
	Kigoma	Kigoma Urban			36,584	38,010	38,021	2,032						
		Kigoma Rural			112,926	115,560	114,934	10,161						
		Kibondo			68,172	70,251	69,373	3,314						
Kasulu		135,533			140,987	139,312	17,431							
Regional total		353,215	364,808	361,640	32,938									
4	South West Zone	Mbeya	Mbeya Urban	52,833	52,880	52,724	6,146	July 29 - Aug 4	Sept 18 - 20,09					
			Mbeya Rural	46,589	47,493	46,891	3,430							
			Mbarali	50,440	51,620	50,684	5,959							
			Rungwe	52,966	54,906	54,630	551							
			Kyela	38,007	39,589	40,611	3,430							
			Ileje	17,538	17,962	17,227	665							
			Mbozi	122,396	125,901	125,706	19,695							
			Chunya	52,489	54,320	54,206	6,710							
			Regional total	433,258	444,671	442,679	46,586							
			Rukwa	Sumbawanga Urban	37,673	38,122	37,633			811				
		Sumbawanga Rural		127,188	131,280	130,240	12,184							
		Mpanda		104,414	113,560	113,560	4,071							
		Nkasi		63,758	66,063	65,474	5,207							
		Regional total		333,033	349,025	346,907	22,273							
		5		Southern Highlands	Iringa	Iringa Rural	46,030			49,970	48,572	1,954	Sept 2 - 8, 09	Nov 6 - 8, 09
						Iringa Urban	22,404			24,103	24,068	1,495		
						Kilolo	37,205			39,485	39,063	1,522		
			Ludewa			22,264	23,377			23,112	474			
Makete	13,467		14,539			14,011	688							
Mufindi	50,212		54,072			53,057	2,148							
Njombe	75,905		81,879			81,101	733							
Regional total	267,487		287,425			282,984	9,014							

		Ruvuma	Mbinga	88,737	103,058	101,199	3,931		
			Namtumbo	37,614	40,850	40,936	3,867		
			Tunduru	60,914	65,993	65,379	3,781		
			Songea Urban	29,048	31,372	30,963	1,494		
			Songea Rural	30,614	33,414	32,972	915		
			Regional total	246,927	274,687	271,449	13,988		
6	Central Zone	Manyara	Babati Rural	60,191	65,613	65,061	3,780	Nov 11 - 17, 09	Jan 29 - 31, 2010
			Babati Urban	14,401	15,523	15,652	913		
			Hanang	52,283	56,803	56,249	3,386		
			Mbulu	59,067	63,505	61,777	1,332		
			Simanjiro	40,983	44,937	42,768	5,338		
			Kiteto	58,933	64,323	61,714	9,696		
			Regional total	285,858	310,704	303,221			
		Dodoma	Dodoma Urban	67,987	73,281	73,650	11,727		
			Kondoa	115,872	125,558	124,470	12,426		
			Bahi	45,364	48,038	49,170	1,062		
			Chamwino	65,921	69,938	68,416	1,943		
			Kongwa	66,235	72,153	71,515	5,642		
			Mpwapwa	64,706	70,401	67,969	4,394		
			Regional total	426,085	459,369	455,190			
		Singida	Singida Urban	28,562	30,966	30,509	1,484		
			Singida Rural	97,745	104,846	104,659	9,906		
			Manyoni	57,619	62,931	62,365	11,818		
			Iramba	89,116	96,932	96,806	7,550		
			Regional total	273,042	295,675	294,339			
7	Northern Zone	Tanga	Tanga City		38,280	37,877	-		August 29-Sept 1, 2008
			Lushoto		98,160	85,994	-		
			Handeni		58,800	57,654	-		
			Kilindi		35,680	33,690	-		
			Muheza		34,160	31,736	-		
			Mkinga		23,080	21,824	-		
			Pangani		7,880	7,852	-		
			Korogwe		53,640	51,063	-		
			Initially Issued		349,680	327,690	0		
			Issued during Hangup		52,768	52,768	0		
			Regional total		402,448	380,458	0		
		Kilimanjaro	Moshi Urban	24,845	26,967	26,002	1,100	Nov 25 - Dec 1,	Feb 5 - 7, 2010
			Moshi Rural	62,408	67,876	66,521	4,670		
			Same	46,691	51,089	46,229	1,819		
			Mwanga	17,298	18,942	18,822	727		
			Hai	26,545	29,061	27,894	1,107		
			Siha	18,336	19,985	19,787	440		
			Rombo	35,833	38,703	37,664	4,436		
			Regional total	231,956	252,623	242,919	14,299		
		Arusha	Arusha Urban	47,151	51,570	50,456	8,393		
			Arusha Council	73,798	79,528	77,577	12,975		
			Karatu	41,649	43,731	42,264	818		
			Monduli	33,417	36,097	33,755	1,111		
			Longido	26,979	29,548	29,299	1,049		
			Ngorongoro	40,687	45,571	42,706	1,209		
			Meru	45,148	49,140	48,372	3,336		
			Regional total	308,829	335,185	324,429	28,891		
8	Coast Zone	Pwani	Bagamoyo	44,791	54,624	51,756	1,731	Jan 27th - Feb	March 19th - 21st, 2010
			Kibaha Rural	12,932	14,947	14,708	30		
			Kibaha Urban	14,721	22,280	22,274	596		
			Kisarawe	16,891	19,383	18,921	383		
			Mafia	7,687	8,366	8,251	0		
			Mkuranga	44,109	48,101	48,082	3,650		
			Rufiji	51,764	56,388	56,181	207		
			Regional total	192,895	224,089	220,173	6,597		
		Morogoro	Kilombero	74,339	81,263	80,882	7,553	Jan 27th - Feb	March 19th - 21st, 2010
			Kilosa	111,074	120,105	113,348	11,788		
			Morogoro Rural	52,289	56,609	55,758	3,491		
			Morogoro Urban	57,302	61,235	58,449	4,055		
			Ulanga	52,407	57,214	57,024	3,260		
			Mvomero	57,196	63,345	62,051	5,436		
			Regional total	404,607	439,771	427,512	35,583		
		Dar es Salaam	Ilala	161,634	190,738	181,752	0	April 21st-28th	May 28th -31st 2010
			Kinondoni	201,727	228,677	222,532	0		
			Temeke	192,852	217,214	211,591	0		
			Regional total	556,213	636,629	615,875	0		
			Grand total	7,981,010	9,034,677	8,753,438	401,828		

APPENDIX C

Title: TEMEKE MUNICIPAL U5CC STOLEN LLIN REPORT

Date: 3rd August 2010

Author: By Rashid Kindole, RM for DSM Region

In early April 2010 U5CC exercise took place in Dar, being closely supervised by MEDA in collaboration with the MoHSW representatives in each of the three districts (i.e. Temeke, Ilala & Kinondoni). I did supervise LLIN issuing in Temeke and surely I did receive maximum cooperation from CHMT members who were assigned to work with us.

The registration exercise, which started in 21st to 28th May 2010, was greatly supervised by selected CHMT members with assistance from me. With good collaboration we had a successful registration with good reliable data. Soon after registration, A-Z started LLIN distribution on 18th of May, 2010. Close good working relationship between MEDA, and CHMT members in ensuring that A-Z are well assisted to supply the entire LLIN consignment to every intended destination yielded good results as all bales of LLINs were delivered on time, while at the same time were doing supervision before issuing.

On 26th of May, 2010 we heard rumors from some villagers of Mwembeladu Street in Sandali ward that they saw some new LLIN bed nets being sold before the campaign and they suspected that these were from the U5CC lot supplied to their street. DMO asked us to go and do a thorough investigation on what she had confiscated / taken from. This was done on the same day in presence of WEO and MEO (Salum Shamte) of the said Ward and Village. We took inventory of the U5CC LLINs in the village store and four bales equalling 160 LLIN were found missing from the stock given to them earlier on. MEO declared that he was really concerned for the incident being that an in charge that was present during handing over of the LLIN bednets. We took him to the DED office who in turn said that necessary steps should be taken against the MEO. So, MEO was taken to Chang'ombe police station where he was locked up and charge opened / filed with file reference number RB/CHA/IR/3853/2010 being accused for the missing LLIN, by working closely with the police officers from the said station we managed to get back 70 LLIN bed nets. Thereafter, case with reference number 572/10 was filed / opened against the MEO in the district court and investigation is on going.

In addition, U5CC issuing which took place from 28th May to 31st June faced some challenges of the like where at Mashine ya Maji village in Makangarawe ward the acting MEO and his colleagues / subordinates misused 677 LLIN bednets claiming that he gave them to vulnerable groups but upon follow up it was discovered that this was not the case. The misuse was reported to DMO office and DED and the accused persons were locked up on 11th June, 2010 and case file opened against them in police post in Makangarawe, investigation is going on while the suspected persons (acting MEO and VCP) were given a bail.